

PLAN UPDATE

Update to Your Summary Plan Description

Special Privacy Notice

Effective April 14, 2003

This Plan Update contains important information about your rights under the Motion Picture Industry Pension and Health Plans and under ERISA. Please keep it with your Summary Plan Description for future reference.

MPI HEALTH PLAN ENHANCES PARTICIPANT PRIVACY PROTECTIONS

Protection of your private health information has always been an extremely important aspect of the comprehensive services provided to Participants by the Motion Picture Industry Health Plan (MPI Health Plan).

We are pleased to inform you that, beginning April 14, 2003, a new and even more stringent policy will go into effect to protect your rights regarding your individually identifiable health information.

The comprehensive document included in this *Plan Update* details our enhanced practices and will govern our actions to further guard you against unnecessary use and disclosure of your personal information. The new policy and practices have been written not only to meet, but to exceed, the strict standards of the Health Insurance Portability and Accountability Act of 1996.

This very detailed policy clearly defines acceptable circumstances for disclosure of personal Participant health information, while still allowing the Plan necessary access for business operations. Obviously, in order to provide your coverage and services, MPI Health Plan staff must have day-to-day access to your health information. Without it, we could not complete quality assessment and improvement activities or develop clinical guidelines and protocols, for example. Third parties must have operational access to your information as well or we could not make payments to providers and other health plans.

Other than those specifically identified operational situations listed on pages 2 and 3 of this *Plan Update*, however, your health information will not be disclosed without your written authorization. Necessary forms may be requested from the Plan by phone or mail, but they will also be readily available at www.mpiphp.org beginning April 14.

In addition to confidentiality practices, this new policy also spells out your rights to access and restrict use of your health information. It identifies steps you can take to review your personal information and to request amendments, as well as receive an accounting or copies of certain disclosures of your health information that the MPI Health Plan is required to keep.

We hope you will take the time to carefully review all the details included in this *Plan Update*. It is important for you to understand how your information is being used and protected.

This policy will govern our actions to further guard you against unnecessary use and disclosure of your personal health information.

If you have any questions regarding patient privacy and your privacy rights, please contact our Compliance Officer Victoria L. Fins. Ms. Fins can be reached by mail at MPI Pension & Health Plans, P.O. Box 1999, Studio City, CA 91614-0999, or by E-mail at vfins@mpiphp.org. You may reach her by phone at 818 or 310.769.0007, extension 316. For those calling from outside Southern California, the toll-free number is 888.369.2007.

Forms for use or restriction of your health information are available at www.mpiphp.org beginning April 14.



Directory of Topics

Privacy Policy and Practices of the Motion Picture Industry Health Plan

Telephone Access to MPIPHP

In California
818 or 310.769.0007

Outside So. California
888.369.2007

Participant Services Extension 106
7 a.m. to 5 p.m.
Claims Inquiries
Health Benefits

Pension Department Extension 627
8 a.m. to 5 p.m.
Death Benefit
Pension History Print-outs
Refund of Employee Contributions
Retirement
Retirement Benefit Calculation Statements

Eligibility Department Extension 263
8 a.m. to 5 p.m.
Address Changes
Adding Dependents
Plan Enrollments

Medical Review Extension 286
8 a.m. to 5 p.m.
Case Management
Health Claims
Home Intravenous Therapy
Independent Medical Examination
Nursing Care
Preauthorization
Second Surgical Opinion

PRIVACY POLICY AND PRACTICES OF THE MOTION PICTURE INDUSTRY HEALTH PLAN

At Motion Picture Industry Health Plan (MPI Health Plan), we value our Participants' trust and are committed to responsible management, use and protection of your personal information.

Of course, all health plans must, by nature of the business, collect a certain amount of personal information to service their customers and administer business for them. This notice of enhancements to our policy and practices regarding use and disclosure of your confidential information is meant to assure you of the safe-keeping of that information. It also spells out your rights with respect to your own health information.

We encourage you to read this information thoroughly and keep it with your *Summary Plan Description* for future reference. Contact our office if you have any questions or concerns. We offer many communication options for your convenience, including mail, E-mail, phone and fax. Contact information is listed on the back of this *Plan Update* and throughout the document.

