



## **NOTICE OF J.CREW GROUP HEALTH PLANS HIPAA PRIVACY POLICY**

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 IS EFFECTIVE AS OF OCTOBER 16, 2013. IF YOU HAVE ANY QUESTIONS ABOUT THIS NOTICE, PLEASE CONTACT THE J.CREW GROUP, INC. BENEFITS DEPARTMENT AT 770 BROADWAY, NEW YORK, NEW YORK 10003, 212) 209-8622.

### **WHO WILL FOLLOW THIS NOTICE**

In the course of providing you with health coverage, the J.Crew Group Health Plans listed below (together, the "Plans") may have access to information about you that is considered "protected health information" ("PHI") under the Health Insurance Portability and Accountability Act of 1996 and the applicable regulations ("HIPAA"). PHI is information that is maintained or transmitted by the Plans that may identify you and that relates to your past, present or future physical or mental health or condition; the provision of health care services to you; and the past, present, and future payment of your health care. This Notice describes certain policies and practices of the Plans with regard to the treatment of PHI. The procedures outlined in this Notice have been added to the Plans to ensure that PHI is treated with the level of protection required by HIPAA. The plans affected by this Notice are:

- The J.Crew Group Health, Dental, Flexible Spending Accounts and COBRA Plans with Aetna
- The J.Crew Group Health Plan with Anthem Blue Cross Blue Shield
- The J.Crew Group Prescription Drugs Plan with Medco/Express Scripts
- HMSA Blue Cross Blue Shield of Hawaii
- Group Insurance Plan for Associates of J.Crew Group Inc., Its Affiliates, and Subsidiaries

### **OUR PLEDGE REGARDING PHI**

We understand that your PHI is personal. We are committed to protecting your PHI and will use it to the minimum extent necessary to accomplish the intended purpose of the use and disclosure request of it. This notice applies to all of the PHI records that the Plans maintain. Doctors and other health care providers are also subject to HIPAA and may have different policies or notices regarding their use and disclosure of the PHI that they maintain or transmit. The types of PHI that the Plans maintain include:

- Name and Social Security Number associated with enrollment records; and
- Claim information
- Other information needed to maintain the Plans

We are required by law to:

- Ensure that PHI is kept private
- Provide you with this Notice of our legal duties and privacy practices with respect to PHI
- Abide by the terms of this Notice or any subsequent Notice, as in effect from time to time.

Your PHI may be disclosed to certain J.Crew Group associates from time to time. Such associates may include individuals working in J.Crew Group's Human Resources, Benefits, Legal, Finance and members in IT SAP Support Group. . These associates may only use PHI for purposes of administering the Plans and are required to abide by the provisions of this Notice. Any associate of J.Crew Group who violates established rules for handling PHI will be subject to adverse disciplinary action. In addition, PHI may occasionally be disclosed to certain non- associates of J.Crew Group (such as outside legal counsel or broker groups).

By adoption of this Notice, we certify that we will comply with these privacy procedures. We may not use or disclose PHI other than as provided herein or as required by law. All of our business associates that we provide with your PHI must agree to be bound by the restrictions and conditions concerning PHI found in this Notice. J.Crew Group will not obtain PHI from the Plans for any employment-related actions. J.Crew Group must report to the Plans any uses or disclosures of PHI that are inconsistent with the provisions set forth herein when J.Crew Group becomes aware of it.

### **SUMMARY OF YOUR PRIVACY RIGHTS**

This is a summary of your general privacy rights. A complete description of your privacy rights begins on page 3.

#### **We may use and give out your health information:**

- To get you the help you may need in an emergency
- When we are giving you services
- When we are helping you get other services you need
- For payment of your health care services
- To conduct business of the Plan
- To send you information

#### **We may use and give out your health information for:**

- Health and safety reasons
- Workers' compensation requests
- Subpoenas
- Military purposes
- National security reasons
- Coroner, medical examiner or funeral use
- Child or adult (who is disabled) abuse or neglect requests
- Health oversight activities

#### **You have the right to:**

- Get a copy of your medical record
- Request a change to your medical record if you think it's wrong
- Get a list of whom we share your health information with
- Ask us to limit the information we share

- Ask for a copy of our privacy notice
- Request confidential communication
- Write a letter of complaint to the Plan or the Department of Health and Human Services if you believe your privacy rights have been violated

### **HOW THE PLANS MAY USE AND DISCLOSE PHI**

This section describes how we may use and disclose PHI. Please note that these are merely examples of the most typical uses and disclosures, and are not intended to show every possible situation that may lead to or require use or disclosure of PHI.

**For Medical Treatment.** We may use and disclose PHI about you to help get you medical treatment or provider services with doctors, dentists, pharmacies, other caregivers and health care providers.

