



## HIPAA Privacy Notice

### Notice of Privacy Practices

February 2010

#### ***Curtiss-Wright Corp. Employee Benefit Plan and Curtiss-Wright Corp. Flexible Spending Account Plan***

***This notice explains how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.***

This notice explains possible uses of certain personal medical information (called "protected health information") by the Curtiss-Wright Corporation Group Benefits Plan (called the "plan") and how you can get access to it for your own review. The practices, rights and duties described in this notice apply only to the medical, Rx, dental, and health care spending account portions of the plan.

The plan is required by law to maintain the privacy of your protected health information and to inform you about:

- The plan's practices regarding the use and disclosure of your protected health information;
- Your rights with respect to your protected health information;
- The plan's legal duties with respect to your protected health information;
- Your right to file a complaint with the plan and with the Secretary of the U.S. Department of Health and Human Services; and
- Whom you may contact for additional information about the plan's privacy practices.

The plan will follow the terms of this notice, as it may be updated from time to time.

Doctors' offices, hospitals, and other health care providers may have different policies and procedures regarding the use and disclosure of the protected health information they maintain. For information about their policies and procedures, contact them directly. Any person who assists in the administration of the plan will follow the privacy practices described in this notice.

If you are enrolled in an insured HMO option, you will receive a similar notice of privacy practices from the HMO that provides that coverage.

#### **How the Plan May Use or Disclose your Protected Health Information**

The plan may use or disclose your protected health information for the reasons listed below. It will not use or disclose it for any other reasons without your prior written authorization, which you may revoke at any time (subject to certain limitations). If the Plan uses or discloses PHI for underwriting purposes, the Plan will not use or disclose PHI that is genetic information for such purposes.

*Example:* The plan administrator might inform your pharmacist about medications you are taking. This information enables your pharmacist to determine whether there may be an adverse interaction with a new prescription.

1. **For treatment**—to provide, coordinate, and manage health care and related services you receive from your health care providers.

*Example:* The plan may tell your doctor or hospital whether you are eligible for coverage or what percentage of your bill the plan will pay.

2. **For payment**—to determine eligibility for benefits, to facilitate payment to health care providers, to determine benefit responsibility, to coordinate coverage, and to handle other related responsibilities including billing, claims management, and utilization or precertification review.

*Example:* The plan may use information about your medical claims to refer you to a disease management program, to estimate future benefit costs, or to make sure that claims are accurately processed.

The amount of health information used, disclosed, or requested will be limited and, when needed, restricted to the minimum necessary to accomplish the intended purpose, as defined under the HIPAA rules.

3. **For operation of the plan**—to assess and improve the quality of services, to estimate the cost of future coverage, and to carry out other activities relating to insurance contracts, disease management, case management, medical review, legal services, and audits.
4. **As required by law**—to comply with federal, state, or local laws.

*Examples:*

5. **For reporting public health risks**—to prevent a serious threat (disease, injury, or disability) to your health and safety or the health and safety of the public or another person.
  - a. Reporting child abuse or neglect
  - b. Reporting reactions to medication or problems with products under federal regulation
  - c. Notifying people who are exposed to a communicable disease or who may be at risk of contracting or spreading a disease
  - d. Notifying the appropriate government agency if the plan believes that a covered person is victim of abuse, neglect, or domestic violence (only if that person agrees to it or when it is required or authorized by law).

*Example:* The plan may provide medical information to a government health oversight agency investigating complaints against physicians or other health care providers.

