



Dear Plan Participant:

Enclosed please find a copy of the Notice of Privacy Practices with respect to the group health plan(s) sponsored by the County of Kane (the "Plan"). The Plan is required by law to provide you a copy of this notice (or a notice informing you of your right to a copy of this notice) on a periodic basis. However, this notice is very similar (if not identical) to Notices of Privacy Practices that you have received in the past; little (if anything) has changed. Most importantly, you should know that **this notice does not impact your eligibility for coverage or the benefits available under the Plan.** Of course, you may call the Plan Administrator with any questions about the content of the notice or any other matter, but we want to assure you that this notice should not be a cause for worry: *nothing about your coverage is changing as a result of this notice!*

Also, please note that this notice relates only to the group health plans sponsored by the County, and not to any other plans, programs or benefits.

<b>Group health benefits subject to this notice:</b>	<b>Benefits, plans, or programs not subject to this notice include:</b>
Medical Insurance Dental Insurance Vision Insurance Health Care Flexible Spending Account Employee Assistance Program	Workers' Compensation Retirement Benefits Sick or Vacation Pay Dependent Care Reimbursement Account FMLA and other Leaves of Absence Employee Drug Testing Fitness for Duty Testing Return-to-Work Restrictions Accommodations under the Americans with Disabilities Act

Sincerely,

Privacy Officer  
For Kane County

**GROUP HEALTH PLAN(S) SPONSORED BY  
THE COUNTY OF KANE  
NOTICE OF 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 legal obligations of the Group Health Plan(s) sponsored by the County of Kane (including any group medical, dental and vision coverage, the health care flexible spending account offered as part of Kane County's cafeteria plan, the employee assistance program, certain other wellness benefits, and any other group health benefits sponsored by Kane County) (the "Plan") and your legal rights regarding your Protected Health Information ("PHI") held by the Plan under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"). The relevant regulations under HIPAA may be found at 45 CFR 160 & 164 (referenced collectively as the "Privacy Rule"). This notice attempts to summarize those regulations; if there is any discrepancy between this notice and the regulations, the regulations will govern.

Your health information is highly personal, and the Plan is committed to safeguarding your privacy.

For Plan administration purposes, the Plan (and various outside service providers hired by the Plan) creates records (such as records of health claims), and this Notice applies to all such records. Other notices and practices may apply to records created or maintained by your doctor or other health care provider.

PHI, as defined in the Privacy Rule of HIPAA, includes all individually identifiable information, including demographic information, related to your past, present or future physical or mental health condition or to payment for health care. PHI includes information maintained by the Plan in oral, written, or electronic form. PHI does not include information that has been de-identified. De-identified information is information that does not identify you and with respect to which there is no reasonable basis to believe that the information can be used to identify you.

The Plan may use your PHI for purposes of making or obtaining payment for your care and conducting health care operations. The Plan also may use or disclose your PHI for certain other purposes enumerated below. The Plan has established a policy to guard against unnecessary disclosure of your health information. The use and disclosure of PHI also may be subject to certain restrictions under state law. The Plan will comply with any applicable state law requirements with respect to the privacy and confidentiality of your health information.

Some of the benefits under the Plan may be provided through insurance companies. In this case, the Plan Sponsor likely will have only very limited access to your PHI, and the primary responsibility for protecting the privacy of your PHI falls to the insurance company. If you receive Plan benefits through insurance companies, you also may receive separate notices from the Plan's insurers describing how they use and disclose PHI. You should contact the insurance

company with respect to any questions or concerns regarding PHI created, received or maintained by the insurance company.

### **USE AND DISCLOSURE OF PHI WITHOUT CONSENT, AUTHORIZATION OR OPPORTUNITY TO AGREE OR OBJECT**

The Plan may disclose your PHI to you, or it may disclose your PHI to others without your consent, authorization, or request, and without affording you an opportunity to agree or object in the circumstances listed below. You should bear in mind that not every possible use and disclosure is listed below; rather, this notice describes categories of uses and disclosures and provides examples of each category. This section is broken up into two parts: Use and Disclosure for Plan Administration and Other Uses and Disclosures Allowed by Law.

