

HIPAA Privacy and Security Contact  
ExxonMobil Benefits Service Center  
P.O. Box 18025 Norfolk, VA  
23501-1867

## PRIVACY JOINT NOTICE

*This joint 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 joint notice is required by the Health Insurance Portability and Accountability Act of 1996\*, as amended. This joint notice applies to the following group health plans:*

**ExxonMobil Medical Plan**  
**ExxonMobil Dental Plan**  
**ExxonMobil Pre-Tax Spending Plan**  
**ExxonMobil Employee Assistance Program**  
**ExxonMobil Retiree Medical Plan**  
**ExxonMobil Medicare Supplement Plan**  
**Monterey Coal Company Employee Benefit Plan for UMWA Represented Employees**  
**ExxonMobil International Medical and Dental Plan**

*The Plans form part of an organized health care arrangement, which may share protected health information with each other, as necessary to carry out treatment, payment, or health care operations related to the organized health care arrangement.*

If you have any questions about this joint notice, please contact the Plans' Privacy Contact in writing at:

HIPAA Privacy and Security Contact  
ExxonMobil Benefits Service Center  
P. O. Box 18025  
Norfolk, VA 23501-1867

You must identify yourself and provide a return address in order to receive a response.

*If you are covered by a group health plan other than the plans listed above, a privacy joint notice applicable to that plan should be provided directly to you by the plan.*

## THESE PRACTICES REFER TO YOUR HEALTH PLAN

This joint notice describes the medical information practices of your group health plan (the "Plan"). Any reference in this joint Notice to we, us, or our, refers to the Plan alone and not to Exxon Mobil Corporation and/or any of its affiliates or subsidiaries (ExxonMobil).

## 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 personal doctor or health care provider, must create a record of the health care claims you or your doctor submits for payment. These records are used to administer the Plan, similar to the way you use information to pay your household bills.

This joint notice applies to all of the medical records we maintain. While your personal doctor or health care provider may have different policies regarding his/her use and disclosure of your medical information, this joint 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. We will let you know promptly if a breach occurs that may have compromised the privacy and security of your information. We are giving you this joint notice of our legal duties and privacy practices with respect to medical information about you, and we expect to follow the terms of this joint notice now and in the future.

## HOW THE PLAN USES AND DISCLOSES MEDICAL INFORMATION

The following categories describe different ways that we use and disclose medical information. For each category, we will explain what we mean and present an example. While not every use or disclosure in a category will be listed, all of the ways we are permitted to use and disclose information without your authorization will fall within one of the categories.

**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 he/she needs 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 him/her 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 Plan benefits, pay the Plan's portion of the bill for the covered services you receive, 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 ExxonMobil employees or employees of third parties to process and respond to benefit plan appeals.*

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**For Health Plan Operations.** The Plan may use and disclose medical information about you to ExxonMobil, and/or business associates assisting ExxonMobil or the Plan, for Plan design and other Plan sponsorship activities.

*For example, Participants' medical information may be used to conduct health care quality and cost assessment and improvement activities, to underwrite the Plan's financial risks and/or to conduct other activities relating to Plan coverage. Your medical information may also be used to conduct or arrange for medical reviews, legal services, audit services, fraud and abuse detection programs, and business planning and development activities, such as cost management, business management and general Plan administration.*

**To Business Associates.** The Plan may contract with individuals or entities known as Business Associates to perform various functions on their behalf or to provide certain types of services. In order to perform these functions or to provide these services,

Business Associates will receive, create, maintain, use and/or disclose your protected health information, but only after they agree in writing to implement appropriate safeguards regarding your protected health information.

*For example, your protected health information may be disclosed to a Business Associate to administer claims or to provide support services, such as utilization management, pharmacy benefit management or subrogation, but only after the Business Associate enters into a Business Associate contract.*

To the Plans' business associate or limited data set recipient provided that such entities enter into an agreement with the Plans as required by the Privacy Regulations. A business associate is a vendor that provides services to or on behalf of the Plans. A limited data set recipient is an entity that receives partially de-identified Protected Health Information that meets the Privacy Regulations requirements for being a limited data set. Such limited data set can only be used by the limited data set recipient for purposes of research, public health, or health care operations.

## 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.*

**Genetic information: The plan is not allowed to use your genetic information to decide whether you are covered under the plan or the price of that coverage**

**Disclosure to Other ExxonMobil Health Plans.** Your Plan is made up of different benefit options depending on the geographic location in which you work. Should you transfer to a different location, your information may be disclosed to the responsible party administering the relevant Plan option (including, but not limited to, disclosure to an insurance carrier and/or HMO). This will be done to assist in treatment, payment, and health plan operations. In addition, minimum necessary access to your medical information may be given to ExxonMobil personnel (such as the Privacy and Security Contact, HR Services personnel, plan auditors, or computer programmers) for the purpose of ensuring the continued existence of the Plan and administering Plan benefits.