6. **For health care oversight activities authorized by law**—to support audits, investigations, inspections, licensure or disciplinary actions, and other governmental efforts to monitor the health care system, government programs such as Medicare and Medicaid, and compliance with civil rights laws.
7. **In connection with lawsuits or other disputes**—to respond to a court order, subpoena, discovery request, or other lawful proceeding in which you are involved. However, the plan will release the information only if it receives satisfactory assurances from the requesting party that it made a good faith attempt to give you written notice of the proceeding that included sufficient information to permit you to object to the disclosure before the court or tribunal, and you either did not file an objection or you filed an objection but the court or tribunal ruled against you.
8. **For law enforcement purposes**—
  - e. To respond to a court order, subpoena, warrant, summons or similar process
  - f. To help identify or locate a suspect, fugitive, material witness, or missing person
  - g. To assist in an investigation into criminal conduct at a health care facility
  - h. To assist in the investigation of a crime in which you are the victim or suspected victim
  - i. To assist in the investigation of a death suspected to be the result of criminal conduct.
9. **For national security and intelligence activities**—to respond to the requests of authorized federal officials for intelligence, counter-intelligence, and other national security activities authorized by law.
10. **For the duties of a coroner, medical examiner, or funeral director**—to identify the body of a deceased person, to determine a cause of death, or to perform other authorized duties.
11. **For facilitating organ donation and transplants**—to release necessary medical data to organizations engaged in the procuring, banking, or transplanting of human organs, eyes, or tissue.
12. **To comply with workers' compensation laws** or other similar programs to the extent necessary.
13. **To facilitate care you receive from a family member, relative, friend, or other person**—the plan may give your health information to a caregiver you designate to receive it, as long as the information directly relates to that person's involvement with your care or payment for that care. The plan will do this only if you have either agreed to that disclosure, or you have had the chance to object but did not do so. If you are physically or mentally incapable of agreeing with or objecting to this use of your health information, the plan will act in what it believes to be your best interest.

*Example:* The plan may contact you to provide information about treatment alternatives or other health-related benefits or services that may be of interest to you.

14. **To advise you of treatment alternatives**—to provide information about treatment alternatives or other health-related benefits or services that may be of interest to you.

15. **To Plan Sponsor**—for purposes of administering the plan. The plan may also disclose your health information to another health plan sponsored by the employer for purposes of treatment, payment or health care operations of that health plan.

## Your Rights Regarding Your Protected Health Information

As a participant in the plan, you have the following rights regarding the protected health care information maintained by the plan. You may exercise these rights by submitting a written request to: Curtiss-Wright Corporation, 10 Waterview Blvd., 2<sup>nd</sup> Floor, Parsippany, NJ 07054, attention: Jared Lewis

If the plan has on-site access to the information, you will receive it within 30 days. If it is maintained offsite, you will receive it within 60 days. One 30-day extension is permitted if, within the original 30- or 60-day period, the plan gives you the reason for the delay and tells you when you can expect to receive the information. In the rare situation where the plan must deny your request, you will be notified in writing.

The plan may charge a reasonable fee for copying, mailing, and other services related to your request.

1. **The right to inspect and copy your protected health information.** You may inspect or obtain a copy of your protected health information that is used by the Plan for enrollment, payment, claims adjudication, or case management, or that is used by the Plan to make decisions about you. You will not be given access to information that was compiled in connection with a lawsuit, or psychotherapy notes.

The plan may deny your request if it is not in writing or if it does not include a valid reason supporting the request. The plan may also deny the request if you ask it to amend information that was not created by the plan, unless you provide a reasonable basis to believe that the person or entity that created it is no longer available to make the amendment. Finally, your request may be denied if the health information you wish to amend is one of the data items that you are permitted to inspect and copy (see item 1, above), or is accurate and complete.

If the plan denies all or part of your amendment request, you will be notified of the denial and your related rights in writing.

2. **The right to amend your protected health information.** If any of the health information that you have the right to inspect is incomplete or inaccurate, you may submit a written request for amendment of that information. Generally the plan will respond to your request within 60 days. One 30-day extension is permitted if, within the original 60-day period, the plan gives you the reason for the delay and tells you when the plan will act upon your request.

In addition, your right to an accounting of disclosures to a health oversight agency or law enforcement official may be suspended at the request of the agency or official.