**For Payment.** We may use and disclose PHI about you to determine your eligibility for Plan benefits, to facilitate payment for the treatment and services you receive from health care providers, to determine benefit responsibility under the Plans, or to coordinate Plan coverage.

**For Health Care Operations.** We may use and disclose PHI about you for other Plan operations, as needed. These uses and disclosures are necessary for Plan administration. For example, we may use PHI in connection with: underwriting and soliciting bids from potential carriers (however, we will not use your PHI that is genetic information for underwriting purposes); premium rating and setting contributions and other activities relating to coverage under the Plans; submitting claims for stop-loss (or excess loss) coverage; legal services or audit services; business planning and development such as cost management and business management and general Plan administration activities.

**Other use or Disclosure With Your Consent.** We may use and disclose PHI for other purposes only with your written consent, which you may revoke at any time in writing, except to the extent that the Plans have already taken action in reliance on your previously provided authorization. For example, the Plans are required to obtain your written authorization in the following circumstances: (a) to use or disclose psychotherapy notes (except when needed for payment purposes or to defend against litigation filed by you); (b) to use your PHI for marketing purposes; (c) to sell your PHI; and (d) to use or disclose your PHI for any purpose not previously described in this Notice. The Plans also will obtain your authorization before using or disclosing your PHI when required to do so by (i) state law, such as laws restricting the use or disclosure of genetic information or information concerning HIV status; or (ii) other federal law, such as federal law protecting the confidentiality of substance abuse records.

### **OTHER PERMITTED USES AND DISCLOSURES OF PHI**

- **Disclosure to Health Plan Sponsor:** PHI may be used or disclosed to another health plan maintained by J.Crew Group for purposes of facilitating claims payments under that plan. In addition, PHI may be used or disclosed to J.Crew Group personnel for purposes of administering Plan benefits.
- **Workers' Compensation:** We may disclose PHI about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.
- **As Required By Law:** We will disclose PHI about you when required by federal, state, or local law. For example, we may disclose PHI when required by a court order in a litigation proceeding such as malpractice action.

- **Health Oversight Agencies:** We may use or disclose your PHI to a government authority if we think there may have been child abuse or neglect, or vulnerable adult abuse or neglect.
- **Coroners, Medical Examiners, and Funeral Directors:** We may use or disclose PHI to a coroner or medical examiner for identification purposes, determining a cause of death or for the coroner or medical examiner to perform other duties. We may also give information to a funeral director to assist in carrying out his/her duty.
- **Public Health Risks:** We may disclose PHI for public health activities such as to prevent or control disease, injury or disability.
- **To Avert a Serious Threat to Health or Safety:** We may disclose PHI 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. For example, we may disclose PHI about you in a proceeding regarding the licensure of a physician.
- **Lawsuits and Disputes:** If you are involved in a lawsuit or a dispute, we may disclose PHI about you in response to a court or administrative order. We may also disclose PHI about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if we are assured that the requesting party has made reasonable efforts to notify you or to secure a “qualified protective order”.
- **Law Enforcement:** We may disclose PHI if asked to do so by a law enforcement official.
- **Military and Veterans:** If you are a member of the armed forces, we may disclose PHI about you as required by military command authorities. We may also disclose PHI about foreign military personnel to the appropriate foreign military authority.
- **National Security and Intelligence Activities:** We may disclose PHI about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

## **YOUR RIGHTS REGARDING PHI**

**Right to Inspect and Copy.** You have the right to inspect and copy most PHI. You may review the enrollment data that we maintain with respect to you through the J.Crew Group Benefits Department. To inspect and copy additional PHI that you may inspect in accordance with this Notice and under HIPAA, you must submit a request in writing to the J.Crew Group Benefits Department. If you request a copy of any such information, we reserve the right to charge a reasonable, cost-based fee for the costs of copying, mailing or other supplies associated with such request.

HIPAA provides several important exceptions to the right to access PHI, including psychotherapy notes, information we have prepared for use in court or at hearings and PHI subject to federal law that prohibits viewing. We may deny a request to inspect and copy PHI in accordance with such exceptions. If a request to access PHI is denied, you may request that the denial be reviewed, though reviews will only be granted in certain circumstances in accordance with HIPAA.

PHI maintained or transmitted by physicians or contract carriers is not covered by this notice, but regulated by HIPAA.

**Right to Amend.** If you feel that the PHI on file with any of the Plans is incorrect or incomplete, you may request an amendment of the information. You have the right to request an amendment for as long as any such information is maintained by the Plans.

