
Notice of Privacy Practices for Eli Lilly and Company's Employee Health Services

This notice describes how medical information about you may be used and disclosed and how you can get access to this information.

Please review it carefully. The privacy of your medical information is important to us.

Original Effective Date: April 14, 2003

This Revised Notice is Effective as of March 15, 2020

Summary of Privacy Practices

"Protected health information" or "PHI" is medical information about you, including demographic and genetic information, that may identify you and relates to your past, present, or future physical or mental health or condition and related health care services and payment for those services.

Employee Health Services (EHS) may use and disclose your PHI, without obtaining your written authorization, for treatment, payment, and health care operations activities and, when required or authorized by law, for public health and interest activities, law enforcement, judicial and administrative proceedings, research, and certain other public benefit functions.

EHS may also disclose your PHI to your friends and others that you involve in your health care or payment for health care, and to appropriate public and private agencies in disaster-relief situations.

EHS may disclose to your employer your PHI relating to its findings from medical surveillance of your employer's workplace and its evaluation of whether an illness or injury is work-related.

EHS will not use or disclose your PHI without your written authorization, except as provided in this notice.

You have the right to request to examine and receive a copy of your PHI in EHS's designated record set.

You have the right to receive an accounting of certain disclosures EHS may make of your PHI.

You have the right to request that EHS amend PHI maintained in its designated record set.

You have the right to request that EHS further restrict use and disclosure of, or communicate in confidence with you about, your PHI.

Please review this entire notice for details about the uses and disclosures EHS may make of your PHI. It also contains information about your rights and how to exercise them, and about how to file complaints regarding EHS's privacy practices and how to make requests for additional information regarding these practices.

EHS's Legal Duty

EHS is required by applicable federal and state laws to maintain the privacy of your PHI.

EHS is also required to give you this notice about its privacy practices, EHS's legal duties, and your rights concerning your PHI. EHS must follow the privacy practices that are described in this notice while it is in effect. This notice takes effect September 23, 2013, and will remain in effect until EHS replaces it.

EHS reserves the right to change its privacy practices and the terms of this notice at any time, provided that such changes are permitted by applicable law. EHS reserves the right to make the changes in EHS's privacy practices and the new terms of the notice effective for all PHI that EHS maintains, including PHI created or received before the changes are made. Before EHS makes a significant change in the privacy practices, EHS will change this notice, post the revised notice at each of our service delivery sites, and make the new notice available to our patients and others upon request.

You may request a copy of the notice at any time. For more information about EHS's privacy practices, or for additional copies of this notice, please contact EHS using the information listed at the end of this notice.

Uses and Disclosure of PHI

This notice sets forth different reasons for which EHS may use and disclose your PHI. The notice does not list every possible use and disclosure; however, all of the uses and disclosures of your PHI will fall into one of the following general categories.

EHS may use and disclose PHI about you without your written authorization for treatment, payment, and health care operations. Exceptions or restrictions may exist for mental health information, substance abuse treatment information, and communicable disease information. Some examples of these uses and disclosures include:

Treatment: EHS may, among other things, disclose your PHI to a physician or other health care provider to treat you. EHS may do this through electronic health information exchange, and/or through its business associates. For example, EHS may have discussions with your health care providers to suggest a particular disease management program or wellness program that could improve your health.

Payment: EHS may use and disclose your PHI to obtain or provide reimbursement for health care EHS provides to you, including submitting claims to health plans, other insurers or others. These payment activities include demonstrating the medical necessity of the care we deliver to you, participating in utilization review of the services we provide to you, and similar activities. We may disclose your PHI to a health plan or another health care provider or to a health plan for that provider to obtain payment or engage in other payment activities with respect to your health care.

Health Care Operations: EHS may disclose your PHI for health care operations. Health care operations includes such things as conducting health care quality assessment and improvement activities; reviewing the competence or qualifications of health care professionals; evaluating practitioner and provider performance; conducting training programs for students, trainees, or practitioners; conducting or arranging for medical reviews, audits and legal services, including fraud and abuse detection and prevention; and for business planning, development, management; and general administration, including customer service, de-identifying PHI and creating limited data sets for health care operations, public health activities and research; and the like.

