

**The Harris Corporation Health Plans
Notice of Privacy Practices**

**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.**

If you have questions about this
Notice, please contact:

Ron Wyse, Privacy Official
Harris Corporation Health Plans
1025 W. NASA Blvd., Mail Stop A-11L
Melbourne, Florida 32919
321-727-9100

For purposes of this Notice, the Harris Corporation Health Plans include the Harris Dental Plan, the Harris Medical Plan (includes pharmacy and mental health), the Harris Vision Care Plan, the Harris Employee Assistance Plan, and the Harris Health Care Spending Account. The Harris Corporation Health Plans may be referred to in this notice as "the Plans," "we," "our," or "us." These Plans provide benefits to employees at Harris Corporation's United States locations.

In order to provide you with benefits, the Plans will receive information about your health from you, your doctors, hospitals, and others who provide you with health care services. We understand that your medical information is personal, and we are committed to protecting the information we collect about you and your health.

This Notice explains the Plans' privacy practices. It describes how the Plans may (and may not) use and disclose protected health information ("PHI") that we receive about any individual who applies for or obtains services from us. The Plans are required by law to maintain the privacy of your PHI and to abide by the terms of this Notice. Harris Corporation ("Harris") is not subject to the laws that require this Notice, and this Notice does not apply to your employment records or what Harris as your employer can do with your employment records. The Notice also does not apply to certain other records kept by Harris such as OSHA records, workers' compensation records, disability plan records, etc. The Plans may disclose PHI about you to Harris as the sponsor of the Plans, to the extent necessary to administer the Plans. Your PHI may be shared between each of the Plans as necessary to carry out treatment, payment, or health care operations of the Plans.

The Plans reserve the right to change the terms of this Notice at any time. Any new or revised Notice will be effective for all PHI we maintain at that time, and such Notice will be made available to you within the time frame required by law. Harris employees may also access the Notice by visiting www.my.harris.com.

This Notice explains:

The Harris Corporation Health Plans Notice of Privacy Practices

- (1) How We May Use and Disclose PHI for Treatment, Payment or Health Care Operations
- (2) How We May Use and Disclose PHI for Other Purposes
- (3) Your Rights Related to Your PHI
- (4) What You May Do If You Believe Your Rights Have Been Violated

(1) Uses and Disclosures of PHI for Treatment, Payment or Health Care Operations

We may use your PHI, or disclose it to others, for a number of different reasons. This Notice describes some of these reasons. For each reason, we have written a brief explanation. We also provide some examples. These examples do not include all of the specific ways we may use or disclose your PHI.

Treatment: Your PHI may be used or disclosed to provide, coordinate or manage your health care and any related services. Although the Plans do not provide treatment, your PHI may be used or disclosed for the purpose of learning about your medical condition and helping you make decisions about your care. We may also disclose your PHI to others to provide you with medical treatment or services. For instance, we may use PHI to identify members with certain chronic illnesses and send information to them or to their doctors regarding treatment alternatives.

Payment: Your PHI may be used, as needed, to make or obtain payment for your health care services. This may include certain activities that we undertake to approve or pay for your health care services such as making a determination of eligibility, reviewing services provided to you for medical necessity, or claims processing activities. For example, we may use your PHI to pay a claim for a hospital stay or to obtain approval for the hospital admission.

Health Care Operations: We may use or disclose your PHI on an as-needed basis for the Plans' day-to-day operations. These activities may include case management, underwriting or reviewing our performance and the services we need to provide, expand or reduce. We may also disclose your PHI as necessary to third parties who we contract with to provide administrative services. These third parties who perform services or functions for us are called business associates, and they may include lawyers, auditors, accreditation services, consultants and similar individuals or entities. For example, we may disclose your health information to a company that assists us with paying claims.

(2) Uses and Disclosures of PHI for Other Purposes

Unless otherwise noted, we may use or disclose your PHI in the following listed situations without your consent or authorization. We will not use or disclose your PHI for other reasons without your authorization, unless otherwise permitted or

The Harris Corporation Health Plans Notice of Privacy Practices

required by law. For example, unless permitted by law, we will not receive remuneration directly or indirectly in exchange for your PHI or use your PHI for marketing purposes unless we have obtained your written authorization. When using or disclosing your PHI or requesting your PHI from another covered entity, we will take reasonable efforts to limit such use, disclosure or request, to the extent practicable, to the PHI maintained in a limited data set, or if needed, to the minimum necessary to accomplish the intended purpose of such use, disclosure or request, respectively.

Required by Law: We may use or disclose your PHI to the extent that the use or disclosure is required by law. The use or disclosure will be made and limited in accordance with the law. This includes reporting information to government agencies and disclosures required by court orders or other judicial or administrative processes.