This Notice Is Effective April 14, 2003, And Describes How Medical Information About You May Be Used And Disclosed And How You Can Get Access To This Information. Please Review It Carefully.

USE AND DISCLOSURE OF HEALTH INFORMATION

The MPI Health Plan may use your "health information" for purposes of making or obtaining payment for your care and conducting health care operations.

"Health information" refers to protected personally-identifiable information as defined in the Privacy Rule of the Administrative Simplification provision of the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

This policy, effective April 14, 2003, is established to guard against unnecessary disclosure of your personal health information.

The following is a summary of the circumstances under which and purposes for which your health information may be used and disclosed...

To Make or Obtain Payment

The MPI Health Plan may use or disclose your health information to make payment to or collect payment from third parties, such as other health plans or providers, for the care you receive. *For example, the MPI Health Plan may provide information regarding your coverage or health care treatment to other health plans in order to coordinate payment of benefits.*

To Conduct Health Care Operations

The MPI Health Plan may use or disclose health information for its own operations to facilitate the administration of the MPI Health Plan, and as necessary to provide coverage and services to all of its Participants. Health care operations include such activities as:

- Quality assessment and improvement activities.
- Activities designed to improve health or reduce health care costs.
- Clinical guideline and protocol development, case management and care coordination.
- Contacting health care providers and Participants with information about treatment alternatives and other related functions.
- Health care professional competence or qualifications review and performance evaluation.
- Accreditation, certification, licensing or credentialing activities.
- Underwriting, premium rating or related functions to create, renew or replace health insurance or health benefits.
- Review and auditing, including compliance reviews, medical reviews, legal services and compliance programs.
- Business planning and development, including cost management and planning-related analyses and formulary development.
- Business management and general administrative activities of the MPI Health Plan, including customer service and resolution of internal grievances.

For example, the MPI Health Plan may use your health information to conduct case management, quality improvement and utilization review, and provider credentialing activities or to engage in customer service and grievance resolution activities.

For Distribution of Health-Related Benefits and Services

The MPI Health Plan may use or disclose your health information to provide to you information on health-related benefits and services that may be of interest to you.

We hope you will take the time to carefully review this *Plan Update*. It is important for you to understand how your information is being used and protected.

For Disclosure to the Plan Sponsor

The MPI Health Plan may disclose your health information to the Plan Sponsor (Plan Directors) for Plan administration functions performed by them on behalf of the MPI Health Plan. In addition, the MPI Health Plan may provide summary health information to the Plan Sponsor so that they may solicit premium bids from health insurers or modify, amend or terminate the Plan. The MPI Health Plan also may disclose to the Plan Sponsor information on whether you are participating in the Plan.

When Legally Required

The MPI Health Plan will disclose your health information when it is required to do so by any federal, state or local law.

- **To Conduct Health Oversight Activities:** The MPI Health Plan may disclose your health information to a health oversight agency for authorized activities including audits, civil administrative or criminal investigations, inspections, licensure or disciplinary action. The MPI Health Plan, however, may not disclose your health information if you are the subject of an investigation and the investigation does not arise out of or is not directly related to your receipt of health care or public benefits.
- **In Connection With Judicial and Administrative Proceedings:** As permitted or required by state law, the MPI Health Plan may disclose your health information in the course of any juridical or administrative proceeding in response to an order of a court or administrative tribunal as expressly authorized by such order, or in response to a subpoena, discovery request or other lawful process. This will be permitted when the MPI Health Plan receives satisfactory assurance from the party seeking the information that reasonable efforts have been made either to notify you about the request or to obtain an order protecting your health information.
- **For Law Enforcement Purposes:** As permitted or required by state law, the MPI Health Plan may disclose your health information to a law enforcement official for certain law enforcement purposes, including, but not limited to, a circumstance where MPI Health Plan has a suspicion that your death was the result of criminal conduct, or in an emergency, to report a crime.
- **In the Event of a Serious Threat to Health or Safety:** The MPI Health Plan may, consistent with applicable law and ethical standards of conduct, disclose your health information if the MPI Health Plan, in good faith, believes that such disclosure is necessary to prevent or lessen a serious and imminent threat to your health or safety, or to the health and safety of the public.
- **For Specified Government Functions:** In certain circumstances, federal regulations require the MPI Health Plan to use or disclose your health information to facilitate specified government functions related to the military and veterans, national security and intelligence activities, protective services for the President of the United States and others, and correctional institutions and inmates.
- **For Worker's Compensation:** The MPI Health Plan may release your health information to the extent necessary to comply with laws related to Worker's Compensation or similar programs.

