

**R.R. DONNELLEY & SONS COMPANY'S  
NOTICE OF PRIVACY PRACTICES UNDER HIPAA**

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

**I. THE PLAN'S LEGAL DUTY TO SAFEGUARD YOUR PROTECTED HEALTH INFORMATION**

This Notice of Privacy Practice (this "Notice") describes the legal obligations of the Plan (as defined below) and your legal rights regarding your protected health information ("PHI") held by the Plan under the Health Insurance Portability and Accountability Act of 1996, as amended and the Health Information Technology for Economic and Clinical Health Act, as amended (together, "HIPAA"). Generally, PHI is health information, including demographic information, collected from you or created or received by a health care provider, a health care clearinghouse, a health plan, or R.R. Donnelley & Sons Company (the "Company") on behalf of a Plan, from which it is possible to individually identify you and that relates to:

- Your past, present or future physical or mental health or condition;
- The provision of health care to you; or
- The past, present or future payment for the provision of health care to you.

This Notice describes how your PHI may be used or disclosed to carry out treatment, payment or health care operations, or for any other purposes that are permitted or required by law. We are required to provide this Notice to you pursuant to HIPAA.

If you have questions about this Notice or about our privacy practices, please contact the HIPAA Privacy Official, VP, Benefits at 312-326-8000.

For purposes of this Notice, the "Plan" means any of the following:

- The Medical and Prescription Drug Programs, the Dental Benefit Program, the Vision Care Program, the HMO Program and the RealLife Resources Program (EAP) of the R.R. Donnelley & Sons Company Group Benefits Plan.
- The Medical Program, Prescription Drug Program, and the Mental Health and Substance Abuse Program of the R.R. Donnelley & Sons Company Retiree Welfare Benefits Plan.
- The Health Care Spending Program and Dependant Care Spending Program of the R.R. Donnelley & Sons Company Flexible Benefits Plan.

In addition, any PHI created or received by a Plan, where the benefits are provided by an insurance company or health maintenance organization, will be subject to the notice of privacy practices delivered to you by that insurance company or health maintenance organization.

## **II. EFFECTIVE DATE**

This Notice is effective as of July 1, 2016.

## **III. OUR RESPONSIBILITIES**

We are required by law to:

- Maintain the privacy of your PHI;
- Provide you with certain rights with respect to your PHI;
- Provide you with a copy of this Notice of our legal duties and privacy practices with respect to your PHI; and
- Follow the terms of the Notice that is currently in effect.

We reserve the right to change the terms of this Notice and to make new provisions regarding your PHI that we maintain, as allowed or required by law. If we make any material change to this Notice, we will provide you with a copy of the revised Notice posted prominently on our website and included with the next annual open enrollment materials.

## **IV. HOW WE MAY USE AND DISCLOSE YOUR PHI**

Under the law, we may use or disclose your PHI under certain circumstances without your permission. The following categories describe the different ways that we may use and disclose your PHI. For each category of uses or disclosures, we will explain what we mean. We have also provided some examples. Not every use or disclosure in a category will be listed; however, all of the ways we are permitted to use and disclose information will fall within one of the categories.

- A. For Treatment.** We may use or disclose your PHI to facilitate medical treatment or services by providers. We may disclose medical information about you to providers, including doctors, nurses or other hospital personnel who are involved in taking care of you. For example, prior to providing a health service to you, your doctor may ask the Plan for information concerning whether and when the service was previously provided to you.
- B. For Payment.** We may use or disclose your PHI to determine your eligibility for Plan benefits (including coordination of benefits or the determination of cost sharing amounts), and adjudication or subrogation of health benefit claims; or to facilitate billing, claims management, collection activities, obtaining payment under a contract for reinsurance (including stop-loss insurance and excess of loss insurance), and related health care data processing. For example, the Plan will use your PHI in reviewing a claim submitted by you or your doctor to determine payment. It may also disclose your

PHI to another carrier to determine which carrier is primary or to otherwise determine cost sharing between the Plan and the other carrier.

- C. For Health Care Operations.** We may use or disclose your PHI for other Plan operations. This may include conducting quality assessment and improvement activities, as well as population based activities relating to improving health or reducing health care costs, protocol development, case management and care coordination, contacting health care providers and patients with information about treatment alternatives and performing related functions that do not include treatment or performing underwriting, premium rating, and other activities relating to the creation, renewal or replacement of health benefits, and ceding, securing, or placing a contract for reinsurance of risk relating to claims for health care (including stop-loss and excess of loss insurance). However, we will not use your genetic information for underwriting purposes.
- D. For Treatment Alternatives or Health-Related Benefits and Services.** We may use and disclose your PHI to send you information about treatment alternatives or other health-related benefits and services that might be of interest to you.
- E. To Business Associates.** We may contract with individuals or entities known as “Business Associates” to perform various functions on our behalf or to provide certain types of services. In order to provide these functions or services, Business Associates will receive, create, maintain transmit, use and/or disclose your PHI, but only after they agree in writing with us to implement appropriate safeguards regarding your PHI. For example, we may disclose your PHI to a Business Associate to process your claims for Plan Benefits or to provide other support services, but only after the Business Associate enters into a Business Associate contract with us.
- F. As Required by Law.** We will disclose your PHI when required to do so by federal, state or local law. For example, we may disclose your PHI when required by national security laws or public health disclosure laws.
- G. To Avert a Serious Threat to Health or Safety.** We may use and disclose your PHI when necessary to prevent a serious threat to your health and safety, or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat. For example, we may disclose your PHI in a proceeding regarding the licensure of a physician.
- H. To The Plan Sponsor.** The Company may ask the Plan for your PHI for purposes of administering the Plan. The Plan will disclose your PHI to certain employees of the Company only as necessary to perform plan administration functions or as otherwise required under HIPPA, unless you have authorized further disclosures. The Plan will not disclose your PHI to the Company for the purpose of employment-related actions or decisions or in connection with any other benefit or employee benefit plan of the Company without your specific authorization.

