

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW PROTECTED MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Effective: April 14, 2003

Katy Industries, Inc. is required by law to protect the privacy of your protected health information. We are also required to send you this notice which explains how we may use protected health information about you and when we can give out or “disclose” that protected health information to others. You also have rights regarding your protected health information that are described in this notice.

The terms “information” or “protected health information” in this notice include any personal information that is created or received by a health care provider or health plan that relates to your physical or mental health or condition, the provision of health care to you, or the payment for such health care.

We have the right to change our privacy practices. If we do, we will provide the revised notice to you within 60 days by direct mail or communicate via electronic mail.

HOW WE USE OR DISCLOSE INFORMATION

We must use and disclose your protected health information to provide information:

- ❖ To you or someone who has the legal right to act for you (your personal representative);
- ❖ To the Secretary of the Department of Health and Human Services, if necessary, to make sure your privacy is protected; and
- ❖ Where required by law.

We have the right to use and disclose protected health information to pay for your health care and operate our business. For example, we may use your protected health information:

- ❖ ***For Payment*** of premiums.
- ❖ ***For Treatment***. We may disclose protected health information to your doctors or hospitals to help them provide medical care to you.
- ❖ ***For Health Care Operations***. We may use or disclose protected health information as necessary to operate and manage our business and to help manage your health care coverage.
- ❖ ***To Provide Protected Health Information on Health Related Programs or Products*** such as alternative medical treatments and programs or about health related products and services.

We may use or disclose your protected health information for the following purposes under limited circumstances:

- ❖ ***To Persons Involved With Your Care***, unless you object, we may use or disclose your protected health information to a person involved in your care, such as a family member, when you are incapacitated or in an emergency, or when permitted by law.
- ❖ ***For Public Health Activities*** such as reporting disease outbreaks.
- ❖ ***For Reporting Victims of Abuse, Neglect or Domestic Violence*** to government authorities, including a social service or protective service agency.
- ❖ ***For Health Oversight Activities*** such as governmental audits and fraud and abuse investigations.

- ❖ **For Judicial or Administrative Proceedings** such as in response to a court order, search warrant or subpoena.
- ❖ **For Law Enforcement Purposes** such as providing limited protected health information to locate a missing person.
- ❖ **To Avoid a Serious Threat to Health or Safety** by, for example, disclosing protected health information to public health agencies.
- ❖ **For Specialized Government Functions** such as military and veteran activities, national security and intelligence activities, and the protective services for the President and others.
- ❖ **For Workers Compensation** including disclosures required by state workers compensation laws of job-related injuries.
- ❖ **For Research Purposes** such as research related to the prevention of disease or disability, if the research study meets all privacy law requirements.
- ❖ **For Disaster Relief Efforts** unless you object, but even if you object, we may still share information about you if necessary to respond to emergency circumstances.
- ❖ **To Business Associates** with whom we have a business associate agreement, such as brokers, third party administrators, our accountants or lawyers.
- ❖ **To Provide Protected Health Information Regarding Decedents**. We may disclose protected health information to a coroner or medical examiner to identify a deceased person, determine a cause of death, or as authorized by law. We may also disclose protected health information to funeral directors as necessary to carry out their duties.
- ❖ **For Organ Procurement Purposes**. We may use or disclose protected health information for procurement, banking or transplantation of organs, eyes or tissue.

If none of the above reasons applies, **then we must get your written authorization to use or disclose your protected health information.** If a use or disclosure of protected health information is prohibited or materially limited by other applicable law, it is our intent to meet the requirements of the more stringent law. In some states, your authorization may also be required for disclosure of your protected health insurance. In many states, your authorization may be required in order for us to disclose your highly confidential protected health information, as described below. Once you give us authorization to release your protected health information, we cannot guarantee that the person to whom the protected health information is provided will not disclose the information. You may take back or “revoke” your written authorization, except if we have already acted based on your authorization. To revoke an authorization, contact Chris Tumminia, Corporate Benefits Manager at 800-325-2082, extension 295.

HIGHLY CONFIDENTIAL INFORMATION

Federal and applicable state laws may require special privacy protections for highly confidential protected health information about you. “Highly confidential protected information” may include confidential protected health information under Federal law governing alcohol and drug abuse information as well as state laws that often protect the following types of information:

1. HIV/AIDS;
2. Mental health;
3. Genetic tests;
4. Alcohol and drug abuse;
5. Sexually transmitted diseases and reproductive health information; and
6. Child or adult abuse or neglect, including sexual assault.

WHAT ARE YOUR RIGHTS

The following are your rights with respect to your protected health information.

- ❖ ***You have the right to ask to restrict*** uses or disclosures of your protected health information for treatment, payment, or health care operations. You also have the right to ask to restrict disclosures to family members or to others who are involved in your health care or payment for your health care. We may also have policies on dependent access that may authorize certain restrictions. ***Please note that while we will try to honor your request and will permit requests consistent with our policies, we are not required to agree to any restriction.***
- ❖ ***You have the right to ask to receive confidential communications*** of protected health information in a different manner or at a different place (for example, by sending information to a P.O. box instead of your home address), if you clearly state that the disclosure of all or part of that protected health information could endanger you.
- ❖ ***You have the right to see and obtain a copy*** of protected health information that may be used to make decisions about you such as claims and case or medical management records. You also may receive a summary of this protected health information. You must make a written request to inspect and copy your protected health information. In certain limited circumstances, we may deny your request to inspect and copy your protected health information.
- ❖ ***You have the right to ask to amend*** protected health information we maintain about you if you believe the protected health information about you is wrong or incomplete. If we deny your request, you may have a statement of your disagreement added to your protected health information.
- ❖ ***You have the right to receive an accounting*** of disclosures of your protected health information made by us during the six years prior to your request. This accounting will not include disclosures of protected health information: (i) made prior to April 14, 2003. (ii) for treatment, payment and health care operations purposes; (iii) to you or pursuant to your authorization; and (iv) to correctional institutions or law enforcement officials about an inmate in custody; (v) for national security and intelligence purposes; (vi) incidental to permitted disclosures; (vii) of limited data sets; (viii) to business associates for treatment, payment, or health care operation purposes; and (ix) other disclosures that federal law does not require us to provide an accounting.
- ❖ ***You have the right to a paper copy of this notice.*** You may ask for a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. You may obtain a copy of this notice at our website, www.katyindustries.com

EXERCISING YOUR RIGHTS

- ❖ ***Contacting your Health Plan.*** If you have any questions about this notice or want to exercise any of your rights, please call Chris Tumminia, Corporate Benefits Manager at 800-325-2082, extension 295.
- ❖ ***Filing a Complaint.*** If you believe your protected privacy rights have been violated, you may file a complaint with us at the following address:

Attn: Chris Tumminia
Corporate Benefits Manager
1101 Warson Road
St. Louis, MO 63132

You may also notify the Secretary of the U.S. Department of Health and Human Services of your complaint. We will not take any action against you for filing a complaint.