To request an amendment to PHI maintained by the Plans, you must submit the request in writing to the J.Crew Group Benefits Department stating a reason supporting the requested amendment. If you

fail to abide by these requirements, the amendment request may be denied. In addition, we may deny a request if we are asked to amend PHI that:

- Is not part of the PHI kept by or for the Plans;
- Was not created by us, unless the entity that created the PHI is no longer available to make the amendment;
- Is not part of the PHI which you would be permitted to inspect and copy; or
- Is accurate and complete

We must act on a request for an amendment of PHI no later than 60 days after receipt of request. The Plans may extend the deadline to respond by up to 30 days. If the Plans deny your request, they must provide you with a written explanation for the denial and an explanation of your right to submit a written statement disagreeing with the denial. Your statement of disagreement would be included with any future disclosure of the disputed PHI.

**Right to an Accounting.** You have the right to an “accounting of disclosures” where such disclosure was made for any purpose other than treatment, payment, or health care operations. This right does not apply to releases we may have made to you, to family members or others involved in your care, or for notification purposes. It also does not apply to:

- Incidental disclosures;
- PHI released in the interest of national security or intelligence purposes;
- Correctional institution;
- Law enforcement officials;
- Health over-site agencies; or
- PHI as released as a limited data set for research, public health, or health care operations.

To request a listing of accounting of disclosures, you must submit your request in writing. Your request must state a time period, which may not begin earlier than six years prior to the date of your request. Your request should indicate in what form you want the list (for example, paper or electronic).

The Plans will provide the first accounting requested during any 12-month period without charge. The Plans may charge a reasonable, cost-based fee for each additional accounting during the same 12-month period.

**Right to Request Restriction on Certain Uses and Disclosures of PHI.** You have the right to request a restriction or limitation on the PHI we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the PHI we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery that you had.

To request restrictions, you must make your request in writing; however, we are not required to agree to your request, except in the case of PHI that pertains solely to a health care service or item for which you, or someone else on your behalf other than the Plans, has made payment in full. In your request you must tell us:

- What information you want to limit;
- Whether you want to limit our use, disclosure or both; and
- To whom you want the limits to apply, for example, disclosures to your spouse.

**Right to Request Confidential Communications.** You may request that we communicate confidentially with you regarding PHI in a certain way or at a certain location. We will accommodate your reasonable request provided that it states that communication in the normal manner might endanger you. We will not ask you the reason for your request. Requests must be in writing and specify the manner of communications that you are requesting.

**Right to Paper Copy of Notice.** Upon request, you have the right to receive a paper copy of this Notice even if you have agreed to receive this Notice electronically.

To obtain a paper copy of this notice or exercise any of the above mentioned rights, please contact:

J.Crew Group, Inc.  
Benefits Department  
Attn: Privacy Officer  
770 Broadway  
New York, NY 10003  
Phone (212) 209-8622

**Security Incident Response Plan.** In accordance with HIPAA, the Plans have adopted a policy requiring the prompt and immediate reporting of “security incidents” by their workforces. We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.

### **CHANGES TO THIS NOTICE**

We reserve the right to change this Notice. We reserve the right to make the revised or changed notice effective for all PHI in our possession prior to or at the time of such revision or change, as well as any PHI we receive in the future. We will send you a copy of any revised notice and a copy will remain posted on the J.Crew Group Intranet Site in the Human Resources Section.

### **COMPLAINTS**

If you believe that your privacy rights have been violated, you may file a complaint with the Plans or with the U.S. Department of Health and Human Services Office for Civil Rights. You may file complaints with the Plans by submitting such complaints in writing to the J.Crew Group Benefits Department. You will not be penalized or retaliated against in connection with the filing of any complaint. To file a complaint with the Plans, contact:

J.Crew Group, Inc.  
Benefits Department  
Attn: Privacy Officer  
770 Broadway  
New York, NY 10003  
Phone (212) 209-8622

To file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights, contact:

U.S. Dept. of Health and Human Services  
Office of Civil Rights  
200 Independence Avenue, S.W.  
Washington, D.C. 20201  
Tel: 1-877-696-6775  
Website: [www.hhs.gov/ocr/privacy/hipaa/complaints](http://www.hhs.gov/ocr/privacy/hipaa/complaints)

### **ADDITIONAL USES OF PHI**

Additional uses and disclosures of PHI not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose PHI about

you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose PHI about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain your PHI records.

### **PERSONAL REPRESENTATIVES**

All of the rights described above may be exercised by your Personal Representative after the Personal Representative has provided proof of his or her authority to act on your behalf. Proof of authority may be established by (a) a power of attorney for health care purposes, or a general power of attorney, notarized by a notary public; (b) a court order appointing the person to act as your conservator or guardian; or (c) any other document that the Privacy Officer, in his or her sole and absolute discretion, deems appropriate.

### **AVAILABILITY OF THIS NOTICE**

For your convenience, this notice has been made available in the J.Crew Group Human Resources Departments in Lynchburg, VA, Asheville, NC, San Antonio, TX and New York, NY offices. You may also access this document online by logging on to the J.Crew Group Intranet site. For further details or assistance, please contact the Privacy Officer at (212) 209-8622.