## V. SPECIAL SITUATIONS WHERE WE MAY USE AND DISCLOSE YOUR PHI

In addition to the reasons described in Section IV above, the following categories describe other possible ways we may use and disclose your PHI without your specific authorization. For each category of special uses or disclosures, we will explain what we mean and present one or more examples. Not every use or disclosure in a category will be listed; however, all of the ways we are permitted to use and disclose information will fall within one of the categories.

- A. **Organ and Tissue Donation.** If you are an organ donor, we may release your PHI after your death to organizations that handle organ procurement or organ, eye, or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.
- B. **Military.** If you are a member of the armed forces, we may release your PHI as required by military command authorities. We may also release PHI about foreign military personnel to the appropriate foreign military authority.
- C. **Workers' Compensation.** We may release your PHI for workers' compensation or similar programs, but only as authorized by, and to the extent necessary to comply with, laws relating to workers' compensation and similar programs that provide benefits for work-related injuries or illness.
- D. **Public Health Risks.** We may disclose your PHI for public health activities. These activities may include, the prevention or control of disease, injury or disability; to report births or deaths, to report child abuse or neglect or to report reactions to medications or problems with products.
- E. **Health Oversight Activities.** We may disclose your PHI to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections and licensure.
- F. **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.
- G. **Law Enforcement.** We may disclose your PHI if asked to do so by a law enforcement official in response to a court order, to identify or locate a suspect, or if such information is related to criminal conduct.
- H. **Coroners and Medical Examiners.** We may release PHI to a coroner or medical examiner. This may be necessary to identify a deceased person or to determine a cause of death.
- I. **National Security and Intelligence Activities.** We may release your PHI to authorized federal officials for intelligence, counterintelligence and other national security activities authorized by law.
- J. **Inmates.** If you are an inmate of a correctional institution or are in the custody of a law enforcement official, we may disclose your PHI to the correctional institution or law

enforcement official if necessary for the institution to provide you with health care; to protect your health and safety or the health and safety of others; or for the safety and security of the correctional institution.

- K. Research.** We may disclose your PHI to researchers when your individual identifiers have been removed or when an institutional review board or privacy board has reviewed the research proposal and established protocols to ensure the privacy of the requested information, and approves the research.

## **VI. REQUIRED DISCLOSURES OF YOUR PHI**

The following is a description of disclosures of your PHI we are required to make:

- A. Government Audits.** We are required to disclose your PHI to the Secretary of the United State Department of Health and Human Services when the Secretary is investigating or determining our compliance with HIPAA's Privacy Rule.
- B. Disclosures to You.** When you request, we are required to disclose to you the portion of your PHI that contains medical records, billing records, and any other records used to make decisions regarding your health care benefits. We are also required, when requested, to provide you with an accounting of most disclosures of your PHI if the disclosure was for reasons other than for payment, treatment or health care operations, and if the PHI was not disclosed pursuant to your individual authorization.

## **VII. OTHER DISCLOSURES OF YOUR PHI**

- A. Personal Representatives.** We will disclose your PHI to individuals authorized by you, or to an individual designated as your personal representative, so long as you provide us with a written notice/authorization and any supporting documents. However, under HIPAA's Privacy Rule, we do NOT have to disclose information to your personal representative if we have a reasonable belief that:
- You have been, or may be, subjected to domestic violence, abuse, or neglect by such person; or
  - Treating such person as your personal representative could endanger you; or
  - In the exercise or professional judgment, it is not in your best interest to treat the person as your personal representative.
- B. Spouses, Covered Dependents and Other Family Members.** With only limited exceptions, we will send all mail to an employee of the Company. This includes mail relating to the employee's spouse, and dependents covered under the Plan, and includes mail with information on the use of Plan benefits by an employee's spouse and other covered dependents and information on the denial of any Plan benefits to an employee's spouse and other covered dependents. However, if you request restrictions or

confidential communications (see Section VIII below), and if we have agreed to the request, we will send mail as provided by such request.