3. **The right to receive an accounting of disclosures.** You may request an accounting of disclosures made by the plan during the six years prior to your request. However, the accounting will not include disclosures of health information that were made:
  - o For purposes of treatment, payment, or health care operations
  - o To you
  - o Pursuant to an authorization
  - o Incidental to other permitted or required disclosures
  - o To family members or friends involved in your care (where disclosure is permitted without authorization)
  - o For national security or intelligence purposes or to correctional institutions or law enforcement officials in certain circumstances
  - o As part of a "limited data set" (health information that excludes certain identifying factors)
  - o Before April 14, 2003.
4. Generally the plan will respond within 60 days after your request is received. One 30-day extension is permitted if, within the original 60-day period, the plan gives you the reason for the delay and tells you when the plan will act upon your request.
5. If you request more than one accounting in a 12-month period, the plan will charge a reasonable fee for each additional accounting. You will be notified of the fee in advance and have the opportunity to change or revoke your request.

The written request must describe the information you want to limit. It must also say whether you want to limit the plan's use, disclosure or both, and include the names of the individuals or organizations to which the limitations or restrictions should apply (your spouse, for example).

Effective February 17, 2010, an entity covered by these HIPAA rules (such as your health care provider) or its business associate must comply with your request that health information regarding a specific health care item or service not be disclosed to the Plan for purposes of payment or health care operations if you have paid for the item or service in full and out

of pocket.

6. **The right to request restrictions.** You may ask the plan to restrict or limit the use or disclosure of your protected health information for purposes of payment, treatment, and health care plan operations or its disclosure to family members, friends, or others involved with your care or payment for your care. However, the plan is not required to honor this request.

*Example:* You may request that an Explanation of Benefits be mailed to your workplace rather than to your home.

7. **The right to request confidential communications related to your protected health information.** You may request that confidential communications to be sent to you in a certain way or to a certain location.
8. **The right to receive another paper copy of this notice at any time.** You may also download a printable copy of this notice from the Sponsor's Internet site at [www.curtisswright.com](http://www.curtisswright.com).

### **Your Personal Representative**

Generally, your personal representative has the same rights regarding your protected health information as you have. The plan will afford your personal representative these rights only if he or she presents evidence of authority to act on your behalf. Evidence of authority means a notarized power of attorney for health care purposes or a court order that appoints the person to be your conservator or guardian. The plan considers the parent of a minor child to be the child's personal representative.

The plan may refuse to recognize someone as your personal representative if they believe there is good reason to believe that it is not in your best interest to give that person access to your protected health information.

### **Changes to This Notice**

The plan reserves the right to change the terms of this notice and to apply any new rules or procedures to all protected health information it maintains now or in the future. Revised notices will be distributed within 60 days of the effective date of any material change to uses and disclosures, individual rights, legal duties, or other privacy practices. A copy of the current notice will also be posted at [www.curtisswright.com](http://www.curtisswright.com).

### **If You Have Complaints**

If you believe that your privacy rights have been violated or your plan has not followed its legal obligations under HIPAA, you may file a complaint with the plan by writing to:

Curtiss-Wright Corporation,  
10 Waterview Blvd., 2nd Floor  
Parsippany, NJ 07068  
Attention: Paul Ferdenzi, Esq.

You may also file a written complaint with the:

Region II, Office for Civil Rights  
U.S. Department of Health and Human Services  
Jacob Javits Federal Building  
26 Federal Plaza, Suite 3312  
New York, NY 10278.

Complaints may also be sent by email to: [OCRComplaint@hhs.gov](mailto:OCRComplaint@hhs.gov). No one is allowed to retaliate against you for filing a complaint.

### **If You Need More Information**

If you have any questions or need more information about this notice, contact:

Curtiss-Wright Corporation:  
10 Waterview Blvd., 2<sup>nd</sup> Floor  
Parsippany, NJ 07054  
Attention: Jared Lewis.