#### **USE AND DISCLOSURE FOR PLAN ADMINISTRATION**

This section describes different ways that the Plan uses and discloses protected health information for administrative purposes. These uses and disclosures fall into three categories: (i) payment, (ii) health care operations, and (iii) treatment. This section also discusses disclosures to the Plan Sponsor or the Plan's business associates for administrative purposes.

**To Make or Obtain Payment.** The Plan may use or disclose PHI to facilitate its own payment activities or the payment activities of other entities subject to the HIPAA Privacy Rule, such as other health plans or providers, related to the care you receive. Payment activities include processing claims (including appeals and other payment disputes), responding to participant inquiries about payments, determining eligibility or coverage for claims and cost sharing amounts (e.g. application of co-payments, deductibles, and plan maximums), establishing employee contribution rates, reviewing services for medical necessity or appropriateness, performing utilization review functions, obtaining payment under a contract for reinsurance (including stop-loss and excess of loss insurance), and premium/contribution collection functions.

For example, the Plan may provide information regarding your coverage or health care treatment to other health plans to coordinate payment of benefits between this Plan and other plans. Likewise, the Plan may provide information to your health care provider regarding your eligibility for and level of coverage or the Plan may provide PHI to your provider in order to make prior authorization determinations as required by the Plan. Along the same lines, the Plan may share PHI with a third party administrator or utilization review service to determine whether a claim is payable. As another example, the Plan may disclose information about your medical history to your health care provider in order to determine whether a particular treatment is medically necessary or otherwise determine whether the Plan will cover the treatment. Or the Plan may disclose PHI in order to ensure that the Plan is properly reimbursed if a third party is responsible for medical costs the Plan would otherwise pay.

Generally, the Plan will send all mail to the employee. This includes mail relating to the employee's covered spouse and dependents (if any), including mail with information on the use of Plan benefits by those family members and information on the denial of claims related to those family members. However, if a person covered under the Plan has requested restrictions or

confidential communications and the Plan has agreed to such request, the Plan will send mail only as requested. (See “Right to Request Restrictions” and “Right to Receive Confidential Communications” below.)

**To Conduct Health Care Operations.** The Plan may use or disclose PHI for various administrative purposes that are called “health care operations.” The Plan may use or disclose PHI for its own health care operations or for certain health care operations activities of the entity that receives the information. The Plan may disclose PHI to a health insurance issuer or HMO that provides benefits under the Plan or to another group health plan maintained by the same Plan Sponsor for health care operations activities. Health care operations include such activities as:

- Quality assessment and improvement activities, such as outcomes evaluation and development of clinical guidelines.
- Population-based activities designed to improve health or reduce health care costs.
- 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, and ceding, securing or placing a contract for reinsurance of risk relating to claims for health care (including stop-loss insurance and excess of loss insurance).
  - **Prohibition on Use of Genetic Information for Underwriting Purposes.** If the Plan uses or discloses PHI for underwriting purposes, the Plan is prohibited from using or disclosing genetic information for such underwriting purposes, regardless of whether you have authorized the use.
- Review and auditing, including compliance reviews, medical reviews, legal reviews, and health care fraud and abuse detection and compliance programs.
- Business planning and development including cost management and planning-related analyses, including formulary development and administration and development or improvement of methods of payment or coverage policies.
- Business management and general administrative activities, including customer service, resolution of internal grievances, due diligence in connection with the sale or transfer of assets, and HIPAA compliance activities.

For example, your information might be included as part of an audit designed to ensure that the Plan's outside claims administrator is performing its job as well as it should for the Plan. Or, your information, along with that of all other participants, may be used each year to set appropriate premiums for the Plan or to help secure insurance that is needed to protect the Plan or Plan Sponsor financially. Additionally, the Plan may use your PHI to audit the accuracy of its claims processing functions, and to engage in participant service activities.

**For Treatment.** The Plan may disclose your PHI to facilitate the treatment activities of a health care provider. For example, the Plan might disclose information about your prior prescriptions to a pharmacist (or prescription benefit manager) so that the pharmacist may determine if a pending prescription conflicts with prior prescriptions or is otherwise inappropriate for you. The Plan also may use or disclose your PHI to provide you information on health-related benefits and services that may be of interest to you or to tell you or your health care provider about possible treatment options or alternatives. Likewise, the Plan may share information about prior treatment with a health care provider who needs such information to treat you or your family properly.