- C. Authorizations.** Other uses or disclosures of your PHI not described above will only be made with your written authorization. For example, in general and subject to specific conditions, we will not use or disclose your psychiatric notes; we will not use or disclose your PHI for marketing; and we will not sell your PHI, unless you give us a written authorization. You may revoke written authorizations at any time, so long as the revocation is in writing. Once we receive your written revocation, it will only be effective for future uses and disclosures. It will not be effective for any information that may have been used or disclosed in reliance upon the written authorization and prior to receiving your written revocation.

## **VIII. YOUR RIGHTS REGARDING YOUR PHI**

You have the following rights described below with respect to your PHI:

- A. The Right to Inspect and Copy.** You have the right to inspect and copy certain PHI that may be used to make decisions about your Plan benefits. If the information you request is maintained electronically, and you request an electronic copy, we will provide a copy in the electronic form and format you request, if the information can be readily produced in that form and format. If the information cannot be readily produced in that form and format, we will work with you to come to an agreement on form and format. If we cannot agree on an electronic form and format, we will provide you with a paper copy.

To inspect and copy your PHI, you must submit your request in writing to the HIPAA Privacy Official, 35 W. Wacker Drive, Chicago, IL 60601. If you request a copy of the information, we may charge a reasonable fee for the costs of copying, mailing or other supplies associated with your request.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to your PHI, you may request that such denial be reviewed by submitting a written request to the HIPAA Privacy Official at the same address.

- B. The Right to Amend Your PHI.** If you believe that there is a mistake in your PHI or that a piece of important information is missing, you may ask us to correct the existing information or to add the missing information. You have the right to ask for an amendment as long as the information is kept by or for the Plan.

To request an amendment, you must make the request in writing and submit it to the HIPAA Privacy Official, 35 W. Wacker Drive, Chicago, IL 60601. In addition, you must provide a reason supporting your request for an amendment.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Is not part of the medical information kept by or for the Plan;
- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the information that you would be permitted to inspect and copy; or
- Is already complete and accurate.

If we deny your request, you have the right to file a statement of disagreement with us and any future disclosures of the disputed information will include your statement.

- C. The Right to an Accounting of Disclosures of Your PHI.** You have the right to get a list of instances in which the Plan has disclosed your PHI (hereinafter sometimes referred to as an “accounting”). The list will not include uses or disclosures: (i) made to you, (ii) made for treatment, payment, or health care operations, (iii) made pursuant to an authorization, (iv) made to friends or family in your presence or because of an emergency; (v) made for national security purposes; or (vi) which are incidental to otherwise permissible disclosures.

To request this list or accounting of disclosures, you must submit your request in writing to the HIPAA Privacy Official, 35 W. Wacker Drive, Chicago, IL 60601. Your request must state the time period you want the accounting to cover, which may not be longer than six years before the date of the request. Your request should indicate in what form you want the list (for example, paper or electronic). The first list you request within a 12-month period will be provided free of charge. 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 wish to withdraw or modify your request at that time before any costs are incurred.

- D. The Right to Request Limits on Uses and Disclosures of Your PHI.** You have the right to request a restriction or limitation on how we use and disclose your PHI for treatment, payment and health care operations. You also have the right to request a limit on your PHI that we disclose to someone who is involved in your care or payment for your care.

Except as provided in the next paragraph, we are not required to agree to your request. However, if we do agree to the request, we will honor the restriction until you revoke it or we notify you.

We will comply with any restriction request if (i) except as otherwise required by law, the disclosure is to a health plan for purposes of carrying out payment or health care operations (and is not for purposes of carrying out treatment); and (ii) the PHI pertains solely to a health care item or service for which the health care provider involved has been paid in full by you or another person.

To request restrictions, you must make your request in writing to the HIPAA Privacy Official, 35 W. Wacker Drive, Chicago, IL 60601. In your request you must tell us (1)

what information you wish to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply.

- E. Right to Request Confidential Communications.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

To request confidential communications, you must make your request in writing to the HIPAA Privacy Official, 35 W. Wacker Drive, Chicago, IL 60601. We will not ask you the reason for your request. Your request must specify how or where you wish to be contacted. We will accommodate all reasonable requests.

- F. Right to Be Notified of a Breach.** You have the right to be notified in the event that we (or a Business Associate) discover a breach of your unsecured PHI.

- G. Right to a Paper Copy of this Notice.** You have the right to a paper copy of this Notice. You may ask us to give you 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 the Company intranet insideRRD, with the following navigation: Employee Center, HR/Benefits/Payroll, Benefits Information.

## **IX. COMPLAINTS**

If you think that your privacy rights have been violated, you may file a written complaint with the Plan or with the Office for Civil Rights of the United States Department of Health and Human Services. To file a complaint with the Plan, contact the HIPAA Privacy Official, 35 W. Wacker Drive, Chicago, IL 60601. All complaints must be submitted in writing. You can file a complaint with the Office for Civil Rights of the United States Department of Health and Human Services by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775 or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).

You will not be penalized, or in any other way retaliated against, for filing a complaint with the Office for Civil Rights or us.