

Notice of HIPAA Privacy Rights

Effective January 1, 2019, or such later date when this notice is first published.

PLEASE REVIEW THIS NOTICE CAREFULLY AS IT DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED. THIS NOTICE ALSO DIRECTS YOU TO HOW YOU CAN ACCESS YOUR MEDICAL INFORMATION.

Wells Fargo is providing you this privacy notice so you understand how we use your health information and when we need to disclose your health information to others. For each obligation and right listed within this notice, the term “we” refers to both the plan administrator and the claims administrators for the self-insured coverage options beginning January 1, 2019, under the Wells Fargo & Company Health Plan, the Wells Fargo & Company Retiree Plan, and the Wells Fargo & Company Health Care Flexible Spending Account Plan (collectively referred to as the “Wells Fargo group health plans”).

This notice is subject to change. If you have access to Teamworks, the most recent version of this notice is available at Teamworks. You may also contact Team Member Care during normal business hours at 1-877-HRWELLS (1-877-479-3557), option 2, to request a copy of this notice. The Wells Fargo group health plans are required by law to abide by the terms of this notice, which may be amended from time to time.

Summary of your privacy rights

We may use and give out your health information to:

- Treat you
- Get paid
- Run the Wells Fargo group health plans
- Tell you about other health benefits and services
- Help your family and friends involved in your care
- Do research

We may also use and give out health information for:

- Health and safety reasons
- Organ and tissue donation requests
- Military purposes
- Workers’ compensation requests
- Lawsuits
- Law enforcement requests
- National security reasons
- Coroner, medical examiner, or funeral director use
- Such other disclosures as may be required by law or further addressed herein

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.
- Ask for an accounting of certain disclosures of your health information.
- Ask us to limit the information we share.
- Ask for a copy of our privacy notice.
- Write a letter of complaint to us if you believe your privacy rights have been violated.

The purpose of this document is to outline and inform you about your privacy rights enacted under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). This privacy notice describes the privacy practices of the self-insured medical, dental, and vision options under the Wells Fargo group health plans,* which include the following:

- Copay Plan with HRA
- Higher Use Plan with HSA
- Lower Use Plan with HSA
- Pre-Medicare Retiree HRA-Based Medical Plan
- Pre-Medicare Retiree HSA-Based Medical Plan
- Narrow Network Copay Plan
- Narrow Network Plan with HSA
- The prescription drug benefit administered by Express Scripts
- UnitedHealthcare Temporary Medicare Supplement Plan
- The dental plan options administered by Delta Dental
- The vision plan option administered by Vision Service Plan (VSP)
- Wells Fargo & Company Health Care Flexible Spending Account Plan including the Full-Purpose Health Care Flexible Spending Account and Limited Dental/Vision Flexible Spending Account

* Only the listed plan options are covered by this Notice of HIPAA Privacy Rights. If you are enrolled in a fully insured coverage option or an HMO, the insurer or HMO may also provide a Notice of HIPAA Privacy Rights specifically relating to the coverage under those options.

Wells Fargo, as the sponsor of the Wells Fargo group health plans, the plan administrator of the Wells Fargo group health plans, and each of the claims administrators that have been hired to administer the Wells Fargo group health plans are required by law to protect the privacy of your health information. "Protected health information," as used in this privacy notice, means any individually identifiable health information that is created or received by a health care provider or one of the Wells Fargo group health plans relating to:

- Your physical or mental health or condition
- The provision of health care to you
- The payment for health care

"Protected health information" does not include any information maintained on the Wells Fargo payroll system or records related to an individual's enrollment in or coverage level under a Wells Fargo group health plan.