**Disclosures to the Plan Sponsor.** The Plan may disclose your PHI to the Plan Sponsor, County of Kane, for Plan administration functions performed by the Plan Sponsor on behalf of the Plan related to payment, treatment or health care operations. For example, the Plan may disclose information to the Plan Sponsor to allow the Plan Sponsor to decide an appeal or review a subrogation claim. However, the Plan Sponsor may not use PHI to take any action against you in regard to your employment.

In addition, the Plan also may disclose to the Plan Sponsor information on whether you are participating in the Plan, or have enrolled in or disenrolled from a health insurance plan or HMO (if any) offered as part of the Plan

The Plan also may provide summary health information to the Plan Sponsor so that the Plan Sponsor may solicit premium bids from health insurers for providing health insurance coverage under the Plan, or so that the Plan Sponsor may modify, amend or terminate the Plan. Summary health information is information that summarizes the claims history, claims expenses, or type of claims experienced by the individuals for whom a plan sponsor has provided health benefits under the Plan, from which individual identifiers (other than certain limited geographical information), such as names and social security numbers, have been removed.

The Plan Sponsor has agreed to prevent unauthorized use or disclosure of the information and to limit the employees who have access to such information. In no event may the Plan Sponsor use the protected health information it receives from the Plan for benefit programs that do not provide health benefits, to make any employment-related decisions, or for any other purpose other than as required by law or permitted by the Plan.

**Disclosures to Business Associates.** The Plan often relies on outside service providers (generally known as "business associates") to handle important administrative tasks on behalf of the Plan. When these tasks involve the use or disclosure of PHI for treatment, payment, or health care operations, the Plan is permitted to share your information with these outside providers (for example, the companies that may process claims for benefits under the Plan or administer your

prescription drug benefits under the Plan). Whenever an arrangement between the Plan and a third party business associate involves the use or disclosure of your PHI, that business associate will be required to enter into a “business associate agreement” with the Plan that requires the business associate to keep your information confidential.

## **OTHER USES AND DISCLOSURES ALLOWED BY LAW**

The Privacy Rule also allows the Plan to use and disclose PHI without obtaining your authorization in the following circumstances.

**When Legally Required.** The Plan will disclose your PHI when it is required to do so by any federal, state or local law. Specific examples are provided in some of the categories below.

**HHS Audit.** The Plan may disclose your PHI to the Secretary of the Department of Health and Human Services so that the Secretary may investigate and ascertain compliance with the applicable requirements of the Privacy Rule.

**For Public Health Activities.** The Plan may disclose your PHI to a public health authority that is legally authorized to collect or receive such information for the purpose of preventing or controlling disease, injury, or disability; to a public health or other appropriate government authority legally authorized to receive reports of child abuse or neglect; and to a person subject to the jurisdiction of the Food and Drug Administration (the “FDA”) with respect to an FDA-regulated product or activity for which that person has responsibility, for purposes related to the quality, safety or effectiveness of such FDA-regulated product or activity. So, for example, PHI may be disclosed if you have been exposed to a communicable disease or are at risk of spreading a disease or condition. As another example, PHI may be disclosed to report reactions to medications or problems with products.

**In Situations Involving Abuse, Neglect or Domestic Violence.** When required by law or when an individual agrees to the disclosure, the Plan may disclose PHI about the individual to the authorized governmental body, if the Plan reasonably believes the individual is a victim of abuse, neglect, or domestic violence. Additionally, the Plan may disclose such information if the disclosure is expressly authorized by statute or regulation and (i) the disclosure is necessary to prevent serious harm to the individual or other potential victims or (ii) the individual is unable to agree to the disclosure due to incapacity and the public official authorized to receive the information represents that the PHI is not intended to be used against the individual and that an immediate enforcement activity depends upon the disclosure and would be materially and adversely affected by a delay.

