

## UNITED TECHNOLOGIES CORPORATION HEALTH AND BENEFITS PLAN NOTICE OF HIPAA PRIVACY PRACTICES

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

This notice explains how medical information concerning participants in the health and benefits plan sponsored by United Technologies Corporation and its subsidiaries and affiliates (collectively, “UTC”) may be used and disclosed, and how participants can get access to this information. The UTC-sponsored U.S. health and benefits plan (the “Plan”) is committed to the privacy of Plan participants’ Protected Health Information (“PHI”).

As used in this notice, “you” or “your” refers to an individual who is a Plan participant.

### WHAT DOES THIS NOTICE COVER?

This notice covers the PHI that may be collected or processed by the Plan that is subject to the U.S. Health Insurance Portability And Accountability Act of 1996 (“HIPAA”). This notice only covers health information as it may be used by the Plan. UTC employees may provide information to UTC in other situations, such as at company-sponsored health clinics or fitness centers or as part of workers compensation or return-to-work procedures. Information provided in those other situations is **not** covered by this notice. UTC, as a whole, is not covered by HIPAA; only the Plan is a “Covered Entity,” as defined by HIPAA.

Because the Plan hires administrators to run the daily operations of the Plan, most of your PHI is held by the administrators and your providers. Generally, the Plan only holds your PHI if you contest a coverage decision and provide PHI to the Plan and/or you provide your consent for the Plan to gather PHI on your behalf for use in review of a coverage decision.

### WHAT DOES HIPAA REQUIRE?

HIPAA requires the Plan to:

- Implement and maintain reasonable measures to maintain the privacy of your PHI;
- Provide you with this notice of the Plan’s legal duties and privacy practices related to your PHI;
- Notify you of a breach impacting your PHI that is not otherwise secured; and
- Abide by the terms of this notice.

This notice provides you with information regarding:

- The Plan’s use and disclosure of PHI;
- How you can obtain access to and correction of your PHI held by the Plan; and
- How you can ask questions or make complaints about the Plan’s handling of your PHI.

## HOW WILL THE PLAN USE OR DISCLOSE YOUR PHI?

The Plan, or third parties that assist in the administration of Plan claims, will use and disclose your PHI to carry out **treatment, payment, and health care operations**, as described further below. The Plan also may disclose PHI to UTC for treatment, payment, and healthcare operations, to the extent UTC is involved in administering the Plan.

**For Treatment.** The Plan may use and disclose your health information in providing you with treatment and services and coordinating your care and may disclose information to providers involved in your care. For example, the Plan might disclose information about your prior treatment to a provider to determine if a pending treatment may conflict with another treatment you are already undergoing.

**For Payment.** Payment includes actions to make coverage determinations and payment (such as claims management, subrogation, billing, plan reimbursement, reviews for medical necessity, utilization review and pre-authorizations). For example, the Plan may tell your physician whether you are eligible for coverage, or may share your information with a utilization review or precertification service provider.

**For Health Care Operations.** The Plan may use and disclose your health information as necessary for the operation of the Plan, such as quality assessment, reviewing the competence of health care professionals, premium rating, underwriting, management, and business planning, disease management, case management, conducting or arranging for medical review, and legal services and auditing functions. For example, the Plan may use information about your claims in order to audit the accuracy of a third party administrator's claims processing functions. The Plan may not use or disclose your genetic information for underwriting purposes.

More specifically, the Plan may use or disclosure your PHI to:

- Provide you with services to coordinate available care options;
- Manage payment and coverage determinations in cases of a challenge to the decision of a Plan administrator;
- Assess and offer benefits, such as reviewing the appropriateness of benefits offered, evaluating Plan costs, and Plan auditing;
- Address a request made by you;
- Transfer the assets of some or all of the business, such as in the case of bankruptcy, a stock purchase, or other asset transfer; and
- Comply with the law and prosecute and defend its legal rights.

## WITH WHOM WILL THE PLAN SHARE YOUR PHI?

The Plan will share your PHI with:

- **Other Covered Entities.** The Plan may disclose your PHI to health care providers and Plan administrators to demonstrate your eligibility for benefits, assist with treatment and payment activities, or coordinate of benefits.

