



NOTICE OF HIPAA 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.

This Notice describes the privacy practices of the Tyson Foods, Inc. Group Health Plan and the Tyson Foods, Inc. Cafeteria Plan (to the extent of the health care spending account under that plan) relating to the use of medical information that is protected under the Health Insurance Portability and Accountability Act of 1996, as amended, and its regulations ("HIPAA"). References throughout this notice to "the Plan" shall be deemed to refer to each above-listed Plan separately and individually.

Our Pledge Regarding Medical Information

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of payment for services you receive that are paid from the Plan. We need this record to provide payment and to comply with certain legal requirements. This Notice applies to all of the records generated by the Plan. This Notice explains the ways in which we may use and disclose medical information about you. The Notice also describes your rights and certain obligations we have regarding the use and disclosure of medical information.

Federal law requires us to:

- ensure that medical information that identifies you is kept private;
- give you this Notice of our legal duties and privacy practices with respect to medical information about you; and
- follow the terms of the Notice that are currently in effect.

How We May Use and Disclose Your Medical Information

- **Treatment.** The Plan may use your medical information to tell you about other health-related benefits or services or to facilitate consultations and referrals between one or more of your providers. For example, the Plan may disclose to a treating specialist physician the names of other physicians involved in your treatment so that the specialist may ask for your x-rays or lab results from those other physicians.
- **For Payment.** We may use and disclose medical information to determine payment for your care, to coordinate coverage with other payors, and to determine the adjudication of claims appeals. For example, the Plan may tell a doctor whether you are eligible for coverage or what percentage of the bill will be paid by the Plan.
- **For Health Care Operations.** We may use and disclose medical information about you for Plan operations. These uses and disclosures are necessary to operate the Plan and make sure that you receive quality service. For example, we may use your medical information for quality assessment, fraud auditing, business management, and administrative activities.

- Business Associates. The Plan may contract with individuals or entities known as Business Associates to perform various functions on the Plan's behalf or to provide certain types of services. To perform these functions or to provide such services, the Business Associates will receive, create, maintain, use and/or disclose your medical information.
- Plan Sponsor. For purposes of administering a Plan, the Plan may disclose your medical information to certain employees of Tyson Foods, Inc. However, these employees will only use or disclose such information as necessary to perform administration functions for a Plan or as otherwise required by HIPAA or for underwriting purposes, unless you have authorized further disclosures. Your medical information cannot be used for employment purposes without your specific authorization. Additionally, genetic information (as defined in HIPAA) cannot be used or disclosed for underwriting purposes.

A. With Your Authorization

We may use or disclose your medical information for purposes other than treatment, payment, or health care operations only if: 1) you provide a signed Authorization on an Authorization Form provided by the Plan's Privacy Officer; or 2) there are special circumstances as described below in section B. Most disclosures involving psychotherapy notes requires an Authorization from you. In addition, the Plan generally cannot use your medical information for marketing purposes, or sell your medical information, without your Authorization. You may revoke your written Authorization at any time, except to the extent that the Plan has already relied on the Authorization. If you decide to revoke your written Authorization, you should complete an Authorization Revocation Form and submit it to the Plan. Your revocation will become effective upon its receipt by us.

B. Special Circumstances - Without Your Authorization

There are special circumstances apart from treatment, payment, or health care operations when we are permitted to use or disclose your medical information without your Authorization. The following explains what these special circumstances are:

- *Individuals Involved in Your Care or Payment for Care*. We may release medical information about you to a friend or family member who is involved in your medical care. If you are present or coherent, we can disclose your medical information to family and friends when you agree or do not object or we can reasonably infer that you agree. If you are not present or you are incapacitated, we can disclose certain medical information to family and friends when we determine that the disclosure would be in your best interests.
- *Threat to Health or Safety*. We may use or disclose medical information about you 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.
- *Public Health Activities*. We may disclose medical information about you for public health activities to federal and state authorities. These activities generally include the following:
 - Disclosures to public health authorities to prevent or control disease, injury, or disability;
 - Disclosures to report reactions to medications or problems with products to the U.S. Food and Drug Administration;
 - Disclosures to notify individuals of recalls of products they may be using;
 - Disclosures to individuals who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and

