

NOTICE OF PRIVACY PRACTICES

This notice describes how medical information about you may be used and disclosed by the group health plans noted below and how you can get access to this information. Please review it carefully. This notice has been updated to comply with 42 CFR Part 2 regarding Substance Use Disorder (SUD) patient records.

This notice applies to the Keating Auto Group Employee Benefit Plan Trust (the “Plan”), which is maintained by Port Lavaca Ford, Inc. (the “Employer”). This notice does not apply to insurers of insured benefits provided under the Plan. Those insurers will provide you a separate notice of privacy practices. The Health Insurance Portability and Accountability Act (“HIPAA”) regulates the use and disclosure of medical information (which HIPAA calls “protected health information”) by the Plans. This Notice summarizes some of the requirements of HIPAA. It is not a contract or guarantee and does not provide any additional or other rights not expressly provided under and required by HIPAA. This Notice does not apply to health information that does not identify an individual. Such “de-identified” information is not protected.

PLEASE NOTE: The vast majority of your medical information resides with the Plan’s vendors (e.g., insurers and third-party administrators). To access the information contained in their files, contact the vendor directly at the address or phone number listed on your member ID card.

PLAN PLEDGE REGARDING MEDICAL INFORMATION

We understand that medical information about you and your health is personal, and we intend to protect the confidentiality of that information. The Plan, similar to your doctor, must create a record of the health care claims you or your doctor submits for payment. These records are used to administer the Plan.

This notice applies to all of the medical records we maintain. While your personal doctor or health care provider may have different policies regarding use and disclosure of your medical information, this notice will tell you about the ways in which your Plan intends to use and disclose medical information about you. It also describes our obligations and your rights regarding such use and disclosure. We are required by law to ensure that medical information that identifies you is kept private to the extent possible. As a result, we are giving you this notice of our legal duties and privacy practices with respect to medical information about you, and we expect to follow the terms of this notice now and in the future.

HOW THE PLAN USES AND DISCLOSES MEDICAL INFORMATION

Disclosure to You. The Plan may disclose your medical information to you or your personal representative.

Disclosure to HHS. The Secretary of HHS may require use and disclosure of your medical information to investigate or determine the Plan’s compliance with the privacy regulations under HIPAA.

Use and Disclosure for Plan Administration. The following categories describe different ways that the Plan and its business associates use and disclose medical information for Plan administration without your authorization.

For Treatment. The Plan may use or disclose medical information about you to help your doctors provide you with medical treatment. To that end, we may disclose your medical information to all medical providers who are involved in taking care of you. For example, if asked by the pharmacist, we might disclose information about your prior prescriptions if needed it to determine if a pending prescription would be harmful to you in light of your other prescriptions. If asked by your doctor, we, or one of the Plan service providers, might disclose your medical history in order to help provide the most appropriate treatment for your medical condition, or to help determine whether a proposed treatment is experimental, investigational, or medically necessary.

For Payment. The Plan may use or disclose information about you to determine your eligibility for benefits, pay the Plan's portion of the medical bill, determine benefit responsibility under the Plan, or coordinate Plan coverage with benefits you may be receiving from another plan. *Note, while we may use your personal information to determine your eligibility for Plan benefits, your eligibility for coverage under the Plan is not dependent upon your health status.* For example, we may tell your health care provider about your medical history to determine whether and how much the Plan will pay for your treatment. We may also share medical information with a utilization review or pre-certification service provider to help them maximize the benefits available to you. We may share medical information with another party at our discretion to assist with the adjudication or subrogation of health claims, or to another health plan to coordinate benefit payments. Likewise, we may share medical information with certain Port Lavaca Ford, Inc. employees or employees of third parties to process and respond to benefit plan appeals.

For Health Care Operations. The Plan may use and disclose medical information about you for other necessary Plan operations including, but are not limited to, quality assessment and improvement; reviewing competence or qualifications of health care professionals; underwriting, premium rating, and other activities relating to insurance contracts; disease management; case management; conducting or arranging for medical review; legal services and auditing functions, including fraud and abuse compliance programs; business planning and development; business management (including business acquisition activities); and general administrative activities. For example, we may use our participants' medical information to refer you to a disease management program, project future benefit costs or audit the accuracy of the claims processing functions of the Plans.

Disclosure to and Use by the Plan Sponsor. The Plan may disclose whether you are participating in one or more benefits provided under the Plan, or are enrolled in or have disenrolled from a health insurance issuer or HMO offered by the Plans. The Plan and any health insurers or HMOs with respect to the Plan may also disclose medical information to the Employer as plan sponsor of the Plans for underwriting and for plan administration functions carried out by the Employer. For example, if the Employer sponsors a health reimbursement arrangement that is administered by the Employer through payroll, the Plan may disclose

medical information to the Employer so that it can properly review claims for reimbursement and make appropriate payment. To permit such disclosure, the Employer has amended the governing documents for the Plans as required by HIPAA. The Plan may not, however, disclose medical information to the Employer for the purpose of employment-related actions or decisions or in connection with any other benefit or employee benefit plan of the plan sponsor that is not a group health plan sponsored by the Employer. Additionally, federal law prohibits the Plan and the Employer from using or disclosing for underwriting purposes medical information that is genetic information.