Public Health Oversight: We may disclose your PHI to a public health agency for oversight activities authorized by law. This includes uses or disclosures in civil, administrative or criminal investigations; licensure or disciplinary actions (for example, to investigate complaints against health care providers); inspections; and other activities necessary for appropriate oversight of government programs (for example, to investigate Medicaid fraud).

To Report Abuse or Neglect: We may disclose your PHI when the information relates to a victim of abuse, neglect or domestic violence. We will make this report only in accordance with laws that require or allow such reporting, or with your permission.

For Research Purposes: In certain limited circumstances, we may share your PHI in order to assist with medical or scientific research. Federal rules govern any disclosure of your PHI for research purposes without your authorization.

Lawsuits and Disputes: If you are involved in a lawsuit or dispute, we may disclose your PHI in response to a court or administrative order. We may also disclose your PHI in conjunction with a judicial or administrative proceeding including a response to a subpoena, discovery request or other lawful request by someone else involved in the dispute, but only if efforts have been made to tell you about the request (which may include written notice to you) or to obtain an order protecting the information requested. We may also disclose your PHI in a lawsuit brought for payment purposes.

Law Enforcement: We may disclose your PHI for law enforcement purposes. This includes providing information to help locate a suspect, fugitive, material witness or missing person, or in connection with suspected criminal activity. We

The Harris Corporation Health Plans Notice of Privacy Practices

must also disclose your PHI to a federal agency investigating our compliance with federal privacy regulations.

To Avert a Serious Threat: We may disclose your PHI if we decide that the disclosure is necessary to prevent serious harm to the public or to an individual. The disclosure will only be made to someone who is able to prevent or reduce the threat.

Family and Friends: We may disclose your PHI to a family member or to someone else who is involved in your medical care or payment for care. This may include telling a family member about the status of a claim, or what benefits you are eligible to receive. In the event of a disaster, we may provide information about you to a disaster relief organization so they can notify your family of your condition and location. We will not disclose your information to family or friends if you tell our Privacy Official that you object. We may also disclose to your personal representatives who have authority to act on your behalf (for example, to parents of minors or to someone with a power of attorney).

Information to Members: We may use your PHI to provide you with additional information. This may include giving you information about treatment options, alternative settings for care, or other health-related services we provide or coordinate.

Plan Sponsor: We may, in certain circumstances, disclose PHI to Harris Corporation as the sponsor of the Plans. Further, a health insurance issuer or HMO may disclose PHI to the plan sponsor on our behalf. For example, PHI may be disclosed to the plan sponsor to show whether an individual has enrolled or disenrolled in a particular plan. PHI may also be disclosed to the plan sponsor for plan administration functions if the plan sponsor has certified that the plan documents have been amended as required by federal laws.

Specialized Purposes: We may disclose your PHI for a number of other specialized purposes. We will only disclose as much information as is necessary for the particular purpose. For instance, we may disclose your PHI to coroners, medical examiners and funeral directors. We may also disclose PHI for organ, eye or tissue donation, or for national security, intelligence and protection of the President. We may disclose the PHI of members of the armed forces as authorized by military command authorities. We may also disclose your PHI to your employer for purposes of workers' compensation and work site safety laws.

(3) Your Rights Related to Your Health Information

Please note that most of your PHI used or disclosed by the Plans is maintained by outside companies that help us administer the Plans. Therefore,

The Harris Corporation Health Plans Notice of Privacy Practices

when you choose to exercise the rights explained in this Notice, we may ask you to contact these companies to make your request.

You have the right to inspect and copy your health information. This means you may inspect and obtain a copy of PHI about you that is contained in a designated record set for as long as we maintain the health information. A “designated record set” contains medical and billing records and any other records used to make decisions about you. For example, you may inspect claim and enrollment records.

Under federal law, you may not inspect or copy the following records: (i) psychotherapy notes; (ii) information compiled for use in a civil, criminal or administrative action or proceeding; and (iii) health information that is restricted by another law.

You may submit your written request to inspect and copy particular PHI to our Privacy Official at the address shown on page 1. You may also request a summary of your PHI. Your request must be signed and must state what information you would like and how you would like to access the information (for example, if you want the copies mailed or if you want to arrange a meeting). Where your PHI is contained in an electronic health record, you have the right to obtain a copy of such information in an electronic format, and you may request that we transmit such copy directly to you or an entity or person designated by you, provided that such choice is clear, conspicuous and specific.

If your written request is accepted, you may be charged a reasonable, cost-based fee. If your written request is denied, you have a right to have this decision reviewed. The person conducting the review will not be the person who denied your request; a licensed health care professional who did not review your initial request will review the denial. We will comply with the outcome of the review. Please contact our Privacy Official if you have questions about accessing or copying your PHI.