EHS may also use and disclose PHI about you without your written authorization for other purposes described in this notice. Exceptions or restrictions may exist for mental health information, substance abuse information, and communicable disease information. Some examples of these uses and disclosures include:

To Family and Friends or Others Involved in Your Care or Payment for Your Care and for Disaster Relief: If you agree, or if you are unavailable to agree but the situation indicates that disclosure would be in your best interest, such as medical emergency or disaster relief, EHS may disclose your PHI to a family member, friend, or other person to the extent necessary to help with your health care or with payment for your health care. EHS will only disclose the PHI that is relevant to the person's involvement. EHS may also disclose your PHI to a public or private entity assisting in a disaster relief effort so that your family can be notified as to your condition, location, or death or so that care or rescue efforts can be coordinated.

To Your Employer: We may disclose to your employer your PHI relating to our findings from medical surveillance of your employer's workplace and our evaluation of whether an illness or injury is work-related.

Health-Related Products and Services: EHS may use PHI to contact you for appointment reminders and to communicate with you about treatment alternatives and other health-related benefits and services that may be of interest to you.

Upon Death: In the case of death, EHS may disclose your PHI to family members or others who were involved in your health care or payment for health care before your death, unless doing so is inconsistent with any prior expressed preference that is known to EHS. PHI disclosed will be limited to information that is relevant to the person's involvement in your health care or payment for health care. Information is no longer considered protected once you have been deceased for 50 years.

Public Health and Safety: EHS may disclose your PHI, without your written authorization when authorized by law for public health interest activities, including: (1) to report, prevent, or control disease, injury, or disability, and to report vital statistics, child or adult abuse or neglect, or domestic violence; (2) to avert a serious and imminent threat to your health or safety or the health or safety of others; (3) for health care oversight, such as activities of state insurance commissioners, licensing and peer review authorities, and fraud prevention enforcement agencies; (4) for research; (5) to provide information to coroners, medical examiners, funeral directors, and organ procurement organizations; (6) to report adverse events related to product defects, problems, or biological deviations; (7) to track FDA-related products and conduct post-marketing surveillance; (8) to notify people and enable product recalls, repairs, replacement, or lookback; (9) to notify people who may have been exposed to a communicable disease or may be at risk for contracting or spreading a disease or condition; and (10) to report immunization information to a school where state or other law requires the school to have such information prior to the student's admission.

Health Oversight Activities: EHS may disclose your PHI to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits; civil, administrative, or criminal investigations or

proceedings; inspections; and licensure and disciplinary actions. These activities are necessary for the government to monitor the health care system, government benefit programs, compliance with program standards, and compliance with civil rights laws.

Required by Law: EHS may use or disclose your PHI when EHS is required to do so by law. For example, EHS must disclose your PHI to the U.S. Department of Health and Human Services upon request for purposes of determining whether EHS is in compliance with federal privacy laws. EHS may disclose your PHI when authorized by workers' compensation or similar laws.

Process and Proceedings: EHS may disclose your PHI in response to a court or administrative order, subpoena, discovery request, or other lawful process, under certain circumstances. Under limited circumstances, such as a court order, warrant, or grand jury subpoena, EHS may disclose your PHI to law enforcement officials.

Law Enforcement: EHS may disclose limited information to a law enforcement official concerning the PHI of a suspect, fugitive, material witness, crime victim, or missing person. EHS may disclose the PHI of a person in lawful custody to a law enforcement official or correctional institution under certain circumstances. EHS may disclose PHI where necessary to assist law enforcement officials in capturing an individual who has admitted to participation in a crime or has escaped from lawful custody.

Military and National Security: EHS may disclose to military authorities the PHI of Armed Forces personnel under certain circumstances. EHS may disclose to authorized federal officials PHI required for lawful intelligence, counterintelligence, and other national security activities, and to enable them to adequately provide protection for the President, other authorized persons, or foreign heads of state, and to conduct special investigations.

Research: EHS may disclose your PHI to researchers or research staff under certain circumstances. Researchers may conduct research that involves reviewing your PHI and that of others with similar medical conditions. In these situations, researchers will not contact you directly for your authorization, but must obtain permission from a board that is set up to ensure that the welfare and privacy of research participants is protected as required by law. Researchers may also review your PHI to determine if there are patients with a specific condition to conduct a study, or to determine whether you would be a good candidate for a study that would involve interaction with you. In this situation, the researchers may contact you to ask if you would like to participate in a study.