Use and Disclosure of Summary Health Information. The Plan may use and disclose “summary health information” to the Employer for purposes of obtaining premium bids or modifying, amending, or terminating the Plans. Summary health information is information that summarizes the claims history, claims expenses or type of claims experienced by employees and covered family members and that does not include certain identifying information. However, neither the Plan nor the Employer may use or disclose summary health information for underwriting purposes to the extent the information is genetic information.

Use and Disclosure with Your Authorization. Except as otherwise provided in this notice, uses and disclosures of your medical information will be made only with your written authorization. For example, the Plans generally will not disclose your medical information to the Employer for employment purposes or other non-health plan purposes without your authorization. You may revoke an authorization in writing unless action has been taken in reliance on such authorization. The revocation of an authorization does not apply to any disclosures already made with authorization. The Plan cannot take back, and have no obligation to remedy, any such prior disclosures.

Except as otherwise permitted by applicable law, the Plan must have your authorization to obtain, use or disclose any psychotherapy notes. Additionally, the Plan must also have your authorization to disclose your medical information for purposes of marketing, except for face-to-face communications with you or your personal representative, providing promotional gifts of nominal value, and except to the extent such marketing activities constitute “treatment” or “healthcare operations,” as explained above, but only if the Plan and the Employer do not receive financial remuneration for such treatment or healthcare operations marketing activities. Also, the Plan must have your authorization for any disclosure of medical information that constitutes a “sale” of medical information under applicable law.

When PHI is disclosed, such PHI may be subject to redisclosure by the recipient and may no longer be protected under HIPAA. However, any person or entity receiving SUD records is prohibited from using those records to criminally investigate or prosecute you, unless a specific court order is obtained.

Use and Disclosure Subject to Your Right to Object. The Plan may disclose your medical information to family members, other relatives, and your close personal friends if the information is directly relevant to the family member’s, relative’s, or friend’s involvement with your care or payment for that care and if you are present at or prior to the disclosure and have either agreed to the disclosure or have been given an opportunity to object and not objected.

SPECIAL SITUATIONS

The following situations describe special circumstances where the Plan may also release your medical information without your authorization.

As Required By Law. The Plan must disclose medical information about you when required to do so by federal, state or local law.

For example, we may disclose medical information to the federal Department of Health & Human Services, or the Centers for Disease Control.

To Avert a Serious Threat to Health or Safety. The Plan may use and 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.

For example, we may disclose medical information about you in a proceeding regarding the licensing, or the revocation of a license, of a physician. Also, if you were to contract a serious illness that might pose a threat to public safety, we may disclose your information to the proper authorities.

Organ and Tissue Donation. If you are an organ donor, we may release 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.

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. We may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illnesses.

Public Health Risks. We may disclose medical information about you for public health activities, including but not limited to the following:

- 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
- to notify a government authority if we believe a person has been the victim of abuse, neglect or domestic violence.

Health Oversight Activities. We may disclose medical information to a federal or state health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure.

Lawsuits and Disputes. If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose

medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute.

However, federal law restricts the use and disclosure of substance use disorder (SUD) treatment records in certain legal proceedings. We will not use or disclose your SUD records, or any testimony describing the content of those records, in any civil, criminal, administrative, or legislative proceedings against you unless:

- you have provided specific written consent for such use, or
- a court of competent jurisdiction issues an order that meets the specific requirements of 42 CFR Part 2, which typically requires notice to you and a hearing.

A general authorization for the release of medical records or a standard subpoena is not sufficient for the release of SUD records for use in legal proceedings against you.

Law Enforcement. We may release medical 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 person's agreement;
- about a death we believe may be the result of criminal conduct;
- about criminal conduct at a hospital; and
- in emergency circumstances to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime.

Coroners, Medical Examiners and Funeral Directors. We may release 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. We may also release medical information to funeral directors as necessary to carry out their duties.

National Security and Intelligence Activities. We may release medical information about you 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 under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official. This release would be 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.

Defense of Plan or Employer. With respect to psychotherapy notes, to defend the Plan or the Employer in its capacity as plan sponsor in a legal action or other proceeding brought by you or your personal representative.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

You have the following rights regarding medical information the Plan maintains about you:

Right to Inspect and Copy. You have the right to inspect and copy medical information that may be used to make decisions about your Plan benefits. If your request refers to medical information maintained by any of the Plan's vendors (e.g., an insurer or third-party administrator) call the phone number on your identification card to request to inspect and copy the records they maintain. To access information held by the Plan, if any, you must submit your request in writing via U.S. Postal Service to the HIPAA Privacy Contact at the address listed at the end of this Notice.

Your request must include your name, Social Security number or Alternate ID, work and home addresses and telephone numbers in order to receive a response. You must also be specific about the time period and subject for which you are requesting information.

If you request a copy of the information, we may charge a fee for the costs of compiling, copying, mailing or other supplies associated with your request.