- **Business Associates.** The Plan contracts with service providers – called “Business Associates” – to perform functions on behalf of the Plan. The Plan must enter in agreements with Business Associates requiring them to protect the privacy of your PHI. As an example of a Business Associate, the Plan contracts companies to perform the administrative services necessary to pay your medical claims.
- **Individuals Involved in Your Care or Payment for Your Care.** Unless you object, the Plan may disclose your PHI to a family member, close personal friend or other person you identify who is involved in your care. The Plan may also disclose your PHI to an entity participating in disaster relief efforts to help notify your family about your location, general condition or status. If you are unable to agree to these disclosures due to emergency circumstances or because you are not present at the time, the Plan may then determine, using professional judgment, that disclosure is in your best interest.
- **As Required By Law.** The Plan may use or disclose your health information when required by law to do so.
- **Public Health Activities.** The Plan may disclose your health information for public health activities. These activities may include, for example, reporting to a public health authority for preventing or controlling disease, injury or disability; reporting reactions to medications or problems with products; child abuse or neglect or reporting births and deaths.
- **Reporting Victims of Abuse, Neglect or Domestic Violence.** The Plan may disclose your PHI when reasonable cause exists to believe that you may be a victim of abuse or domestic violence, and if the disclosure is authorized by law. If such a disclosure is made, the Plan will promptly inform you, unless informing you would cause a risk of serious harm.
- **Health Oversight Activities.** The Plan may disclose your PHI to a health oversight agency for activities authorized by law, such as audits, investigations, inspections and licensure actions or for activities involving government oversight of the health care system.
- **To Avert a Serious Threat to Health or Safety.** When necessary to prevent a serious threat to your health or safety or the health or safety of the public or another person, and when consistent with standards of ethical conduct, the Plan may use or disclose your PHI, limiting disclosures to someone able to help lessen or prevent the threatened harm.
- **Judicial and Administrative Proceedings.** The Plan may disclose your health PHI in response to a court or administrative order, subpoena, discovery request, or other lawful process if the Plan receives evidence that the party requesting the information has made reasonable efforts either (i) to notify you of the request, so you have a chance to object, or (ii) to secure a qualified protective order.
- **Law Enforcement.** The Plan may disclose your PHI for certain law enforcement purposes, including, for example, to comply with reporting requirements; to comply with a court order, warrant, or similar legal process; or to answer certain requests for information concerning crimes.
- **Research.** The Plan may use or disclose your PHI for research purposes if the privacy aspects of the research have been reviewed and approved, if the researcher is collecting information in preparing a research proposal, if the research occurs after your death, or if you authorize the use or disclosure.

- **Coroners, Medical Examiners, Funeral Directors, Organ Procurement Organizations.** The Plan may release your PHI to a coroner, medical examiner, and funeral director or, if you are an organ donor, to an organization involved in the donation of organs and tissue.
- **Military, Veterans and other Specific Government Functions.** If you are a member of the armed forces, the Plan may use and disclose your PHI as required by military command authorities. The Plan may disclose health information for national security purposes or as needed to protect the President of the United States or certain other officials or to conduct certain special investigations.
- **Workers' Compensation.** The Plan may use or disclose your PHI to comply with laws relating to workers' compensation or similar programs, including without limitation to address workers' compensation claims.
- **Third parties insurers.** In certain circumstances, there may be third parties who may have responsibility for payment of your medical treatments, such as automobile or other insurance. The Plan may need to share your PHI to work with those other third parties to determine payment responsibility.
- **Disclosures to You.** The Plan is required to provide you with access to PHI in your designated record set when you request access to this information.
- **With your permission.** We will obtain your authorization for: (1) most uses and disclosures of psychotherapy notes (as defined by HIPAA); (2) uses and disclosures of your PHI for marketing purposes; and (3) disclosures that constitute a sale of your PHI. Except as described in this Notice, the Plan will use and disclose your health information only with your written Authorization. Any Authorization allowing the Plan to make uses or disclosures must specify the particular uses or disclosures that you will allow, and the permitted recipients of the information. You may revoke an Authorization in writing at any time. If you revoke an Authorization, the Plan will no longer use or disclose your health information for the purposes covered by that Authorization, except where the Plan has already relied on the Authorization.

## WHAT ARE YOUR RIGHTS REGARDING YOUR PHI?

You have the right to:

- **Access your PHI.** You have the right to inspect and obtain a copy of your clinical or billing records or other information that may be used to make decisions about your care ("your designated record set"), subject to some exceptions. In most cases the Plan may charge a reasonable fee for the costs of providing the requested information. The Plan may deny your request to inspect or receive copies in certain circumstances. Depending on the circumstances, you may have a right to have the denial reviewed. Remember that the Plan has limited PHI, as most of your PHI is maintained by the Plan's administrators and your healthcare providers. To the extent the Plan maintains your designated record set electronically, you also have the right to receive an electronic copy of such information. You may also direct us to send a copy directly to a third-party designated

by you. The Plan may charge a fee, consistent with applicable law, for its costs in responding to your request.

