



**PPG INDUSTRIES, INC.
NOTICE OF PRIVACY PRACTICES**

The following document contains important information regarding the privacy of Plan participant health information. Under government regulations that took effect in April 2003, the group health plans listed in Appendix A hereto (collectively known as the “Plan” for purposes of the following document) implemented policies and procedures granting participants in the Plan certain privacy rights, which are discussed in detail in the following “Notice of Privacy Practices” document (the “Notice”). The Notice details how some Plan participant health information may be used and disclosed by the Plan and how a participant may access his or her health information. The Notice should be reviewed and saved for future reference.

Participants should receive separately a Notice of Privacy Practices from any insurance company or HMO that provides fully-insured benefits under the Plan. Neither PPG nor the Plan has any control over or responsibility for any entity that provides a Notice of Privacy Practices to participants, or these entities’ compliance with their privacy practices. Any questions concerning an insurance company’s or HMO’s privacy policies or procedures should be directed to that entity as explained in its Notice of Privacy Practices.

PPG INDUSTRIES, INC.

**NOTICE OF PRIVACY PRACTICES
FOR PROTECTED HEALTH INFORMATION**

This notice describes how health information about Plan participants may be used and disclosed and how participants can access this information. **Please review this notice carefully.** This Notice went into effect on April 14, 2003.

PPG Industries Inc.'s Pledge Regarding Health Information Privacy:

The Privacy Policy and Procedures of all of the group health plans sponsored by PPG Industries, Inc. ("the Plan" or "Plans"), protects confidential health information that identifies Plan participants or could be used to identify Plan participants and relates to a physical or mental health condition or the payment of participant health care expenses. This individually identifiable health information transmitted or maintained by the Plans, regardless of form (oral, written or electronic), is known as "Protected Health Information" (PHI). Plan participant PHI will not be used or disclosed without a written authorization from the Plan participant, except as described in this Notice or as otherwise permitted by federal and state health information privacy laws.

Health Information Held by PPG Industries, Inc., in Employment Records Is Not PHI:

The privacy policy and practices described in this notice do not apply to health information that PPG or a PPG-sponsored employee benefit plan holds in employment records or in records relating to pre-employment screenings, disability benefits or claims, on-the-job injuries, workers' compensation claims, medical leave requests, return-to-work reports, life insurance, retirement benefits, accommodations under the Americans with Disabilities Act, or any records not pertaining to PHI from the Plan.

1. Privacy Obligations of the Plan

The Plan is required by law to:

- Make sure that the privacy of Plan participant PHI is maintained;
- Give Plan participants this notice of the Plan's legal duties and privacy practices with respect to health information; and
- Follow the terms of the notice that is currently in effect.

How the Plan May Use and Disclose Health Information About Plan Participants

Following is a list of ways the Plan may use and disclose participant PHI **without participant authorization, consent or request**:

- **For Payment.** The Plan may use and disclose participant PHI so that claims for health care treatment, services and supplies received from health care providers may be paid according to the Plan's terms. For example, the Plan may use PHI to determine a dependent's eligibility for benefits, or it may disclose participant PHI to individuals or a group involved in deciding an appeal of a denied medical claim or adjudication of benefit claims.
- **For Treatment.** The Plan may use or disclose participant medical information to facilitate treatment by providers. The Plan may disclose medical information to providers such as doctors, nurses, technicians, medical students or hospital personnel involved in caring for a participant.
- **For Health Care Operations.** The Plan may use and disclose participant PHI to enable it to operate, to help it operate more efficiently, or to ensure that all Plan participants receive consistent and complete health benefits. For example, the Plan may use participant PHI for case management or to perform studies designed to reduce health care costs. In addition, the Plan may use or disclose participant PHI to conduct compliance reviews, audits or actuarial studies, as well as for fraud or abuse detection, business management purposes or general administrative activities. This may include forwarding PHI obtained from participant-prepared Health Risk Assessments (HRAs) to independent third parties that provide health coaching.
- **For Treatment Alternatives.** The Plan may use and disclose participant PHI to tell the participant about possible treatment options or alternatives.
- **For Health-Related Benefits and Services.** The Plan may use and disclose participant PHI to tell the participant about health-related benefits or services that may be of interest.
- **For PPG or Its Employees.** The Plan may disclose participant PHI to designated PPG personnel so they can carry out Plan-related administrative functions, such as the uses and disclosures described in this notice. Such disclosures will be made only to:
 - employees in the Human Resources, Payroll, Audit, Medical and Law Departments, as may be appropriate; and
 - such other individuals or groups as are designated by the Privacy Officer in accordance with the Plan's Privacy Policy and Procedures.

