

ROBERT HALF INC. NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW YOUR HEALTH INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS IT. PLEASE REVIEW IT CAREFULLY.

The Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) imposes numerous requirements on employer-provided health plans regarding how individually identifiable health information – known as protected health information or “PHI” – may be used and disclosed. PHI is information that is maintained or transmitted by health plans and providers, which identifies you and that relates to your past, present or future physical or mental health and related health care services.

This Notice describes how the medical components of the Robert Half Welfare Benefit Plan (the “Plan”), and any third party that has been hired to administer the Plan, may use and disclose your PHI for treatment, payment or health care operations and for other purposes that are permitted or required by law. This Notice also describes your rights to access and control your PHI. This Notice will only apply to the Plan to the extent it has PHI relating to you.

It is important to understand that this Notice applies to the Plan, Robert Half employees who administer the Plan and third parties who administer the Plan, called Third Party Administrators or “TPAs”. Robert Half has outsourced most of the Plan’s administration to TPAs, such as Anthem, Cigna and Express Scripts. These TPAs are called “business associates” under HIPAA and Robert Half has business associate agreements with each TPA, which require them to comply with HIPAA to the same extent the Plan and Robert Half employees are required to do so.

Because Robert Half has delegated many of the Plan’s privacy obligations and responsibilities to one or more TPAs who are business associates, the use of the pronoun “we” in this Notice includes TPAs/business associates as well.

Part 1. HOW THE PLAN MAY USE AND DISCLOSE PHI

The HIPAA Privacy Rule generally permits the use and disclosure of your protected health information without your permission for purposes of health care treatment, payment activities, and health care operations.

- **Treatment.** When and as appropriate, we may use or disclose PHI to facilitate medical treatment or services by health providers. We may disclose PHI to health care providers, including doctors, nurses, technicians, medical students, or other hospital personnel who are involved in your health care. We may not use or disclose psychotherapy notes relating to treatment you receive from any of your health care providers without your written authorization.
- **Payment.** When and as appropriate, we may use and disclose PHI 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 and coverage under the Plan, or to coordinate your coverage. Additionally, we may share PHI with other entities to assist with the adjudication or subrogation of health claims or to another health plan to coordinate benefit payments.
- **Health Care Operations.** When and as appropriate, we may use and disclose PHI for Plan operations, as needed. For example, we may use medical information (other than genetic information) in connection with: conducting quality assessment and administration improvement; underwriting, premium rating, and other activities relating to medical coverage; submitting claims for stop-loss coverage; conducting or arranging for medical review, legal services, audit services, and fraud and abuse detection programs; business planning and development such as cost management; and business management and general administrative activities of the Plan. For example, we may use your PHI to review the effectiveness of wellness programs or in negotiating new arrangements with our current or new TPAs, such as Cigna or Anthem.

Uses and disclosures of your PHI are limited to the “minimum necessary” amount to accomplish the intended purposes, as required by HIPAA. We also may contact you to provide information about treatment alternatives

or other health-related benefits and services that may be of interest to you, provided the Plan does not receive any financial remuneration for doing so.

OTHER PERMITTED USES AND DISCLOSURES OF PHI:

- **Disclosure to Others Involved in Your Care.** We may disclose your PHI to a relative, a friend or to any other person you identify, *provided* the information is directly relevant to that person's involvement with your health care or payment for that care. For example, if a family member or a caregiver calls us with prior knowledge of a claim and asks us to help verify the status of a claim, we may agree to help them confirm whether or not the claim has been received and paid.
- **Disclosure to Another Health Plan Sponsor.** PHI may be disclosed to another health plan for purposes of facilitating claim payments under that plan.
- **Workers' Compensation.** We may release PHI for workers' compensation claims or similar programs that provide benefits for work-related injuries or illness.
- **To Comply with Federal and State Requirements.** We will disclose PHI when required to do so by federal, state or local law. For example, we may be asked to disclose PHI by the U.S. Department of Labor or other federal agencies that regulate the Plan, to respond to a judicial order, subpoena or other lawful process or to address matters of public interest as required or permitted by HIPAA.
- **To Avert a Serious Threat to Health or Safety.** We may use and disclose your PHI when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person, if needed to help prevent or address the threat.
- **Military and Veterans.** If you are a member of the armed forces, we may be asked to release PHI as required by military command authorities.
- **Business Associates.** We may use and disclose your PHI to the Plan's business associates.

Uses and disclosures of your PHI for certain marketing purposes or that constitute a sale of your PHI will require your consent and written authorization. In addition, uses and disclosures other than those described in this Notice will require your written authorization. You may revoke your authorization at any time, but you cannot revoke your authorization if the Plan has already acted on it.

Part 2. YOUR RIGHTS REGARDING PHI

You have the following rights regarding your PHI:

- **Your Right to Inspect and Copy.** You have the right to inspect and obtain a copy of your PHI that may be used to make decisions about your benefits under the Plan. If the information you request is maintained electronically, and you request an electronic copy, we will provide a copy in the form and format you request, if the information can be readily produced in that form and format or in a mutually-agreed upon format. If you request a copy of the information, you may be charged a fee for the costs of copying, mailing or other supplies associated with your request. We may deny your request to inspect and copy PHI in certain very limited circumstances. If you are denied access to PHI, you may request that the denial be reviewed. If a business associate maintains the health information, you will be informed of where to direct your request.
- **Your Right to Amend.** If you feel that your PHI is incorrect or incomplete, you may ask 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. In addition, you must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- is not kept by the Plan or a business associate;

- the person or entity who created the information is no longer available to make the amendment;
- is not information which you would be permitted to inspect and copy; or
- is accurate and complete.

