

## STILLWATER MINING COMPANY

### 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 is being provided to you by the following plans (hereinafter referred to individually and collectively as the “Plan”):

#### **Stillwater Mining Company Employee Health Benefit Plan**

If you have any questions about this Notice or the Plan’s privacy practices, please contact either of the following persons:

Shannon Arthur (Privacy Officer)  
Human Resources Manager  
Stillwater Mining Company  
536 East Pike  
P.O. Box 1330  
Columbus, Montana 59019

Kris Koss (Complaint Officer)  
VP of Human Resources and Safety  
Stillwater Mining Company  
536 East Pike  
P.O. Box 1330  
Columbus, Montana 59019

#### **Who Will Follow This Notice**

This Notice describes how the Plan and any third party that assists in the administration of Plan claims may use and disclose your protected health information. It also describes your rights to access and control your protected health information. “Protected health information” is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition.

#### **The Plan’s Pledge Regarding Medical Information**

The Plan understands that your protected health information and your health is personal, and the Plan is committed to protecting it. The Plan creates and maintains records of the health care claims reimbursed under the Plan for Plan administration purposes. This Notice applies solely to the medical records and health information that the Plan maintains.

This means that these privacy restrictions do not apply to health information Stillwater Mining Company may have through other sources, such as sick leave records, or drug testing. For questions about what is or what is not covered by these privacy restrictions, contact the Privacy Officer.

This Notice will tell you about the ways in which the Plan may use and disclose medical information about you. It also describes the Plan’s obligations and your rights regarding the use and disclosure of this information.

The Plan is required by law to:

- Maintain the privacy of your protected health information;
- Provide you with certain rights with regard to your protected health information;
- Give you this Notice of the Plan’s legal duties and privacy practices with respect to your protected health information;
- Notify affected individuals in the event of a breach of unsecured protected health information; and
- Follow the terms of the Notice that is currently in effect.

## How The Plan May Use and Disclose Your Protected Health Information

The Plan may use or disclose your protected health information under certain circumstances without your authorization. Probably the most common circumstances in which the Plan will use your medical information are for payment, treatment, and health care operations. These common uses are described below.

**For Payment.** The Plan may use and disclose your protected health information to determine eligibility for Plan benefits, to facilitate payment for the treatment and services you receive from health care providers, to determine benefit responsibility under the Plan, or to coordinate Plan coverage. For example, the Plan may tell your health care provider about your medical history to determine whether a particular treatment is experimental, investigational, or medically necessary or to determine whether the Plan will cover the treatment. The Plan may also share medical information with a utilization review or pre-certification service provider. Likewise, the Plan may share medical information with another entity to assist with the adjudication or subrogation of health claims or to another health plan to coordinate benefit payments.

Under this description of “payments” the Plan may disclose your medical information to a family member or other person to the extent necessary to help with your health care or with payment for your health care. For example, the Plan may disclose medical information to your family (such as your spouse or parent) when an inquiry is made regarding your eligibility for coverage under the Plan or regarding the status of a claim relating to your medical care. If you do not want the Plan to do so, you must file a request for restrictions on your medical information, as described later in this Notice.

**For Treatment.** The Plan may use or disclose your protected health information to facilitate medical treatment or services by providers. The Plan may disclose your protected health information to providers, including doctors, nurses, technicians or other hospital personnel who are involved in taking care of you. For example, the Plan might disclose information about your prior prescriptions to a pharmacist to determine if a pending prescription is contraindicative with prior prescriptions.

**For Health Care Operations.** The Plan may use and disclose your protected health information for other Plan operations. These uses and disclosures are necessary to run the Plan. For example, the Plan may use medical information in connection with: conducting quality assessment and improvement activities; underwriting, premium rating and other activities relating to Plan coverage; submitting claims for stop-loss (or excess loss) coverage; conducting or arranging for medical review, legal or audit services, fraud and abuse detection programs; cost management; business management and general Plan administrative activities. Thus, as part of their role in helping to administer the Plan, some employees of Stillwater Mining Company may learn of your protected health information.

**To Business Associates.** The Plan may contract with service providers, individuals or entities known as Business Associates to perform functions on behalf of the Plan or provide services. To perform these functions or services, Business Associates may receive, create, maintain, transmit, use, and/or disclose your protected health information, but only where there is a written agreement with the Plan in place to implement suitable safeguards for your protected health information.

**As Required By Law.** The Plan may disclose your protected health information when required to do so by local, state, or federal law. For example, the Plan may disclose your protected health information when required by public health disclosure laws.

**To Avert a Serious Threat to Health or Safety.** The Plan may use and disclose your protected health information to prevent a serious threat to your health or safety, or that of the public or another individual. This disclosure, however, would only be to a person or organization able to prevent any threat. For example, the Plan may disclose your protected health information in a legal proceeding regarding a physician’s license.

**Health-Related Benefits and Services.** The Plan may use and disclose your protected health information to send you information about health related benefits and services that might be of interest to you, for example, treatment alternatives.

**To Plan Sponsor.** For the purpose of administration, the Plan may disclose your protected health information to certain employees of Stillwater Mining Company. For example, employees of Stillwater Mining Company may use your protected health information to monitor a third party administrator of the Plan.

