

BROKER SOURCE, INC.

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 summarizes the privacy practices of Broker Source, Inc. (the “Company”). This notice informs you of our legal duties and privacy practices related to your protected health information (“PHI”) as well as how as a Business Associate we may use and disclose your PHI. PHI 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 and related health care services.

As a Business Associate we are committed to maintaining and protecting the confidentiality of your PHI. We are required to provide you with this Notice about our policies, safeguards and practices. When the Company uses or discloses your PHI, we are bound by the terms of this Notice, or the revised Notice, if applicable.

This Notice of Privacy Practices describes how we may use and disclose your PHI to carry out payment, treatment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your PHI.

I. The Business Associate’s Responsibilities Regarding Protected Health Information

The Business Associate is required by law to:

- Protect and maintain the privacy of your PHI in accordance with HIPAA;
- Provide you with certain rights relating to your PHI;
- Prepare and maintain this Notice of our legal duties and privacy practices with respect to your PHI;
- Provide a copy of this Notice to you;
- Follow the terms of the Notice that is currently in effect.

II. How the Business Associate May Use and/or Disclose Your Protected Health Information

The following categories describe different ways that the Company uses and discloses medical information. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories. The Company will not use your PHI or disclose it to others without your authorization, except for the following purposes:

For Payment

The Company may use and disclose your PHI to determine eligibility for benefits or to coordinate coverage. For example, we may use and disclose information needed to secure coverage and assist with services issues at your request. Under certain circumstances, you may receive this information confidentially; see the “*Right to Request Alternative Means of Communication*” section of this Notice.

Treatment

The Company does not conduct treatment activities. However, the Company, with your consent, will disclose your health information at your request to health care providers who request it in connection with your treatment.

As Required By Law

The Company will disclose PHI when required to do so by federal, state or local law. For example, the Company may disclose your PHI when required by national security laws or public health disclosure laws.

To Avert a Serious Threat to Health or Safety

The Company 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. Any disclosure, however, would only be to someone able to help prevent the threat.

To a Business Associate or Subcontractor

The Company may enter into contracts with individuals or entities known as Business Associates (or Subcontractors) to perform various functions or to provide certain types of services. To the extent necessary to perform these functions or to provide these services, but only after they agree in writing with the Company to implement and follow appropriate safeguards regarding your PHI.

III. Circumstances under Which a Business Associate Must Disclose Your Protected Health Information

The Company is required by law to make disclosures of your PHI in the following circumstances:

Lawsuits and Disputes

If you are involved in a lawsuit or a dispute, the Company may disclose your PHI in response to a court or administrative order. The Company may also disclose your PHI in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

Law Enforcement

The Company may disclose your PHI 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; or
- 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.

In Connection with Government Audits

The Company is required to disclose your PHI to the Secretary of the United States Department of Health and Human Services when the Secretary is investigating or determining our compliance with HIPAA.

Disclosures to You

When you request, the Company is required to disclose to you the portion of your PHI that contains medical records, billing records, and any other records used to make decisions regarding your health care benefits. The Company is also required, when requested, to provide you with an accounting of most disclosures of your PHI, where the disclosure was for reasons other than for payment, treatment or health care operations, and where the disclosure was not pursuant to your written authorization.

IV. Other Uses of Protected Health Information

Except where specifically allowed by federal law, the use and disclosure of PHI for marketing purposes, and any disclosure that constitutes a sale of PHI will be made only pursuant to your written authorization. Other uses and

disclosures of your PHI, not otherwise described in this Notice or the laws that apply to the Company, will be made only with your written permission. If you give the Company permission to use or disclose your PHI, you may revoke that permission, in writing, at any time. If you revoke your permission, the Company will no longer use or disclose your PHI for the reasons covered by your written authorization. However, this will not affect any disclosures that have already been made with your permission.

V. Your Rights Regarding Your Protected Health Information

You have the following rights regarding PHI maintained by the Company about you:

Right to Inspect and Copy

You have the right to inspect and copy health information collected and maintained by the Company. To inspect and copy your health information, you must notify the Company's privacy and security officer at 913-338-3380. If you request a copy of the information, the Company may charge a fee for the costs of copying, mailing, or other supplies and services associated with your request. The Company may require that you pay such fee prior to receiving the requested copies. The Company may deny your request to inspect and copy in certain limited circumstances. If you are denied access to PHI, you may request that the denial be reviewed.