We may deny your request to inspect and copy in certain circumstances. If you are denied access to medical information, we will tell you why and you may request a review of the denial.

Right to Amend. If you feel that medical 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 Plan. If your request refers to medical information maintained by any of the Plan's vendors (e.g., an insurer or third-party administrator) call the phone number on your identification card to request your amendment to the records they maintain.

To request an amendment, you must provide a reason for your request, and for information maintained by the Plan, your request must be made in writing and submitted via U.S. Postal Service to the HIPAA Privacy Contact at the address listed at the end of this Notice.

We are not required to agree to your request.

We may deny the request for an amendment if it is not in writing or does not include a valid 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 Plan;
- 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 which you would be permitted to inspect and copy; or
- is accurate and complete.

Right to an Accounting of Disclosures. You have the right to request an "accounting of disclosures" where such disclosure was made for any purpose other than treatment, payment, or health care operations. If your request refers to medical information maintained by any of the Plan's vendors (e.g., an insurer or third-party administrator) call the phone number on your identification card to request this accounting.

To request this list or accounting of disclosures from the Plan, you must submit your request in writing via U.S. Postal Service to the HIPAA Privacy Contact at the address listed at the end of this Notice.

Your request must state a time period in which the disclosures occurred, but may not be longer than six years from the date of your 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 free. 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.

You have the right to request an accounting of certain disclosures of your SUD records we have made. If you have provided a single consent for TPO purposes, this accounting will include disclosures made through an electronic health record during the three years prior to your request.

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 (other than a medical provider) who is involved either 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 you had.

We are not required to agree to your request.

If your request refers to medical information maintained by any of the Plan's vendors (e.g., an insurer or third-party administrator) call the phone number on your identification card to request restrictions. To request restrictions for information maintained by the Plan, you must make your request in writing via U.S. Postal Service to the HIPAA Privacy Contact at the address listed at the end of this Notice.

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.

Right to Consent to Disclosure. You may provide a single, written consent that allows us to use and disclose your SUD records for all future treatment, payment, and health care operations. Once you provide this consent, we may disclose your SUD records to other HIPAA-covered entities or business associates for these purposes as permitted by the HIPAA Privacy Rule. You have the right to revoke this consent at any time for future disclosures.

Right to Request Confidential Communications. You have the right to request that the Plan 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. We are not required to adopt special mailing instructions such as registered or certified mail. If your request refers to medical information maintained by any of the Plan's vendors (e.g., an insurer or third-party administrator) call the phone number on your identification card to request confidential communications.

To request confidential communications from the Plan, you must make your request in writing via U.S. Postal Service to the HIPAA Privacy Contact at the address listed at the end of this Notice.

While we will not ask you the reason for your request, the Plan will only accommodate reasonable requests. Your request must specify how or where you wish to be contacted.

Right to a Copy of This Notice. You have the right to a 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 upon your request.

To request a copy of this notice, you must make your request in writing via U.S. Postal Service to the HIPAA Privacy Contact at the address listed at the end of this Notice.

DUTIES OF THE PLAN

The Plan is required by HIPAA to maintain the privacy of certain medical information, to provide covered employees and covered family members with this notice of the privacy practices of the Plan and to notify affected individuals following a breach of unsecured medical information. The Plan will comply with mandatory requirements of applicable state laws regarding the use and disclosure of medical information to the extent such laws are more restrictive than and are not preempted by applicable federal laws. The Plan is required to abide by the terms of the notice currently in effect. However, the Plan reserves the right to change its privacy practices at any time.

When using or disclosing medical information or when requesting medical information from another covered entity, the Plan will make reasonable efforts not to use, disclose or request more than the minimum amount of medical information reasonably necessary to accomplish the intended purpose of the use, disclosure or request, taking into consideration practical and technological limitations. However, this “minimum necessary” standard will not apply in the following situations: (1) disclosures to or requests by a health care provider for treatment; (2) uses or disclosures made to the individual or a personal representative; (3) disclosures made to HHS; (4) uses or disclosures that are required by law; (5) uses or disclosures made pursuant to an authorization; and (6) uses or disclosures that are required for compliance with HIPAA regulations.

CHANGES TO THIS NOTICE

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. You will be provided a new notice within 60 days if there is a material revision.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the Plan's Privacy Officer via the Privacy Contact, whose contact information is below, or with the Secretary of the federal Department of Health and Human Services. To file a complaint with the Plan, contact in writing via U.S. Postal Service:

Keating Auto Group Employee Benefit Plan Trust
C/o Human Resources
5802 North Navarro
Victoria, Texas 77904

You will not be penalized for filing a complaint. For more information, you may call the Privacy Contact at 361-485-0569. As with all correspondence with the Privacy Contact called for in this Notice, you must identify both yourself and the Plan in which you participate in order to receive a response.

OTHER USES OF MEDICAL INFORMATION

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written authorization. If you provide an authorization to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. We are unable to take back any disclosures we have already made with your permission, and we are required to retain our records of the care and benefits provided to you. Furthermore, you should be aware that any disclosure we make pursuant to your authorization strips that information of the protection of the Plan's privacy guidelines.