AUTHORIZATION TO USE OR DISCLOSE HEALTH INFORMATION

Other than as stated above, the MPI Health Plan will not disclose your health information other than with your written authorization. If you authorize the MPI Health Plan to use or disclose your health information, you may revoke that authorization in writing at any time. (For your convenience, these forms will be available for your use on our website, and by phone or E-mail request, beginning April 14, 2003.)

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

The information in this section of the MPI Health Plan's Privacy Policy and Practices defines your rights regarding your personal health information maintained by the Plan. Please review this information carefully and note the forms available to help you with your requests. To obtain those forms or any additional information, contact MPI Health Plan in one of the following ways.

By Phone:

Participant Services
In Southern California
818 or 310.769.0007, Ext. 106
From outside Southern California
888.369.2007

By Mail:

Attention: Claims Review Unit
MPI Health Plan
P.O. Box 1999
Studio City, CA 91614-0999

By Internet:

www.mpiphp.org

Right to Request Restrictions

You may request restrictions on certain uses and disclosures of your health information. You have the right to request a limit on MPI Health Plan's disclosure of your health information to someone involved in the payment of your care. However, the MPI Health Plan is not required to agree to your request.

If you wish to make a request for restrictions, you must do so in writing. We strongly recommend you complete the form "*Request for Restrictions on Use and/or Disclosure of Protected Health Information*," available April 14.

Right to Receive Confidential Communications

You have the right to request that the MPI Health Plan communicate with you in a certain way if you feel the disclosure of your health information could endanger you. For example, you may ask that the MPI Health Plan only communicate with you at a certain telephone number or by E-mail. If you wish to receive confidential communications, you must submit a written request. We strongly recommend you complete the form "*Participant Request for Confidential Communications*," available April 14.

Right to Inspect and Copy Your Health Information

You have the right to inspect and copy your health information. A request to inspect and copy records containing your health information must be made in writing. We strongly recommend you use the form, "*Request for Access to Protected Health Information*," available April 14.

If you request a copy of your health information, the MPI Health Plan may charge a reasonable fee for applicable copying, assembling costs and postage associated with your request.

Right to Amend Your Health Information

If you believe that your health information records are inaccurate or incomplete, you may request that the MPI Health Plan "amend" the records. Amending a record does not mean that information is deleted. Amending adds information to the record to ensure that it is accurate and complete. That request may be made as long as the information is maintained by the MPI Health Plan.

A request for an amendment of records must be made in writing. We strongly recommend you use the form entitled "*Participant's Request to Amend Protected Health Information*," available April 14. The MPI Health Plan may deny the request if it does not include a reason to support the amendment. The request also may be denied if:

- your health information records were not created by the MPI Health Plan,
- the health information you are requesting to amend is not part of the MPI Health Plan's records,
- the health information you wish to amend falls within an exception to the health information you are permitted to inspect and copy, or
- the MPI Health Plan determines the records containing your health information are accurate and complete.

Please Note: This Notice and all of the forms mentioned in this notice will be available on the Plans' website for immediate download beginning April 14, 2003.

www.mpiphp.org

Right to an Accounting

You have the right to request a list of certain disclosures of your health information which, under the Privacy Rule, the MPI Health Plan is required to keep a record. This includes disclosures for public purposes authorized by law, or disclosures that are not in accordance with the Plan's privacy policies and applicable law. The types of disclosures that are not required to be included in an accounting include any disclosures made:

- for the purposes of treatment, payment or health care operations, including those made to Business Associates or Plan Sponsors that perform such functions on behalf of the Health Plan;
- to the Participant or his or her personal representative;
- that are incidental to another permissible use or disclosure;
- pursuant to an authorization;
- for authorized national security or intelligence purposes;
- to correctional institutions or law enforcement officials for those purposes under the Privacy Rule for which an authorization or consent is not required;
- as part of a limited data set pursuant to a data use agreement, as permitted under the Privacy Rule;
- prior to the compliance date of the Privacy Rule (April 14, 2003); or
- for periods of time going back more than six (6) years.