You have the right to request a restriction of your health information. This means you may ask us not to use or disclose a part of your PHI for the purposes of treatment, payment or health care operations. You may also request that any part of your PHI not be disclosed to family members or friends who may be involved in your care and who may request the information for notification purposes.

We are not required, however, to agree to any restriction you may request. We will review all requests and make a decision. We are required to comply with a restriction request where the disclosure is to a health plan for purposes of carrying out payment or health care operations, and the PHI pertains solely to a health care item or service for which the health care provider has been paid out-of-pocket in full. If we do agree, we will comply with the request unless the information is

The Harris Corporation Health Plans Notice of Privacy Practices

needed to provide you with emergency treatment. We cannot agree to restrict disclosures that are required by law.

You may request a restriction by writing to our Privacy Official at the address on page 1. Your request must be signed and must state who the restriction will apply to and whether you want us to limit our use, disclosure, or both.

If certain communications could endanger you, you have the right to request that we send you confidential communications by alternative means or at an alternative location. This means that you have the right to ask us to communicate with you at a special address or by a special means. For example, you may ask us to send explanations of benefits that contain your PHI to a different address rather than to your home. You may also ask us to speak to you personally on the telephone rather than sending your PHI by mail.

We will agree to reasonable requests. We may condition the request or make adjustments via the companies that help us administer the Plans. All requests must be in writing and must state the basis for the request, including an explanation of why the disclosure of all or part of the information will endanger you. Please make this request in writing to our Privacy Official.

You have the right to request amendments to your PHI. This means you may request an amendment of your PHI in a designated record set if you believe it is incorrect or incomplete. All requests for amendment must be in writing and must provide a reason to support the requested amendment.

We are not required to agree to your request. We may deny your request if we did not create the PHI, if it is not part of the records we use to make decisions about you, if the PHI is something you would not be permitted to inspect or copy, or if it is complete and accurate.

If we deny your request for amendment, you have the right to file a statement of disagreement with us, or request that we provide your request and the denial with any future disclosures that are related to the amendment. If you file a statement of disagreement with us, we may prepare a rebuttal to your statement. Please contact our Privacy Official if you have questions about amending your PHI.

You have the right to receive an accounting or list of certain disclosures we have made of your PHI. This right generally applies to disclosures for purposes other than treatment, payment or health care operations. Beginning January 1, 2011 or January 1, 2014, depending on the compliance date required by law for a particular record, an accounting of the disclosures of information in an electronic health record will include disclosures for treatment, payment, or health care operations. An account excludes: (i) disclosures you have authorized; (ii)

The Harris Corporation Health Plans Notice of Privacy Practices

disclosures made directly to you; (iii) disclosures to family members or friends involved in your care; (iv) disclosures for national security or intelligence purposes; and (v) disclosures to law enforcement officials.

You have the right to a list of other disclosures that occur after April 14, 2003. Your request should be in writing to the Privacy Official and it should indicate in what form you would like the list (for example, on paper or electronically). You must state a time frame for your request. The time frame may not be longer than six years, or three years for routine disclosures from an electronic health record.

The first list you receive within a twelve-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request before any costs are incurred. The right to receive this information is subject to certain exceptions, restrictions and limitations.

You have the right to obtain a paper copy of this Notice. Upon your request, we will provide you with a paper copy of this Notice even if you have agreed to accept this Notice electronically.

You have the right to make and revoke authorizations. As noted above, we will not use or disclose your PHI for reasons that are not listed in this Notice without your authorization. If you authorize us to use or disclose your information, you may revoke the authorization at any time, in writing. You may not revoke to the extent that we have taken an action in reliance on it. For more information about authorizations, please contact our Privacy Official.

You have the right to receive written notification of a breach. You have the right to receive written notification of a breach where your unsecured PHI has been accessed, acquired, or disclosed to an unauthorized person in a manner that compromises the security or privacy of the PHI. Unless you specify in writing that you wish to receive the notification by electronic mail, we will provide such written notification by first-class mail or, if necessary, by such other substituted forms of communication allowable under the law.

(4) What You May Do If You Believe Your Rights Have Been Violated

We encourage you to send any complaints about our privacy practices to our Privacy Official. To submit a complaint or for further information about the complaint process, contact the Privacy Official using the information found on page 1. **The Plans will not retaliate against you in any way for filing a complaint.**

You may also complain to the Secretary of the Department of Health and Human Services if you believe your privacy rights have been violated by us.

**The Harris Corporation Health Plans
Notice of Privacy Practices**

This Notice was revised on or about **August 25, 2009** and becomes effective on **February 17, 2010**.

**The Harris Corporation Health Plans
Notice of Privacy Practices**

282657_v7