Wells Fargo reserves the right to change or amend this privacy notice and our privacy practices and to make such changes effective for all protected health information that we maintain, but if we do, we will communicate any material changes to you in a revised privacy notice posted online by the effective date of the material change. We will provide you with the revised notice, or information about the change and how to obtain the revised notice, in the group health plans' next annual mailing to you. For your convenience, the privacy notice is available online at Teamworks or from Team Member Care during normal business hours at 1-877-HRWELLS (1-877-479-3557), option 2. After leaving Wells Fargo, you can reach the Wells Fargo Privacy Official at:

Corporate Benefits Department
Attn: Privacy Official
Wells Fargo & Company
MAC N9310-110
550 S. 4th Street
Minneapolis, MN 55415

How we may use or disclose your protected health information

We **must** use and disclose your protected health information to provide information:

- To you or someone who has the legal right to act for you (your personal representative)
- To the Department of Health and Human Services, if necessary, to make sure your privacy is protected
- When it's required by law

We **have the right** to use and disclose your protected health information to pay for your health care and to operate and administer the Wells Fargo group health plans. Some examples of when we may use your protected health information are:

- **For payment** of claims for services received by you and processed by the claims administrators for the Wells Fargo group health plans in which you are enrolled.
- **For treatment**, so that doctors, hospitals, or both can provide you medical care.
- **For coordination of benefits** with other covered health plans.
- **For health care operations** to operate and administer the Wells Fargo group health plans and to help manage your health care coverage. For example, the Wells Fargo group health plans may use your protected health information in connection with:
 - A disease management or wellness program to improve your health
 - Underwriting, including but not limited to soliciting bids from potential insurance carriers (genetic information shall not be used for underwriting purposes)
 - Merger and acquisition activities
 - Determining participant contributions
 - Submitting claims to the plans' stop-loss (or excess loss) carrier
 - Conducting or arranging for medical review
 - Legal services
 - Audit services
 - Fraud and abuse detection programs

The Wells Fargo group health plans also may use your protected health information for other administrative activities, such as business planning and development, cost management, business management, and conducting quality assessment and improvement activities.

- **To provide information** on health-related programs or products. For example, the claims administrator might talk to your doctor about health-related products and services, or to suggest an alternative medical treatment or program.

Under limited circumstances, we may have to use or disclose your protected health information:

- **To persons involved with your care**, such as a family member, if you are incapacitated, in an emergency, or when permitted by law.
- **For public health activities**, such as reporting disease outbreaks.
- **For reporting victims of abuse, neglect, or domestic violence** to government authorities, including a social service or protective service agency.
- **For health oversight activities**, such as governmental audits, fraud, and abuse investigations.
- **For judicial or administrative proceedings**, such as responding to a court order, search warrant, or subpoena.
- **For law enforcement purposes**, such as providing limited information to locate a missing person.
- **To avoid a serious threat to health or safety**, such as disclosing information to public health agencies.
- **For specialized government functions**, such as military and veteran activities, national security, and intelligence activities.
- **For workers' compensation**, including disclosures required by state workers' compensation laws for job-related injuries.
- **For research purposes**, such as research related to the prevention of disease or disability, but only if the research study meets all privacy law requirements.
- **To provide information regarding decedents**, such as providing protected health information to a coroner or medical examiner to identify a deceased person, determine a cause of death, or as authorized by law, or to funeral directors as necessary to carry out their duties.
- **For organ procurement purposes**, such as banking or transplantation of organs, eyes, or tissue.

If none of the above reasons apply, then your written authorization is needed to use or disclose your protected health information. Specifically, your written authorization is required to use or disclose any psychotherapy notes, if applicable, and to use or disclose any protected health information for marketing purposes or for which the group health plans receive compensation. If applicable, the group health plans also may contact you to raise funds, but you may elect not to receive any such fundraising communications in the future. If a use or disclosure of protected health information is prohibited or materially limited by other applicable laws, then it is our intent to meet the requirements of the more stringent law to protect your privacy.