- **Amend your PHI.** If you believe that your PHI that is in the Plan's possession is incorrect or incomplete, you may ask the Plan to amend that information. You have the right to request amendment of your PHI for as long as the information is kept by or for the Plan. Your request must state the reason for the requested amendment. The Plan may deny your request for amendment in certain cases. If the Plan denies your request for amendment, it will give you a written denial that explains the basis for the denial. You or your personal representative may then submit a written statement disagreeing with the denial, and have that statement included with any future disclosures of your PHI.
- **Request an accounting of disclosures.** You have the right to receive an accounting of the Plan's disclosures of your PHI for up to the past six years. This listing of disclosures will not include disclosures made: (i) to carry out treatment, payment and/or health care operations; (ii) with your authorization; (iii) to you; or (iv) prior to April 14, 2003. The first accounting provided within a 12-month period will be free. For each subsequent request for an accounting during any 12-month period, the Plan may charge a reasonable fee, and will notify you of the cost involved before any costs are incurred, and you may choose to withdraw or change your request before you incur any costs.
- **Request Restrictions.** You have the right to request a restriction on the uses and/or disclosures of your PHI for treatment, payment and/or health care operations. You also have the right to request a restriction on the disclosure of your PHI to someone who is involved in your medical care or the payment of your medical care. The Plan is not required to agree to restrictions that you request, except that if you are competent, you may direct the Plan to restrict disclosures to family members or friends. If the Plan does agree, it will comply with your request unless the PHI is needed for your treatment in an emergency. The Plan can also stop complying with a restriction request upon providing notice to you. If you paid out-of-pocket in full for a healthcare item or service, and you do not want the Plan to disclose PHI about that item or service for the purposes of payment or healthcare operations, we must comply with your request.
- **Request Communications With You Be Kept Confidential.** If you believe that disclosure of all or part of your health information may endanger you, you have the right to request that the Plan communicate with you concerning your health matters in a certain manner, such as through alternative means or at alternative locations. For example, you may request that all communications with you be sent to your work address. Your request must state that disclosure could endanger you without these measures. The Plan will accommodate your reasonable requests.
- **Obtain a paper copy of this notice.** You have the right to a paper 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.
- **Exercise applicable state privacy rights.** You may have additional privacy rights under state laws, including rights in connection with certain specially protected information, such as mental health records, information related to pregnancy, communicable diseases, HIV/AIDS-related illnesses, substance abuse treatment and genetic information, and the health treatment of minors. State law generally requires that we obtain your written authorization before disclosing this information, except when disclosure is expressly permitted or required by law.

To contact the Plan to exercise any of your rights, you should:

- **For employees** – contact your human resources representative or the Ombudsman Program Office (contact details are below)
- **For all others** – contact the Ombudsman Program Office (contact details are below)

## **WHO SHOULD YOU CONTACT FOR FURTHER INFORMATION OR TO MAKE A COMPLAINT?**

If you believe your privacy rights under HIPAA have been violated, you may file a complaint with the Plan or with the Secretary of the U.S. Department of Health and Human Services.

To file a complaint with the Plan, contact:

Ombudsman Program Office  
United Technologies Corporation  
10 Farm Springs, 10FS-2  
Farmington, CT 06032-2526  
Telephone: (800) 871-9065  
E-Mail: [eco@corphq.utc.com](mailto:eco@corphq.utc.com)  
Online Form: [ombudsman.confidential.utc.com](http://ombudsman.confidential.utc.com)

To file a complaint with the U.S. Department of Health and Human Services, send your written complaint by mail to: Office for Civil Rights, U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Room 509F HHH Building, Washington, D.C. 20201, by fax to (617) 565-3809 or by email to [OCRComplaint@hhs.gov](mailto:OCRComplaint@hhs.gov).

UTC will not retaliate against you for filing a complaint.

## **HOW WILL UTC NOTIFY YOU IF IT UPDATES THIS NOTICE?**

The Plan reserves the right to change this Notice and to make revised or new Notice provisions effective for all health information already received and maintained by the Plan as well as for all health information it receives in the future. The Plan will provide a copy of the revised Notice upon request. A copy of the current Notice will be posted on [www.utc.com](http://www.utc.com) and provided upon request.

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Most Recent Revision: December 19, 2017