**For Health Oversight Activities.** The Plan may disclose your PHI to a health oversight agency for authorized activities including audits; civil, administrative or criminal investigations, proceedings or actions; inspections; licensure or disciplinary actions (for example, to investigate complaints against providers); or other activities necessary for appropriate oversight of government benefits programs. The Plan, however, may not disclose your PHI 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.** The Plan may disclose your PHI in the course of judicial or administrative proceedings in response to an order of a court or administrative tribunal as expressly authorized by such order. The Plan also may disclose your PHI in response to a subpoena, discovery request or other lawful process, but only when the Plan makes reasonable efforts either to notify you about the request or to obtain an order protecting your PHI, or receives satisfactory assurance from the party seeking the information that reasonable efforts have been made by such party to ensure such notice or secure such order.

**For Law Enforcement Purposes.** The Plan may disclose your PHI to a law enforcement official for certain law enforcement purposes. For example, the Plan may disclose certain PHI in response to a law enforcement official's request for such information for the purpose of identifying or locating a suspect, fugitive or material witness, or if you are suspected to be a victim of a crime, but only if you agree or it is not possible to obtain your agreement due to emergency circumstances.

**Information about Decedents to Coroner, Medical Examiner or Funeral Director.** The Plan may disclose PHI to a coroner or medical examiner for the purpose of identifying a deceased person, determining a cause of death, or other duties as authorized by law. The Plan likewise may disclose PHI to funeral directors, consistent with applicable law, as necessary for them to carry out their duties. In addition, information about a deceased individual ceases to be considered PHI if fifty years have passed following the date of the individual's death.

**Organ, Eye or Tissue Donation.** The Plan may use or disclose PHI to facilitate cadaveric organ, eye or tissue donation and transplantation.

**For Research Purposes.** The Plan may use or disclose health information for research purposes, but only under very limited circumstances including receipt of certain assurances from the researcher.

**To Avert a Serious Threat to Health or Safety.** The Plan may, consistent with applicable law and ethical standards of conduct, use or disclose your PHI if the Plan believes in good faith that such disclosure is necessary to prevent or lessen a serious and imminent threat to the health and safety of a person or the public, and the disclosure is to a person reasonably able to prevent or lessen the threat, including the target of the threat. Likewise, the Plan may use or disclose PHI if it believes in good faith that the use or disclosure is necessary for law enforcement authorities to identify or apprehend an individual who has participated in a violent crime causing serious physical harm to the victim or who has escaped from lawful custody.

**For Specialized Government Functions.** In certain circumstances, federal law or regulations require the Plan to use or disclose your PHI to facilitate specified government functions related to the military and veterans, national security and intelligence activities, protective services for the president and others, and correctional institutions and other law enforcement custodial arrangements. For example, if you become an inmate of a correctional institution, the Plan may release your PHI to the institution to facilitate the institution's provision of health care to you or in order to protect your health and safety or the health and safety of others.

**For Workers' Compensation.** The Plan may release your PHI to the extent necessary to comply with laws related to workers' compensation or similar programs that provide benefits for work-related injuries or illness.

**Psychotherapy Notes.** Generally speaking, the Plan must obtain your written authorization before the Plan will use or disclose psychotherapy notes. However, written authorization is not required if the Plan needs to use and disclose psychotherapy notes to defend itself against litigation filed by you or to comply with the law.

**DISCLOSURES TO FAMILY, FRIENDS, OR DISASTER RELIEF AGENCIES --  
DISCLOSURES REQUIRING AN OPPORTUNITY FOR THE INDIVIDUAL TO  
AGREE OR OBJECT**

Provided that you are informed in advance of the use or disclosure and have the opportunity to agree or to prohibit or restrict the use or disclosure, the Plan may disclose to a family member, other relatives, or close personal friends, or any other person you identify, PHI directly relevant to the person's involvement with your care or payment for that care. Likewise, the Plan may disclose PHI to notify (or assist in the notification of) a family member, a personal representative, or another person responsible for your care, of your location, general condition or death. For this purpose, the Plan may disclose PHI to a public or private entity authorized to assist in disaster relief.