The request must be made in writing. We strongly recommend you complete the form "*Participant's Request for an Accounting of Disclosures of Protected Health Information*," available April 14. The request should specify the time period for which you are requesting the information.

The MPI Health Plan will provide the first accounting you request during any 12-month period without charge. Subsequent accounting requests may be subject to a reasonable cost-based fee. The MPI Health Plan will inform you in advance of the fee, if applicable. To obtain the form "*Participant's Request for an Accounting of Disclosures of Protected Health Information*,"

please contact Participant Services at 818 or 310.769.0007, Ext. 106, or outside Southern California: 888.369.2007, Ext. 106. Or you may request the form by mail:

Attention: Claims Review Unit
MPI Health Plan
P.O. Box 1999
Studio City, CA 91614-0999.

Right to a Paper Copy of this Notice

You have a right to request and receive a paper copy of this Notice at any time, even if you have received this Notice previously or agreed to receive the Notice electronically.

To obtain a paper copy, please contact the MPI Health Plan at 818 or 310.769.0007, Ext. 251, or outside Southern California, 888.369.2007, Ext. 251, and clearly state the first and last name of the Plan Participant, his/her daytime telephone number, the Participant's Social Security Number, and your request for a copy of the "HIPAA Privacy Notice."

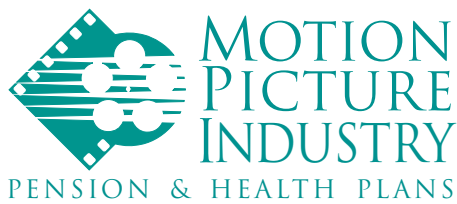
If you have any questions regarding this notice, please contact Victoria L. Fins, Compliance Officer, P.O. Box 1999, Studio City, CA 91614-0999, or at vfins@mpiphp.org.

DUTIES OF THE MPI HEALTH PLAN

The MPI Health Plan is required by law to maintain the privacy of your health information as set forth in this Notice, and to provide to you this Notice of its duties and privacy practices. The Plan is required to abide by the terms of this Notice, which may be amended from time to time. The Plan also reserves the right to change the terms of this Notice and to make the new Notice provisions effective for all health information it maintains.

If the MPI Health Plan changes its policies and procedures, it will revise the Notice and will provide a copy of the revised Notice to you within 60 days of the change. You have the right to express complaints to the MPI Health Plan and to the Secretary of the Department of Health and Human Services if you believe your privacy rights have been violated. The MPI Health Plan encourages you to express any concerns you may have regarding the privacy of your information. You will not be retaliated against in any way for filing a complaint. Any complaints to the MPI Health Plan should be made via E-mail to vfins@mpiphp.org or in writing to:

Victoria L. Fins, Compliance Officer
MPI Health Plan
P.O. Box 1999
Studio City, CA 91614-0999.



P.O. Box 1999, Studio City, California 91614-0999

Address Service Requested

Check out our website at
www.mpiphp.org

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West Coast Plan Office (Main Office)

11365 Ventura Blvd., P.O. Box 1999
Studio City, CA 91614-0999

Main Phone: 818 or 310.769.0007

Outside So. California: 888.369.2007

Main Fax: 818.508.4714

New York Office:

145 Hudson Street, Suite 6A
New York, NY 10013-2103

Main Phone: 212.634.5252

Main Fax: 212.634.4952

Website: www.mpiphp.org

PARTICIPANT CONTACTS FOR PRIVACY POLICY INFORMATION

The MPI Health Plan has designated Victoria L. Fins, Compliance Officer, as its contact person for all issues regarding patient privacy and your privacy rights. Ms. Fins may be contacted by phone at 818 or 310.769.0007, extension 316, or 888.369.2007 for those calling from outside Southern California. By E-mail, contact her at vfins@mpiphp.org or by mail, at the following address:

Victoria L. Fins, Compliance Officer

MPI Health Plan

P.O. Box 1999

Studio City, CA 91614-0999.

For all other health-related issues, by telephone, contact Participant Services at 818 or 310.769.0007, Ext. 106. Outside Southern California: 888.369.2007. By mail:

Attention: Claims Review Unit

MPI Health Plan

P.O. Box 1999

Studio City, CA 91614-0999.