After we receive authorization from you to release your protected health information, we cannot guarantee that the person to whom the information is provided will not disclose your information. You may revoke your written authorization unless we have already acted based on your authorization. To revoke an authorization, contact the claims administrator for the Wells Fargo group health plan in which you are enrolled (contact information is provided in the “Claims administrators” section on the last page of this notice). After leaving Wells Fargo, you can reach the Wells Fargo Privacy Official at:

Corporate Benefits Department
Attn: Privacy Official
Wells Fargo & Company
MAC N9310-110
550 S. 4th Street
Minneapolis, MN 55415

What are your rights to your protected health information?

You have the right to:

- **Ask for restrictions** on uses or disclosures of your protected health information for treatment, payment, or health care operations. You also can ask to restrict disclosures to family members or to others who are involved in or make payments for your health care. We may also have policies on dependent access that may authorize certain restrictions. We ask you to understand that while we will try to honor your request and will permit requests consistent with our policies, we are not required to agree to any restriction.

A covered entity (such as a health care provider) must comply with a requested restriction if the disclosure is to a health plan for purposes of payment or health care operations and the protected health information relates to a health care item or service for which an individual paid in full, out of pocket. For example, if you receive medical care and choose to pay the provider for the entire amount of care in full, out of pocket, you can request that the provider not disclose such information to the Wells Fargo group health plans, and the provider must agree to such request.

- **Choose how we contact you.** You have the right to ask that we communicate with you about medical matters in a certain way or even at a certain location. An example of this could be that we only contact you at work or by mail. If you have a preference regarding how we communicate with you, please let us know in writing. We will honor your request as long as it is reasonable for us to do so.
- **See and obtain a copy** of your protected health information that may be used to make decisions about you, such as claims and cases or medical management records. You may receive a summary of this health information. If your protected health information is maintained electronically in one or more designated record sets, then you have the right to get a copy of this health information in an electronic format. We cannot provide access to psychotherapy notes, information we collect for legal actions, or any lab test information protected by law. The appeal process will not rule in favor of these decisions. A written request will be needed to inspect and copy your protected health information. In certain limited circumstances, your request to inspect and copy your protected health information may be denied.
- **Ask to amend** the protected health information we maintain about you if you believe it is wrong or incomplete. The amendment must be submitted in writing to the claims administrators for the Wells Fargo group health plans in which you are enrolled or directly to the plan administrator, along with a reason that supports your request. If your request is denied, you may have a statement of your disagreement added to your protected health information.
- **Appoint a personal representative.** You may request that the Wells Fargo group health plans disclose your protected health information to your personal representative. A “personal representative” is an individual you designate to act on your behalf and make decisions about your medical care. If you

want the Wells Fargo group health plans to disclose your protected health information to your personal representative, submit a written statement giving the Wells Fargo group health plans permission to release your protected health information to your personal representative and documentation that this individual qualifies as your personal representative under state law, such as a power of attorney authorizing this individual to make health care decisions for you. Submit this request in writing to the privacy contact below:

Corporate Benefits Department
Attn: Privacy Official
Wells Fargo & Company
MAC N9310-110
550 S. 4th Street
Minneapolis, MN 55415

- **Receive an accounting of disclosures** of your protected health information made by the Wells Fargo group health plans during the six years before your request. This accounting will not include disclosures of protected health information made:
 1. Before January 1, 2006
 2. For treatment, payment, and health care operations purposes
 3. To you or pursuant to your authorization
 4. To correctional institutions or law enforcement officials
 5. In connection with other disclosures for which federal law does not require us to provide an accounting
- **Request a paper copy of this privacy notice anytime.** It is posted online at Teamworks, or you may call Team Member Care at 1-877-HRWELLS (1-877-479-3557), option 2, during normal business hours to request a copy.

How to exercise your rights

Contact Team Member Care or the claims administrators

If you have any questions about this privacy notice or want to exercise any of your rights, please call Team Member Care at 1-877-HRWELLS (1-877-479-3557), option 2, during normal business hours. You may also call the claims administrator for the Wells Fargo group health plan coverage option in which you are enrolled. Contact information is listed in the "Claims administrators" section on the last page of this notice.