**AUTHORIZATION TO USE OR DISCLOSE PROTECTED HEALTH INFORMATION**

Other than as stated above, the Plan will not disclose your PHI except with your written authorization. If you authorize the Plan to use or disclose your PHI, you may revoke that authorization in writing at any time, except to the extent that the Plan has already taken action in reliance on your authorization. Your authorization, which may be revoked in writing at any time subject to applicable law, is specifically required for the following uses and disclosures of PHI:

- Most uses and disclosures of psychotherapy notes;
- Uses and disclosures of PHI for marketing purposes including subsidized treatment communications;
- Uses and disclosures that constitute a sale of PHI;
- As set forth above, any use or disclosure that is not described in this Notice of Privacy Practices.

The Plan does not intend to use PHI for fundraising purposes. If such a use is made, however, you would be given the right to opt out of fundraising communications with each solicitation.

**Personal Representative.** The Plan will disclose PHI to a personal representative properly designated in writing by you to act on your behalf with respect to a benefit claim or appeal of an adverse benefit decision, or otherwise authorized under state or other applicable law to act on your behalf with respect to health care related decisions (for example, a person with



power of attorney, a court-appointed legal guardian, or the executor of your estate in the event of your death).

## **YOUR RIGHTS WITH RESPECT TO YOUR PROTECTED HEALTH INFORMATION**

You have the following rights regarding the PHI that the Plan maintains:

**Right to Request Restrictions.** You have the right to request a limit on the Plan's use and disclosure of your PHI to carry out treatment, payment or health care operations; disclosures of relevant information to persons involved in your care and the payment for your care; and disclosures to notify family members, personal representatives, and other involved persons of your location, general condition or death. For example, you could ask the Plan not to disclose information about a surgery that you had. However, the Plan is not required to agree to your request. If you wish to make a request for restrictions, please contact the Privacy Officer in writing as indicated below under "Contact Person." (If your request pertains to an insured benefit, please contact the person indicated in the notice distributed by the insurance company.)

**Right to Receive Confidential Communications.** You have the right to request that the Plan communicate with you via alternative means or at an alternative location if the disclosure of your PHI through standard means could endanger you. For example, if receiving communications at a particular location could put you in danger, you may ask that the Plan only communicate with you at a certain telephone number or address. If you wish to receive confidential communications, please make your request in writing, including a statement that disclosure could endanger you, to the Privacy Officer as indicated below under "Contact Person." (If your request pertains to an insured benefit, please contact the person indicated in the notice distributed by the insurance company.) The Plan will accommodate your reasonable requests for confidential communications provided that you clearly state, in writing, that the disclosure of all or part of your PHI could endanger and that you supply upon request certain necessary information related to the communication.

**Right to Inspect and Copy Your Protected Health Information.** With only limited exceptions, you have the right to inspect and copy your PHI for as long as the Plan maintains it. The Plan will provide the information in the form or format you request (including an electronic format) if it is readily producible in such form or format. If the PHI is not readily producible in the form requested, access will be provided in a readable hard copy or readable electronic form or another form mutually agreed upon by you and the Plan. A request to inspect and copy records containing your PHI must be made in writing to the Privacy Officer as indicated below under "Contact Person." (If your request pertains to an insured benefit, please contact the person indicated in the notice distributed by the insurance company.) The Plan must grant or deny such access and must inform you of such decision on a timely basis. If you request a copy of your PHI, the Plan may charge a reasonable fee for applicable copying, assembling costs, postage, and other supplies (such as electronic media) associated with your request.

**Right to Amend Your Protected Health Information.** If you believe that your PHI records are inaccurate or incomplete, you may request that the Plan amend the records. That request may be made as long as the Plan maintains the information. A request for an amendment of records must be made in writing to the Privacy Officer as indicated below under "Contact

Person.” (If your request pertains to an insured benefit, please contact the person indicated in the notice distributed by the insurance company.) The Plan may deny the request if it does not include a reason to support the amendment. The request also may be denied if the records were not created by the Plan, if the information you wish to amend is not part of the Plan's records, if the information you wish to amend falls within an exception to the information you are permitted to inspect and copy, or if the Plan determines that the records containing your information are accurate and complete. The Plan must act on your request on a timely basis and must inform you of its decision with respect to your request. If the request is denied, you or your personal representative may then submit a written rebuttal statement disagreeing with the denial and have that statement included with any future disclosures of that PHI. Alternatively, you may request that the Plan include your request for amendment and the denial with any future disclosures of the subject PHI.