### **Special Situations**

Other less common situations in which the Plan may use or disclose your protected health information without your authorization include:

**Workers' Compensation.** The Plan may release your protected health information for workers' compensation or similar programs. Any disclosure for this purpose will be only as authorized and limited to the extent necessary to abide by workers' compensation laws and similar programs.

**Disaster Relief.** The Plan may use or disclose your protected health information to a public or private entity authorized by law or by its charter to assist in disaster relief efforts.

**Public Benefit.** The Plan may use or disclose your protected health information for the following purposes deemed to be in the public interest or benefit:

- For public health activities, including disease and vital statistic reporting, child abuse reporting, FDA oversight, and to employers regarding work-related illness or injury;
- To report child abuse, neglect or domestic violence;
- To health oversight agencies;
- In response to court and administrative orders, discovery requests and other lawful processes, for example, if you are involved in a lawsuit or dispute;
- To law enforcement officers pursuant to subpoenas and other lawful processes, concerning crime victims, suspicious deaths, crimes on the employer's premises, reporting crimes in emergencies, and for purposes of identifying or locating a suspect or other person;
- To coroners, medical examiners, and funeral directors;
- To report reactions to medications or problems with products or to notify people of recalls of products they may be using;
- To organ procurement organizations;
- To avert a serious threat to health or safety;
- In connection with certain research activities;
- To the military and to federal officers for lawful intelligence, counterintelligence, and national security activities;
- To correctional institutions regarding inmates or to a law-enforcement official when you are in custody; and
- As otherwise required by law.

**For Fundraising.** If the Plan intends to engage in fundraising, the Plan may contact you to raise funds for the Plan and you have the right to opt out of receiving such communications.

### **Situations Where The Plan Must Have Your Authorization to Use and Disclose Your Protected Health Information**

**Marketing.** The Plan must obtain your authorization for any use or disclosure of your protected health information for marketing, unless the communication is in the form of a face-to-face communication made by the Plan to you or a promotional gift of nominal value provided by the Plan. If the marketing involves any financial payment to the Plan from a third party, the authorization must state that such payment is involved.

**Sale of Your Protected Health Information.** The Plan must obtain your authorization for any disclosure of your protected health information which is a sale of that information. Such authorization must state that the disclosure will result in payment to the Plan.

**Psychotherapy Notes.** The Plan must obtain your authorization for any use or disclosure of psychotherapy notes unless to carry out use by the originator of the psychotherapy notes for treatment, use or disclosure by the Plan for its own training programs in which students, trainees, or practitioners in mental health learn under supervision to practice or improve their skills in group, joint, family, or individual counseling, or use or disclosure by the Plan to defend itself in a legal action or other proceeding brought by you. The Plan may also use or disclose psychotherapy notes without your authorization when required by the Secretary of the Department of Health and Human Services, when required by law, with respect to oversight of the originator of the psychotherapy notes, to coroners, medical examiners, and funeral directors, or to avert a serious threat to health or safety.

### **Required Disclosures**

**Disclosures to You.** Upon your request, the Plan is required to disclose to you any portion of your protected health information that contains billing records, medical records, or any other record regarding your health care benefits.

**Government Audits.** The Plan may be required to disclose your protected health information to the Secretary of the U.S. Department of Health and Human Services for the purpose of verifying compliance with HIPAA.

### **Other Disclosures**

**On Your Authorization.** In addition to the above situations, the Plan may use your protected health information or disclose it to anyone for any purpose, provided that you give your written authorization. If you give the Plan an authorization, you may revoke it in writing at any time. Unless you give the Plan a written authorization, the Plan cannot use or disclose your protected health information for any reason except those described in this Notice. Understand that the Plan is unable to take back any disclosures the Plan makes with your permission.

**Personal Representatives.** The Plan will disclose your protected health information to individuals authorized by you, or to an individual designated as your personal representative, attorney-in-fact, or similar, so long as you provide the Plan with a written notice/authorization and any relevant supporting documents. However, under the HIPAA Privacy Rule, the Plan does not have to disclose information to a personal representative if the Plan has a reasonable belief that: you have been, or may be, subjected to domestic violence, abuse, or neglect by such person; or treating such person as your personal representative could endanger you; and in the exercise of professional judgment, it is not in your best interest to treat the person as your personal representative.

**Spouses and Other Family Members.** With only limited exceptions, the Plan will send all mail to you. This includes mail relating to your spouse and other family members, if applicable, covered under the plan. This also includes mail with information on the use of Plan benefits by your spouse and other family members, if applicable, and information on the denial of any Plan benefits to your spouse or other family members, if applicable.

### **Your Rights Regarding Your Protected Health Information**

You have the following rights regarding your protected health information maintained by the Plan:

**Right to Request Restrictions.** You have the right to request a restriction or limitation on your protected health information the Plan uses or discloses for treatment, payment or health care operations. You also have the right to request a limit on your protected health information the Plan discloses to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that the Plan not use or disclose information about a surgery you had, or that the Plan not disclose information to your parent or spouse.