To Plans or Other Providers Subject to Federal Privacy Protection Laws: EHS may disclose your PHI to a health plan or another health care provider subject to federal privacy protection laws, as long as the plan or provider has or had a relationship with you and the PHI is for that plan's or provider's health care quality assessment and improvement activities, competence and qualification evaluation and review activities, or fraud and abuse detection and prevention.

In addition, EHS may disclose your PHI to you, as described in the Individual Rights section of this notice below, and may use and disclose it to others with your written authorization.

To You and Others with Your Authorization: EHS must disclose your PHI to you, as described in the Individual Rights section of this notice below. Except as otherwise described in this notice, other uses and disclosures of your PHI – including uses and disclosures of PHI for marketing purposes, uses and disclosures that would constitute a sale of PHI, and most uses and disclosures of psychotherapy notes – will be made only with your written authorization. You may give EHS written authorization to use your PHI or to disclose it to anyone for any purpose. If you give EHS an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. EHS cannot withdraw any disclosures it has

already made in reliance on your written authorization, and EHS is required by law to maintain its records as to health care that has been provided to you. Without your written authorization, EHS may not use or disclose your PHI for any reason except those described in this notice.

Individual Rights

Access: You have the right to examine and receive copies of your PHI within EHS's designated record set, with limited exceptions. This may include medical or billing records, but does not include (1) psychotherapy notes; (2) information compiled in anticipation of or for use in legal actions or proceedings; and (3) PHI maintained by EHS to which access is prohibited by law. If EHS keeps the PHI in electronic form, you have the right to request a copy of the information in electronic form if it is readily producible, or if not, in the form and format agreed to by you and EHS. You also have the right to designate in writing that EHS transmit your electronic PHI directly to a third party.

You must make a request in writing to obtain access to your PHI. You may obtain a form to request access by using the contact information listed at the end of this notice. EHS may charge you reasonable, cost-based fees for a copy of your PHI, for mailing the copy to you, and for preparing any summary or explanation of your PHI you request. Contact EHS using the information listed at the end of this notice for full explanation of EHS's fee structure.

EHS may deny your request to examine and copy under the following circumstances, and the denial is not subject to review:

1. Inspection of the PHI subject to your request is prohibited by law;
2. You are an inmate, and providing you with a copy of your PHI could be dangerous to your health, safety, security, custody, or rehabilitation, or of that of others;
3. The PHI you are requesting may have been created or obtained by a covered health care provider in the course of research;
4. You are denied in accordance with privacy laws; and/or
5. The PHI you are requesting was confidentially obtained from a source other than a health care provider, and giving you access could reveal the identity of the source.

EHS may also deny your request to examine and copy under the following circumstances, and the denial is subject to review:

1. A licensed health care professional has determined, in the exercise of professional judgment, that the access requested is reasonably likely to endanger the life or physical safety of you or another person;
2. The PHI makes reference to another person (unless such other person is a health care provider) and a licensed health care professional has determined, in the exercise of professional judgment, that the access requested is reasonably likely to cause substantial harm to such other person; or
3. The request for access is made by your legal personal representative (e.g., your legal guardian), and a licensed health care professional has determined, in the exercise of professional judgment, that the

provision of access to such personal representative is reasonably likely to cause substantial harm to you or another person.

If you are denied access to your PHI and the grounds for denial are subject to review, you may request that EHS review the denial. A licensed health care professional chosen by EHS, who did not deny your request the first time, will review your request and the basis for denial. The outcome of the review will be the final decision.

Disclosure Accounting: You have the right to receive a list of instances after April 13, 2003, in which EHS or its business associates disclosed your PHI for purposes other than to you; for treatment, payment, health care operations; as authorized by you; as part of a limited data set; and for certain other activities. EHS will provide you with information about each accountable disclosure that was made during the period for which you request the accounting, except that EHS is not obligated to account for a disclosure that occurred more than six years before the date of your request and never for a disclosure that occurred before April 14, 2003. If you request an accounting more than once in a 12-month period, EHS may charge you a reasonable, cost-based fee for responding to your additional requests. Contact EHS using the information listed at the end of this notice for a full explanation of EHS's fee structure.