**Right to an Accounting.** If the Plan discloses your PHI to anyone besides you for purposes that you have not authorized (other than the “payment,” “treatment,” and “health care operations” described above), you have the right to request information about such disclosures, as described in this Notice. This information is called an “accounting.” (Among other exceptions, the Plan is not required to provide you with an accounting of disclosures related to treatment, payment or healthcare operations or disclosures made to you or authorized by you in writing.) The request must be made in writing to the Privacy Officer as indicated below under “Contact Person.” (If your request pertains to an insured benefit, please contact the person indicated in the notice distributed by the insurance company.) The request should specify the time period for which you are requesting the information, and such time period may not go back more than six years. The Plan must provide the accounting on a timely basis. The 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 Plan will inform you in advance of the fee, if applicable.

**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 a paper or electronic copy previously. To obtain a paper copy, please contact the Privacy Officer as indicated below under “Contact Person.” You also may obtain a copy of the current version of the Notice on the Human Resource Management page of web.kane

**Right to be Notified of a Breach of Privacy.** The Plan must notify you within 60 days of the discovery of a breach of confidentiality of PHI. This notice will be provided via first class mail to your last known address on file. If the breach includes PHI for more than 500 individuals, the Plan will notify the media as well as the Department of Health and Human Services.

**Access, Amendment, and Accounting Request Response Times.** The Plan will respond to your request within 30 days of its receipt. If additional time is needed, you will be notified in writing to explain the delay and to give you the date by which a response will be sent to you.

## **DUTIES OF HEALTH PLAN**

**Provision of Privacy Notice.** The Plan is required by law to maintain the privacy of your PHI as set forth in this Notice and to provide to you this Notice of its duties and privacy

practices with respect to PHI, and to notify affected individuals following a breach of unsecured PHI. The Plan is required to abide by the terms of this Notice, which may be amended from time to time. The Plan reserves the right to change the terms of this Notice and to make the new Notice provisions effective for all PHI that it maintains. If the Plan materially changes its policies and procedures, the Plan will revise the Notice and will make a copy of the revised Notice available to you. Such revised Notice will be provided within 60 days of the effective date of any material change, or, alternatively, a copy will be posted on the Human Resources Management page of web.kane by the effective date of the change. Except when required by law, a material change to any term of the Notice may not be implemented prior to the effective date of the notice in which such material change is reflected, but after the effective date, such change may be applied to PHI created or received prior to that date.

**Complaint Procedure.** If you believe your privacy rights have been violated, you have the right to express complaints to the Plan and to the Secretary of the Department of Health and Human Services. Any complaints to the Plan should be made in writing to the Privacy Officer as indicated below under “Contact Person.” If your complaint pertains to an insured benefit, please contact the person indicated in the notice distributed by the insurance company. Any complaints to the Secretary should be addressed to the Secretary of the U.S. Department of Health and Human Services, Hubert H. Humphrey Building, 200 Independence Avenue, S.W., Washington, D.C. 20201. (You may get additional information at [www.hhs.gov](http://www.hhs.gov) or email [OCRCComplaint@hhs.gov](mailto:OCRCComplaint@hhs.gov) if you have any questions on the complaint procedure.) The 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.

#### **CONTACT PERSON FOR FURTHER INFORMATION – PRIVACY OFFICER**

The Plan has designated the following individual to serve as Privacy Officer and contact person for all issues regarding your privacy rights. If you require any further information regarding this notice or your privacy rights or if you wish to exercise any of the rights described above, please contact:

Kane County  
Human Resources Management  
719 South Batavia Avenue  
Geneva, Illinois 60134

If the Plan’s Privacy Officer is unable to assist you for any reason, he or she will refer your question or request to a person who can help you.

#### **EFFECTIVE DATE**

This Notice is effective January 1, 2014.