If the request is to restrict disclosure for the purpose of carrying out payment or health care operations and is not otherwise required by law, and the protected health information relates only to a health care item or service for which you have paid in full, the Plan must agree to the request.

To request restrictions, you must send a request in writing to the Privacy Officer. In your request, you must provide: (1) what information you want to limit; (2) whether you want to limit the Plan's use, disclosure or both; and (3) to whom you want the limits to apply. The Plan is not required by law to agree to your request. If a request for restrictions is approved, it will be effective for a one-year period of time after the date of approval. You may file additional requests for restrictions to extend the time that the restrictions shall be effective.

**Right to Request Confidential Communications.** You have the right to request that the Plan communicate with you about your medical matters in a certain way or at a certain location. For example you can ask that the Plan only contact you at work or by mail.

To request confidential communications, you must send a request in writing to the Privacy Officer. Your request must also specify how or where you wish to be contacted. An unreasonable request may be denied; however, no one on behalf of the Plan will ask you the reason for your request. If a request for confidential communications is approved, it will be effective for a one-year period of time after the date of approval. You may file additional requests for confidential communications to extend the time that the restrictions shall be effective.

**Right to Inspect and Copy.** You have the right to inspect and copy your protected health information that may be used to make decisions about Plan benefits. To inspect and copy your protected health information that may be used to make decisions about you, you must submit your request in writing to the Privacy Officer. If you request a copy of the information, the Plan may charge a fee for the costs of copying, mailing or other supplies associated with your request.

The Plan may deny your request to inspect and copy in limited circumstances. If you are denied access to your protected health information, you may (except in a few circumstances) request that the denial be reviewed.

**Right to Amend.** If you feel that the protected health information the Plan has about you is incorrect or incomplete, you may ask the Plan 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. To request an amendment, your request must be made in writing and submitted to the Privacy Officer. In addition, you must provide a reason that supports your request.

The Plan 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, the Plan may deny your request if you ask the Plan to amend information that:

- Is not part of the medical information kept by or for the Plan;
- Was not created by the Plan, 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 already accurate and complete.

If your request is denied, you have the right to file a statement of disagreement with the Plan and any subsequent disclosures of the disputed information will include your statement.

**Right to an Accounting of Disclosures.** You have the right to request an "accounting" (a list) of the Plan's disclosures of your protected health information for any purpose *other than* treatment, payment or health care operations. To request this list or accounting of disclosures, you must submit your request in writing to the Privacy Officer. Your request must state the time period you would like the list to cover. The time period may not be longer than six years, and may not include dates before April 14, 2003. The request should indicate in what form you would like the list (for example, paper or in electronic form).

The first list you request within a 12-month period will be free. For additional lists, the Plan may charge you for the costs of providing the list. The Plan 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.

As noted above, the list will *not include* circumstances where the Plan disclosed your medical information for treatment, payment, or health care operations. Additionally, the list will not include circumstances where the Plan disclosed your medical treatment pursuant to your authorization, or in other limited circumstances.

**Right to a Paper Copy of This Notice.** You have the right to a paper copy of this Notice. You may ask the Plan to give you a copy of this Notice at any time. Even if you have agreed to receive the Notice electronically, you are still entitled to a paper copy of this Notice. To obtain a paper copy of this Notice, write to the Privacy Officer.

### **Genetic Medical Information**

In accordance with the Genetic Information Nondiscrimination Act, the Plan shall not use, disclose, request, require or purchase genetic medical information for purposes of establishing underwriting. Underwriting purposes includes rules for, or determination of, eligibility, computation of premium or contribution amounts, application of any pre-existing condition exclusion, or other activities related to the creation, renewal, or replacement of a contract for health benefits or insurance. However, genetic information may be used to determine whether a particular benefit is medically appropriate.

### **Changes to This Notice**

The Plan reserves the right to change the terms of this Notice and to make new provisions concerning your protected health information, as allowed or required by law. The Plan reserves the right to make the revised or changed Notice effective for medical information the Plan already has about you as well as any information the Plan receives in the future. The Plan will make copies of the current Notice available to you wherever you may obtain copies of the summary plan description for the Plan, from HR representatives, and on your employer's intranet (if any).

If the Plan makes a material change to this Notice, the Plan will post a revised version of this Notice on its website by the effective date of the material change and then provide a hard copy of the revised version in the next annual mailing.

### **Effective Date**

This Notice is effective November 2014. The effective date is noted on each page of this Notice, in the bottom left-hand corner.

### **Questions and Complaints**

If you want additional information about the Plan's privacy practices or have questions or concerns, please contact the Privacy Officer or the Complaint Officer.

If you believe the Plan has violated your privacy rights, or if you disagree with a decision the Plan made about access to your medical information or in response to a request you made to amend or restrict the use or disclosure of your medical information, you may file a complaint with the Plan or with the Secretary of the Department of Health and Human Services. To file a complaint with the Plan, contact the Complaint Officer. All complaints must be submitted in writing. The Plan supports your right the privacy of your medical information. The Plan will not retaliate in any way if you choose to file a complaint either with the Plan or with the Department of Health and Human Services.