



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.

NOTICE OF PRIVACY PRACTICES

General Information about this Notice

Motorola Mobility LLC ("Motorola Mobility") continues its commitment to maintain the confidentiality of your private medical information. This notice describes our efforts to safeguard your Protected Health Information ("PHI") from improper or unnecessary use or disclosure. The policies described in this notice apply only to PHI created or received by or on behalf of Motorola Mobility's Health Plans. (The term "Health Plans" is defined below.) We are providing this notice to you because the federal law requires us to distribute summaries of the Health Plans' privacy practices and related legal duties, and your rights in connection with the use and disclosure of your Health Plan information. This summary is subject to the terms of our written privacy policies.

The Health Plans and the Motorola Mobility employees involved in the administration of the Health Plans are bound by the terms of the policies described in this notice. In this notice, when we refer to actions by or obligations of the Health Plans, we are including these employees who perform Health Plan functions. In addition, all third parties who perform services for the Health Plans are either subject to Motorola Mobility's privacy policies or other policies designed to protect your health information.

What are the *Health Plans*?

This notice applies to participants in the "Health Plans." For purposes of this notice, the "Health Plans" are the following benefit programs offered through the Motorola Mobility Health and Welfare Benefits Plan:

- Medical (including certain wellness programs);
- Dental;
- Employee Assistance Program; and
- Health Flexible Spending Account

The policies described in this notice do not apply to uses and disclosures of your PHI by HMOs or insurance companies that provide medical benefits under a Health Plan. If you participate in an HMO or an insured benefit option, you will receive another notice from your HMO provider or health insurance issuer.

What Information is Protected?

Federal law requires the Health Plans to have a special policy for safeguarding PHI which is received or created in the course of administering the Health Plans. PHI is health information that can be used to identify you and that relates to:

- your physical or mental health condition;
- the provision of health care to you;
- payment for your health care; or
- genetic information

Examples of PHI include your medical and dental records, your benefit claims, and the Explanation of Benefits ("EOB") sent in connection with payment of your claims.

PHI does not include health information obtained by Motorola Mobility in another way – for example, if you are hurt in a work accident, if you provide medical records with your request for Family and Medical Leave Act (FMLA) absence, or if you submit a claim for a non-Health Plan benefit (such as disability and life insurance).

How We May Use and Disclose Your Protected Health Information

Under HIPAA, we may use or disclose your protected health information under certain circumstances without your permission. The following categories describe the different ways that we may use and



disclose your protected health information. For each category of uses or disclosures we will explain what we mean and present 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.

- *For Treatment.* We may use or disclose your protected health information to facilitate medical treatment or services by providers. We may disclose medical information about you to providers, including doctors, nurses, technicians, medical students, or other hospital personnel who are involved in taking care of you. For example, we might disclose information about your prior prescriptions to a pharmacist to determine if prior prescriptions contraindicate a pending prescription.
- *For Payment.* We may use or disclose your protected health information to determine your eligibility for Health Plan benefits, to facilitate payment for the treatment and services you receive from health care providers, to determine benefit responsibility under the Health Plans, or to coordinate Health Plan coverage. For example, we may tell your health care provider about your medical history to determine whether a particular treatment is experimental, investigational, or medically necessary, or to determine whether the Health Plans will cover the treatment. We may also share your protected health information with a utilization review or precertification service provider. Likewise, we may share your protected health information with another entity to assist with the adjudication or subrogation of health claims or to another health plan to coordinate benefit payments.
- *For Health Care Operations.* We may use and disclose your protected health information for other Health Plan operations. These uses and disclosures are necessary to run the Health Plans. For example, we may use medical information in connection with conducting quality assessment and improvement activities; underwriting, premium rating, and other activities

relating to Health Plan coverage; submitting claims for stop-loss (or excess-loss) coverage; conducting or arranging for medical review, legal services, audit services, and fraud and abuse detection programs; business planning and development such as cost management; and business management and general plan administrative activities. However, we will not use your genetic information for underwriting purposes.