Restriction Requests: You have the right to request that EHS place additional restrictions on EHS's use or disclosure of your PHI for treatment, payment, or health care operations, or to family, friends, or others you identify. EHS must agree to the requested restriction if the request is to restrict disclosure to a health plan for purposes of payment or health care operations, if the disclosure is not otherwise required by law, and if the PHI to be restricted relates solely to a health care item or service for which you – or another person (other than the health plan) on your behalf – has paid EHS in full. Otherwise, EHS is not required to agree to these additional restrictions, but if EHS does, EHS will abide by its agreement (except in an emergency or as required or authorized by law) unless and until the agreement is terminated. Any agreement EHS may make to a request for additional restrictions must be in writing and signed by a person authorized by EHS to make an agreement. Contact EHS using the information listed at the end of this notice for a full explanation of how to request restrictions.

Confidential Communications: You have the right to request that EHS communicate with you in confidence about your PHI by alternative means or to an alternative location. For example, you may request that EHS only contact you at work or at a friend's house. You must make your request in writing. EHS will accommodate your request if it is reasonable and specifies the alternative means or location and how payment, if any, will be handled. We will not ask you to explain the reason for your request. Contact EHS using the information listed at the end of this notice for a full explanation of how to request confidential communications.

Amendment: You have the right to request that EHS amend your PHI maintained in the designated record set (for as long as it is maintained in the designated record set). Your request must be in writing, and it must explain why the information should be amended. EHS may deny your request if EHS did not create the information you want amended or for certain other reasons. If EHS denies your request, EHS will provide you with a written explanation. You may respond with a statement of disagreement to be appended to the information you wanted amended. If EHS accepts your request to amend the information, EHS will make reasonable efforts to inform others of the amendment whom EHS knows may have and rely on the unamended information to your detriment as well as people you want to receive the amendment. Contact EHS using the information listed at the end of this notice for a full explanation of how to request amendment of your PHI.

Right to Breach Notification: You have the right to receive notice in the event of a breach of unsecured PHI. A breach includes an acquisition, access, use, or disclosure of PHI in a manner not permitted by law that compromises the security or privacy of the PHI. EHS is required by law to notify you of an acquisition, access, use,

or disclosure of PHI in a manner not permitted by law unless it demonstrates, based on a risk assessment, that there is a low probability that the PHI has been compromised. You will be notified without unreasonable delay and no later than 60 calendar days after discovery of the breach. The notification will include information such as: a brief description of the breach, the types of unsecured PHI involved, and what can be done to mitigate any harm.

Written Notice: If you receive this notice on EHS's website or by electronic mail (e-mail), you are entitled to receive this notice in written form. To request a notice in hard copy, please contact EHS using the information listed at the end of this notice.

Questions and Complaints

If you want more information about EHS's privacy practices or have concerns, please contact EHS using the information listed at the end of this notice.

If you are concerned that EHS may have violated your privacy rights or you disagree with a decision EHS made about access to your PHI or in response to a request you made to amend or restrict the use or disclosure of your PHI or to have EHS communicate with you in confidence by alternative means or at an alternative location, you may complain to EHS using the contact information listed at the end of this notice. You may also call *The Red Book* hotline number at 800-815-2481. You also may submit a written complaint to the Office for Civil Rights of the United States Department of Health and Human Services, 233 N. Michigan Ave – Suite 240, Chicago, IL 60601. In Indiana, you may contact the Office for Civil Rights at (312) 886-2359; TDD (312) 353-5693; Fax (312) 886-1807, or the Office of Civil Rights Hotline at 1-800-368-1019, TDD 1-800-537-7697.

Further information on filing a privacy complaint with DHHS may be found at <http://www.hhs.gov/ocr/hipaa>, or you may contact the Privacy Official or the EHS Designated Compliance Representative.

EHS supports your right to protect the privacy of your PHI. EHS will not retaliate in any way if you choose to file a complaint with EHS or with the U.S. Department of Health and Human Services.

Contact: Eli Lilly and Company
Employee Health Services – Designated Compliance Representative
Corporate Health Services, DC 2111
Lilly Corporate Center
Indianapolis, IN 46285
(317) 276-2272