**Organ and Tissue Donation.** If you are an organ donor, we may release medical 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. These activities generally include the following:

- to prevent or control disease, injury, or disability;
- 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 condition;
- to notify the appropriate government authority if we believe a patient 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.

**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.

## REQUIRED DISCLOSURES

The following is a description of disclosures of your protected health information we are required to make.

**Government Audits.** We are required to disclose your protected health information to the Secretary of the United States Department of Health and Human Services when the Secretary is investigating or determining our compliance with the HIPAA privacy rule.

**Disclosures to You.** When you request, we are required to disclose to you the portion of your protected health information that contains medical records, billing records, and any other records used to make decisions regarding your health care benefits. We are also required, when requested, to provide you with an accounting of most disclosures of your protected health information if the disclosure was for reasons other than for payment, treatment, or health care operations, and if the protected health information was not disclosed pursuant to your individual authorization.

## OTHER DISCLOSURES

**Personal Representatives.** We will disclose your protected health information to individuals authorized by you, or to an individual designated as your personal representative, attorney-in-fact, etc., so long as you provide us with a written notice/ authorization and any supporting documents (i.e., power of attorney). Note: Under the HIPAA privacy rule, we do not have to disclose information to a personal representative if we have a reasonable belief that:

- (3) in the exercise of professional judgment, it is not in your best interest to treat

- (1) you have been, or may be, subjected to domestic violence, abuse or neglect by such person; or
- (2) treating such person as your personal representative could endanger you; and

the person as your personal representative.

**Spouses and Other Family Members.** With only limited exceptions, we will send all mail to the employee. This includes mail relating to the employee's spouse and other family members who are covered under the Plan, and includes mail with information on the use of Plan benefits by the employee's spouse and other family members and information on the denial of any Plan benefits to the employee's spouse and other family members. If a person covered under the Plan has requested Restrictions or Confidential Communications (see below under "Your Rights"), and if we have agreed to the request, we will send mail as provided by the request for Restrictions or Confidential Communications.

**Authorizations.** Other uses or disclosures of your protected health information not described above will only be made with your written authorization. You may revoke written authorization at any time, so long as the revocation is in writing. Once we receive your written revocation, it will only be effective for future uses and disclosures.

It will not be effective for any information that may have been used or disclosed in reliance upon the written authorization and prior to receiving your written revocation. We will never share your information for marketing purposes or sale of your information without your written authorization

## 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. To do this, you must submit your request in writing via U.S. Postal Service to HIPAA Privacy and Security Contact

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.

Your request must include your name, Social Security Number, work and home addresses and telephone numbers in order to receive a response. You must also identify

the name of the health plan to which your inquiry applies and be specific about the time period and subject for which you are requesting information.

We may deny your request to inspect and copy in certain very limited circumstances, for example, if access might cause you or another person harm. If you are denied access to medical information, we will tell you why and you may request that the denial be reviewed.

**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.

To request an amendment, your request must be made in writing and submitted via

U.S. Postal Service to HIPAA Privacy and Security Contact  
ExxonMobil Benefits Service Center

In addition, you must provide a reason that supports your request. 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.

To request this list or accounting of disclosures, you must submit your request in writing via U.S. Postal Service to HIPAA Privacy and Security Contact  
ExxonMobil Benefits Service Center

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 and may not include dates before date of initial compliance. 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.

**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.

To request restrictions, you must make your request in writing via U.S. Postal Service to HIPAA Privacy and Security Contact.

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, for example, disclosures to your spouse.

**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.

To request confidential communications, you must make your request in writing via U.S. Postal Service to HIPAA Privacy and Security Contact.

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 Joint Notice.** You have the right to a copy of this joint notice. You may ask us to give you a copy of this joint notice at any time. Even if you have agreed to receive this joint notice electronically, you are still entitled to a paper copy of this joint notice upon your request.

To request a copy of this joint notice, you must make your request in writing via U.S. Postal

Service to HIPAA Privacy and Security Contact

## CHANGES TO THIS JOINT 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. Some modifications will require the distribution of a revised notice within 60 days.

## COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the Plan 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 HIPAA Privacy and Security Contact

You will not be penalized for filing a complaint.

## 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.

## ADDITIONAL INFORMATON

For additional information, email Benefits Administration at HR.health.welfare@exxonmobil.com

\* HIPAA's requirements have been amended in order to comply with the Health Information Technology for Economic and Clinical Health Act (HITECH Act).