▪ **Your Right to an Accounting of Disclosures.** You have the right to request an "accounting of disclosures" which is a list of certain disclosures of your PHI made by or on behalf of the Plan. Generally, you may receive an accounting of disclosures if the disclosure is required by law, made in connection with public health activities, or in similar situations as those listed above under the section entitled "Other Permitted Uses and Disclosures". You do not have a right to an accounting of disclosures for disclosures made:

- For treatment, payment, or health care operations;
- To you about your own health information;
- Incidental to other permitted disclosures;
- Where authorization was provided;
- To family or friends involved in your care (where disclosure is permitted without authorization);
- For national security or intelligence purposes or to correctional institutions or law enforcement officials in certain circumstances; or
- As part of a limited data set where the information disclosed excludes identifying information.

You may request an accounting of disclosures of any "electronic health record" which is an electronic record of your health-related information that is created, gathered, managed and consulted by authorized health care clinicians and staff, *provided* that you must submit your request and state a time period which may be no longer than three years prior to the date on which the accounting is requested.

▪ **Your Right to Request Restrictions.** You have the right to request a restriction or limitation on PHI relating to treatment, payment or health care operations. You also have the right to request a limit on the PHI we disclose to someone who is involved in your care or payment for your care, like a family member or friend.

We are not required to fulfill your request. If the Plan does agree to a request, a restriction may later be terminated by your written request, by agreement between you and the Plan (including orally), unilaterally by the Plan for health information created or received after the Plan has notified you that it has removed the restrictions, and for emergency treatment.

To request restrictions, you must make your request in writing and must describe the information you want to limit and other relevant information regarding the restrictions you are seeking.

We will comply with any restriction request if: (1) the disclosure is to the Plan for purposes of carrying out payment or health care operations and is not for purposes of carrying out treatment, except as otherwise required by law; and (2) the PHI pertains solely to a health care item or service for which the health care provider involved has been paid by you (and not the Plan) in full.

▪ **Your Right to Request Confidential Communications.** You have the right to request that we communicate with you about health 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 will accommodate reasonable requests.

Part 3. BREACH NOTIFICATION

This Notice reflects federal breach notification requirements imposed on the Plan in the event that your PHI is acquired by an unauthorized party.

We will notify you following the discovery of any "breach" of your PHI (the "Notice of Breach"). Your Notice of Breach will be in writing and provided via first-class mail, or alternatively, by e-mail if you have previously agreed to receive such notices electronically.

- If the breach involves 10 or more individuals for whom we have insufficient or out-of-date contact information, then we will provide a substitute individual Notice of Breach by either posting the notice online or by providing the notice in major print or broadcast media where the affected individuals likely reside.
- If the breach involves less than 10 individuals for whom we have insufficient or out-of-date contact information, then we will provide a substitute Notice of Breach by an alternative form, in writing, by telephone, or by other means.

Your Notice of Breach shall be provided without unreasonable delay and in no case later than **60** days following the discovery of a breach and shall include, to the extent possible:

- a description of the breach;
- a description of the types of information that were involved in the breach;
- the steps you should take to protect yourself from potential harm;
- a brief description of what we are doing to investigate the breach, mitigate the harm, and prevent further breaches; and
- our relevant contact information.

Additionally, for any substitute Notice of Breach provided via web posting or major print or broadcast media, the notice shall include a toll-free number for you to contact us to determine if your PHI was involved in the breach.

Part 4. CHANGES TO THIS NOTICE

Robert Half can change this Notice at any time. If we do, the new terms and policies will be effective for the PHI we already have as well as information we receive in the future. We will send you a copy of the revised notice.

Part 5. COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the Plan's Privacy Official or the Secretary of the Department of Health and Human Services. To file a complaint with the Plan, the contact person is Trevor Kruse, Senior Director, Benefits Operations, Robert Half, who can be contacted at trevor.kruse@roberthalf.com.

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

Part 6. OTHER USES OF MEDICAL INFORMATION

Other uses and disclosures of PHI not addressed in this Notice will be made only with your written permission. If you grant us permission to use or disclose PHI, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose PHI for the reasons covered by your written authorization.

Part 7. EFFECTIVE DATE

This Notice has been updated effective as of November 1, 2023.

Part 8. CONTACT INFORMATION

This HIPAA Notice of Privacy Practices can be found at www.roberthalfbenefits.com under Resources/Legal Notices and Government Filings. A link is available in the Robert Half Connect internal site and Protiviti's iShare. You also have the right to receive a paper copy of this Notice, even if you have agreed to receive this Notice electronically. For more information on the Plan's privacy policies or your rights under HIPAA, contact the Robert Half HR Solutions Center at 1.855.744.6947 or HRsolutions@roberthalf.com.