- *Treatment Alternatives or Health-Related Benefits and Services.* We may use and disclose your protected health information to send you information about treatment alternatives or other health-related benefits and services that might be of interest to you.
- *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 perform these functions or to provide these services, Business Associates will receive, create, maintain, transmit, use, and/or disclose your protected health information, but only after they agree in writing with us to implement appropriate safeguards regarding your protected health information. For example, we may disclose your protected health information to a Business Associate to process your claims for Health Plan benefits or to provide support services, such as utilization management, pharmacy benefit management, or subrogation, but only after the Business Associate enters into a Business Associate contract with us.
- *As Required by Law.* We will disclose your protected health information when required to do so by federal, state, or local law. For example, we may disclose your protected health information when required by national security laws or public health disclosure laws.
- *To Avert a Serious Threat to Health or Safety.* We may use and disclose your protected health information 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 protected health information in a proceeding regarding the licensure of a physician.

- *To Plan Sponsors.* For the purpose of administering the Health Plans, we may disclose to certain employees of the Employer protected health information. However, those employees will only use or disclose that information as necessary to perform plan administration functions or as otherwise required by HIPAA, unless you have authorized further disclosures. Your protected health information cannot be used for employment purposes without your specific authorization.

Special Situations

In addition to the above, the following categories describe other possible ways that we may use and disclose your protected health information without your specific authorization. For each category of uses or disclosures, we will explain what we mean and present 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.

- *Organ and Tissue Donation.* If you are an organ donor, we may release your protected health information 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.
- *Military.* If you are a member of the armed forces, we may release your protected health information as required by military command authorities. We may also release protected health information about foreign military personnel to the appropriate foreign military authority.
- *Workers' Compensation.* We may release your protected health information 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.
- *Public Health Risks.* We may disclose your protected health information for public health activities. These activities generally include the following: to prevent or control disease, injury, or disability; to report births and deaths; to report child abuse or neglect; to report reactions to medications or problems with products; to notify people of recalls of products they may be using; to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; or to notify the appropriate government authority if we believe that a patient has been the victim of abuse, neglect, or domestic violence. We will only make this disclosure if you agree, or when required or authorized by law.
- *Health Oversight Activities.* We may disclose your protected health information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.
- *Lawsuits and Disputes.* If you are involved in a lawsuit or a dispute, we may disclose your protected health information in response to a court or administrative order. We may also disclose your protected health information in response to a subpoena, discovery request, or other lawful process by someone involved in a legal dispute, but only if efforts have been made to tell you about the request or to obtain a court or administrative order protecting the information requested.

- *Law Enforcement.* We may disclose your protected health information if asked to do so by a law-enforcement official: in response to a court order, subpoena, warrant, summons, or similar process; to identify or locate a suspect, fugitive, material witness, or missing person; about the victim of a crime if, under certain limited circumstances, we are unable to obtain the victim's agreement; about a death that we believe may be the result of criminal conduct; and about criminal conduct.
- *Coroners, Medical Examiners, and Funeral Directors.* We may release protected health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about patients to funeral directors, as necessary to carry out their duties.
- *National Security and Intelligence Activities.* We may release your protected health information to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.
- *Inmates.* If you are an inmate of a correctional institution or are in the custody of a law-enforcement official, we may disclose your protected health information to the correctional institution or law-enforcement official if necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.
- *Research.* We may disclose your protected health information to researchers when: (1) the individual identifiers have been removed; or (2) 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.

Required Disclosures

The following is a description of disclosures of your protected health information we are required to make.

- *Government Audits.* We are required to disclose your protected health information to the Secretary of the United States Department of Health and Human Services when the Secretary is investigating or determining our compliance with the HIPAA privacy rule.
- *Disclosures to You.* When you request, we are required to disclose to you the portion of your protected health information 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 protected health information if the disclosure was for reasons other than for payment, treatment, or health care operations, and if the protected health information was not disclosed pursuant to your individual authorization.

Other Disclosures

- *Personal Representatives.* We will disclose your protected health information to individuals authorized by you, or to an individual designated as your personal representative, attorney-in-fact, etc., so long as you provide us with a written notice/authorization and any supporting documents (i.e., power of attorney). Note: Under the HIPAA privacy rule, we do not have to disclose information to a 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; and in the exercise of professional judgment, it is not in your best interest to treat the person as your personal representative.