Filing a complaint

If you believe your privacy rights have been violated, you may file a complaint at the following address:

Corporate Benefits Department
Attn: Privacy Official
Wells Fargo & Company
MAC N9310-110
550 S. 4th Street
Minneapolis, MN 55415

You may also notify the Secretary of the U.S. Department of Health and Human Services of your complaint.

We will not take any action against you for filing a complaint.

The Wells Fargo group health plans have policies and procedures in place designed to address breaches of unsecured protected health information. Effective September 23, 2009, the Wells Fargo group health plans are obligated to, consistent with HIPAA, notify you if your unsecured protected health information is breached. If your complaint relates to breach notification procedures of the Wells Fargo group health plans or compliance with the policies and procedures of the Wells Fargo group health plans in general, send the complaint to the Privacy Official at the address listed above.

If you have questions about this privacy notice, you may contact Team Member Care during normal business hours at 1-877-HRWELLS (1-877-479-3557), option 2.

Restrictions on protected health information

Wells Fargo (the plan sponsor for the self-insured coverage options under the Wells Fargo group health plans) may not use or disclose protected health information for employment-related actions or decisions. Wells Fargo may only use or further disclose protected health information as permitted or required by law and will report any use or disclosure of protected health information that is inconsistent with the permitted uses and disclosures.

Plan administrator and health plan separation

Wells Fargo team members, classes of team members, or other workforce members listed below will have access to protected health information only to perform the plan administrative functions required of the plan administrator to administer the Wells Fargo group health plans:

- Corporate benefits team members
- Team Member Care team members
- HR information system team members
- HR accounting group team members
- HR compliance team members
- Internal audit team members
- Employee assistance consultants
- The plan administrator or its delegates
- Legal counsel

This list includes every team member, class of team member, or other workforce member under the control of the individual who may receive protected health information relating to the ordinary course of business.

The team members, classes of team members, or other workforce members identified above (and any individual under the control of these team members) may be subject to disciplinary action and sanctions for any use or disclosure of protected health information that is in violation of these provisions. Any violations will promptly be reported to plan representatives, and the plan administrator will cooperate to correct the problem. The plan administrator will impose appropriate disciplinary actions on such violators and will take reasonable measures to reduce any harmful effects of the violation.

Claims administrators

To reach the claims administrator for the Wells Fargo group health plan self-insured coverage options in which you are enrolled, please call the applicable number listed below:

Copay Plan with HRA, Higher Use Plan with HSA, Lower Use Plan with HSA, Narrow Network Plan with HSA, Narrow Network Copay Plan, pre-Medicare Retiree HSA-Based Medical Plan, and pre-Medicare Retiree HRA-Based Medical Plan administered by UnitedHealthcare

UnitedHealthcare
1-800-842-9722

Express Scripts (prescription drug benefit)
1-855-388-0352

Copay Plan with HRA, Higher Use Plan with HSA, Lower Use Plan with HSA, Narrow Network Plan with HSA, and Narrow Network Copay Plan administered by Aetna

Aetna
1-877-320-4577

Express Scripts (prescription drug benefit)
1-855-388-0352

Copay Plan with HRA, Higher Use Plan with HSA, and Lower Use Plan with HSA administered by Anthem Blue Cross Blue Shield

Anthem Blue Cross and Blue Shield
1-866-418-7749

Express Scripts (prescription drug benefit)
1-855-388-0352

UnitedHealthcare Temporary Medicare Supplement Plan

UnitedHealthcare
1-800-842-9722

Vision Service Plan
1-877-861-8352

Dental plan coverage options administered by Delta Dental

Delta Dental of Minnesota
1-877-598-5342

Wells Fargo & Company Health Care Flexible Spending Account Plan

Full-Purpose FSA and Limited Dental/Vision FSA
WageWorks
1-877-924-3967