- Disclosures as permitted under law if we reasonably believe that you are a victim of abuse, neglect, or domestic violence.
- *Health Oversight Activities.* We may disclose your medical information to a government agency as required by law for activities such as audits, investigations, inspections, licensure, or disciplinary actions.
- *Lawsuits, Judicial and Administrative Proceedings.* If you are involved in a lawsuit or dispute, we may disclose your medical information in response to a court or administrative order. We may also disclose your medical information in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if we receive satisfactory assurances that efforts have been made to tell you about the request or to obtain an order protecting the information requested.
- *Law Enforcement.* We may release your medical information if asked to do so by a law enforcement official.
- *Coroners, Medical Examiners and Funeral Directors.* We may release your medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death.
- *Specialized Government Functions.* We may release your medical information to authorized units of the government with special functions, such as the U.S. military, the U.S. Department of State, or the U.S. Secret Service.
- *Military and Veterans.* If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.
- *Workers' Compensation.* The Plan may release your medical information for workers' compensation or similar programs that provide benefits for work-related injuries or illness.
- *Organ and Tissue Donations.* If you are an organ donor, the Plan may disclose your medical information 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.
- *As Required By Law.* We will disclose medical information about you when required to do so by applicable federal, state, or local law. In particular, we are required to disclose your medical information to the Secretary of the U.S. Department of Health and Human Services when the Secretary is investigating or determining the Plan's compliance with HIPAA.

Your Rights Regarding Your Medical Information

You have the following rights regarding your medical information that we maintain:

Right to Inspect and Copy. You have the right to inspect and copy medical information that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes. To inspect and copy medical information that may be used to make decisions about you, you should request a Request to Access Protected Health Information (a "Request for Access") and must submit a completed Request for Access to the Plan. Specific requirements for access to your medical information are described in the Request for Access.

Right to Amend. If you feel that the medical information we have about you is incorrect or incomplete, you may ask us to amend your medical information. If you want to request an amendment to your information, you must obtain a Request to Amend Protected Health Information Form (an “Amendment Form”) and submit a completed Amendment Form to the Plan. Specific requirements for amending your medical information are described in the Amendment Form.

Right to an Accounting of Disclosures. You have the right to request an “accounting of disclosures.” This is a list of the disclosures we made of your medical information. To request this accounting of disclosures, you should request a Request for Accounting of Disclosures (an “Accounting Form”) and submit a completed Accounting Form to the Plan. Specific requirements for an accounting of disclosures are described in the Accounting Form.

Right to Request Restrictions. You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment, or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care. To request restrictions, you should request a Request for Restrictions on Uses and Disclosure of Protected Health Information (a “Restrictions Form”) and submit the completed form to the Plan. Specific information about the right to request restrictions is included in the Restrictions Form.

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 Plan on a Request for Confidential Communications (the “Confidential Communications Form”). Specific information about the right to request restrictions is included in the Confidential Communications Form. Your request must specify how or where you wish to be contacted.

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. To obtain a paper copy of this Notice, please contact the Plan.

Right to Receive Notifications of Breaches. The Plan has a legal duty to notify you following the discovery of a breach involving your unsecured medical information.

Effective Date; Changes to This Notice

This notice is effective September 23, 2013 and applies to all medical information that the Plan already has. We reserve the right to change this Notice, and to make the revised or changed Notice effective for medical information we already have about you as well as any information we receive in the future, as of the effective date of the revised Notice. In the event of any material change to this Notice, a revised version of this Notice will be posted on <http://hrweb.tyson.com/benefits> by the effective date of such change and included in the next annual mailing of plan materials.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with the Plan or with the Secretary of the Department of Health and Human Services. To file a complaint with us, submit your complaint in writing to:

Tyson Foods, Inc.
Mail Stop CP501
2200 W. Don Tyson Parkway
Springdale, Arkansas 72762-6999
Attn: Privacy Officer
Fax: 479-757-7982
E-mail: HIPAA.PrivacyOfficer@tyson.com

All complaints must be submitted in writing. **You will not be penalized for filing a complaint.**

Other Uses of Medical Information

Other uses and disclosures of medical information not covered by this Notice will be made only with your written authorization.

Further Information

For further information or to obtain any of the forms described above, you may contact:

Tyson Foods, Inc.
Mail Stop CP501
2200 W. Don Tyson Parkway
Springdale, Arkansas 72762-6999
Attn: Privacy Officer
Phone: 479-290-5636
Fax: 479-757-7982
E-mail: HIPAA.PrivacyOfficer@tyson.com