- *Spouses and Other Family Members.* With only limited exceptions, we will send all mail to the employee. This includes mail relating to the employee's spouse and other family members who are covered under the Health Plans, and includes mail with information on the use of Health Plan benefits by the employee's spouse and other family members and information on the denial of any Health Plan benefits to the employee's spouse and other family members. If a person covered under the Health Plans has requested Restrictions or Confidential Communications (see below under "Your Rights"), and if we have agreed to the request, we will send mail as provided by the request for Restrictions or Confidential Communications.
- *Authorizations.* Other uses or disclosures of your protected health information 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 protected health information for marketing; and we will not sell your protected health information, 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.

Your Rights

You have the following rights with respect to your PHI:

- *Right to Inspect and Copy.* You have the right to inspect and copy certain protected health information that may be used to make decisions about your Health 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 protected health information, you must submit your request in writing to the Rewards Administration Center. 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 medical information, you may request that the denial be reviewed by submitting a written request to the Rewards Administration Center.

- *Right to Amend.* If you feel that the protected health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the Health Plans.

To request an amendment, your request must be made in writing and submitted to the Rewards Administration Center. In addition, you must provide a reason that supports your request.

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 Health Plans; 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 accurate and complete.



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.

Right to an Accounting of Disclosures. You have the right to request an "accounting" of certain disclosures of your protected health information. The accounting will not include (1) disclosures for purposes of treatment, payment, or health care operations; (2) disclosures made to you; (3) disclosures made pursuant to your authorization; (4) disclosures made to friends or family in your presence or because of an emergency; (5) disclosures for national security purposes; and (6) disclosures incidental to otherwise permissible disclosures.

To request this list or accounting of disclosures, you must submit your request in writing to the Rewards Administration Center. 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 choose to withdraw or modify your request at that time before any costs are incurred.

- *Right to Request Restrictions.* You have the right to request a restriction or limitation on your protected health information that we use or disclose for treatment, payment, or health care operations. You also have the right to request a limit on your protected health information that we disclose to someone who is involved in your care or the payment for your care, such as a family member or friend. For example, you could ask that we not use or disclose information about a surgery that you had.

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 (1) 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 (2) the protected health information 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 Rewards Administration Center. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure, or both; and (3) to whom you want the limits to apply—for example, disclosures to your spouse.

- *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 Rewards Administration Center. 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.

- *Right to Be Notified of a Breach.* You have the right to be notified within 60 days in the event that we (or a Business Associate) discover a breach of unsecured protected health information.



- **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 on BenefitsWeb. To obtain a paper copy of this notice, contact the Rewards Administration Center.

Additional Information about this Notice

Changes to this notice: We reserve the right to change the Health Plans' privacy practices as described in this notice. Any change may affect the use and disclosure of your PHI already maintained by the Health Plans, as well as any of your PHI that the

Health Plans may receive or create in the future. If there is a material change to the terms of this notice, you will automatically receive a revised notice.

No guarantee of employment: This notice does not create any right to employment for any individual, nor does it change Motorola Mobility's right to discharge any of its employees at any time, with or without cause.

No change to Health Plans benefits: This notice explains your privacy rights as a current or former Health Plans participant. The Health Plans are bound by the terms of this notice as they relate to the privacy of your PHI. However, this notice does not change any other rights or obligations you may have under the Health Plans. You should refer to the Health Plans documents for additional information regarding your Health Plans benefits.

TO OBTAIN A COPY OF THE CURRENT NOTICE: You can obtain a copy of the current notice by contacting the Rewards Administration Center (RAC) at (877) 404-7108.

CONTACT INFORMATION: For questions regarding this Notice, or to file a complaint with the Health Plans, contact:

Rewards Administration Center
Attention: Motorola Mobility Privacy Officer
P.O. Box 66865
Phoenix, Arizona 85082-6865
Phone: (877) 404-7108 / Fax: (602) 797-6410
E-Mail: benefits@motorola.com

U.S. Department of Health and Human Services
Office for Civil Rights
200 Independence Avenue, S.W.
Washington, D.C. 20201
<http://www.hhs.gov/ocr/hipaa/>

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