Right to Amend

If you believe that PHI the Company has about you is incorrect or incomplete, you may ask the Company to amend the information. You have the right to request an amendment for as long as the information is kept by or for the Company. To request an amendment, your request must be made in writing and submitted to the Company Contact identified in Section VIII below.

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

- Is not part of the medical information kept by or for the Company;
- Was not created by the Company 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.

If the Company denies your request, you have the right to file a statement of disagreement to be maintained with your records.

Right to an Accounting of Disclosures

You have the right to request an "accounting of disclosures" of your PHI. The accounting will not include (1) disclosures for purposes of treatment, payment, or health care operations; (2) disclosures made to you; (3) disclosures made pursuant to your authorization; (4) disclosures made to friends or family in your presence or because of an emergency; (5) disclosures for national security purposes; and (6) disclosures incidental to otherwise permissible disclosures.

To request this list or accounting of disclosures, you must submit your request in writing to the Company Contact identified in Section VIII below. Your request must state a time period, which may not be longer than six years (or three years in the case of disclosures involving electronic health records, as described above) and may not include dates before the date on which the Company was established. 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, the Company may charge you for the cost of providing the list. The Company 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 your PHI that the Company uses or discloses about you for treatment, payment or health care operations. You also have the right to request a limit on your PHI disclosed by the Company to someone who is involved in your care or the payment for your care, like a family member or friend.

The Company is not required to agree to your request. However, if your request relates to restricting the disclosure to another health plan of your PHI pertaining solely to a health care item or service for which the health care provider has been paid out-of-pocket in full and where the purpose of the disclosure would have been for carrying out payment or health care operations, the Company must agree to your request.

To request restrictions, you must make your request in writing to the Company Contact identified in section VIII below. In your request you must tell the Company (1) what information you want to limit; (2) whether you want to limit the Company's use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

Right to Request Alternate Methods of Communication

You have the right to request that the Company communicate with you concerning matters relating to the Company in a certain way or at a certain location. For example, you can ask that the Company only contact you at work or by mail.

To request an alternate method of communication, you must submit your request in writing to the Company Contact identified in Section VIII below. The Company will not ask you the reason for your request. The Company will accommodate your request if it is reasonable. Fees may apply for an alternate communication.

Right to Be Notified Following a Breach of Unsecured Protected Health Information

The Company or the Covered Entity it works with is required by law to notify you in the event of a breach of your unsecured PHI.

Right to Opt Out of Fundraising Communications

The Company does not engage in fundraising communications. Should the practice change, you have the right to opt out of such fundraising communications.

Prohibition on Use or Disclosure of Genetic Information

The Company is prohibited from using or disclosing PHI that relates to your genetic information for underwriting purposes.

Right to Obtain Electronic Copies of Protected Health Information

You have the right to obtain electronic copies of your PHI if maintained in a designated record set. You may request a specific format to receive the electronic PHI and the Company will comply with such request if feasible. You may be charged a reasonable cost-based fee for the electronic PHI.

Right to Request Paper Copy of This Notice

You have the right to a paper copy of this Notice. You may ask us to give you a copy of this Notice at any time. To obtain a paper copy of this Notice, please contact the Company Contact identified in Section VIII below.

VI. Effective Date

This Notice is effective September 23, 2013.

VII. Changes to this Notice

The Company reserves the right to change this Notice. The Company reserves the right to make the revised or changed notice effective for PHI that the Company already has about you as well as any information the Company creates or receives in the future.

VIII. Questions About this Notice

If you have any questions about this Notice or would like to receive a copy of this Notice or any of the forms referenced in this Notice, please contact the Company. The Company's Contact Person is the privacy and security officer at 11221 Roe Ave., Leawood, KS 66211 or 913-338-3380.

IX. Complaints

If you believe rights with respect to your PHI have been violated, you may file a complaint with the Company or with the United States Department of Health and Human Services, Office of Civil Rights. To file a complaint with the Company, contact the privacy and security officer at 11221 Roe Ave., Leawood, KS 66211 or 913-338-3380. All complaints must be submitted in writing. To file a complaint with the Office of Civil Rights, contact the United States Department of Health and Human Services, Office of Civil Rights, 601 E. 12th Street, Room 353, Kansas City, MO 64106 or the OCR office for your region, which can be found at <http://www.hhs.gov/ocr/office/about/rgn-hqaddresses.html>. You will not be penalized or retaliated against for filing a complaint.