These individuals will protect the privacy of participant health information and ensure it is used only as described in this notice or as permitted by law. Unless authorized in writing by the Plan participant, health information: (1) may not be disclosed by the Plan to any PPG employee or department other than those specified above; and (2) will not be used by PPG for any employment-related actions and decisions or in connection with any other employee benefit plan sponsored by PPG.

- **To a Business Associate.** Certain services are provided to the Plan by third parties known as “Business Associates.” For example, CIGNA Healthcare and Highmark Blue Cross Blue Shield are Business Associates of the Plan in administering certain claims for the Plan. However, the Plan will require its Business Associates, through contract, to appropriately safeguard participant health information.
- **As Required by Law.** The Plan will disclose participant PHI when required to do so by federal, state or local laws, including those that require the reporting of certain types of wounds or physical injuries.

The following are ways in which the Plan may use and disclose participant PHI only **with participant authorization, consent or request**:

- **To Provide Psychotherapy Notes.** The Plan generally will obtain a participant’s written authorization before it will use or disclose psychotherapy notes from the participant’s psychotherapist. Psychotherapy notes are separately filed notes about participant conversations with his or her mental health professional during a counseling session. They do not include summary information about the participant’s mental health treatment. The Plan may use and disclose such notes when needed to defend itself against litigation filed by a Plan participant.
- **For a Participant or an Individual Involved in a Participant’s Care or Payment for Care.** The Plan may disclose PHI to a close friend or family member who is involved in or helps to pay for a participant’s health care. The Plan may also advise a family member or close friend about the participant’s condition, location (for example, that a participant is in the hospital) or death.

The following are special use and disclosure situations for which participant consent, authorization or opportunity to object is **not required**:

- **Lawsuits and Disputes.** If a participant becomes involved in a lawsuit or other legal action, the Plan may disclose the participant’s PHI in response to a court or administrative order, a subpoena, a warrant, a discovery request, or another lawful due process.
- **Law Enforcement.** The Plan may release participant PHI if asked to do so by a law enforcement official, for example, to identify or locate a suspect, material witness or missing person, or to report a crime, the crime’s location or victims, or the identity, description or location of the person who committed the crime.

- **Workers' Compensation.** The Plan may disclose participant PHI to the extent authorized by, and to the extent necessary to comply with, workers' compensation laws or other similar programs.
- **Military and Veterans' Administration.** If a participant is or becomes a member of the U.S. armed forces, the Plan may release medical information about him/her as deemed necessary by military command authorities.
- **To Avert Serious Threat to Health or Safety.** The Plan may use and disclose participant PHI when necessary to prevent a serious threat to the participant's health and safety, or the health and safety of the public or another person.
- **Abuse, Neglect or Domestic Violence.** When authorized by law, the Plan may report information about abuse, neglect or domestic violence to the appropriate public authorities if there is a reasonable belief that the participant may be a victim of abuse, neglect or domestic violence. If the Plan does make such a disclosure, the participant will be notified of the disclosure unless the notice would cause a risk of serious harm.
- **Public Health Risks.** The Plan may disclose health information about the participant for public health activities. These activities include preventing or controlling disease, injury or disability; reporting births and deaths; reporting child abuse or neglect; or reporting reactions to medication or problems with medical products or to notify people of recalls of products they have been using.
- **Health Oversight Activities.** The Plan may disclose participant PHI to a health oversight agency for audits, investigations, inspections and licensure necessary for the government to monitor the health care system and government programs.
- **Research.** Under certain circumstances, the Plan may use and disclose participant PHI for medical research purposes.
- **National Security, Intelligence Activities and Protective Services.** The Plan may release participant PHI to authorized federal officials: (1) for intelligence, counterintelligence and other national security activities authorized by law, and (2) to enable them to provide protection to members of the U.S. government or foreign heads of state, or to conduct special investigations.
- **Organ and Tissue Donation.** If the participant is an organ donor, the Plan may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation, or to an organ donation bank to facilitate organ or tissue donation and transplantation.
- **Coroners, Medical Examiners and Funeral Directors.** The Plan may release participant PHI to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or to determine the cause of death. The Plan may also release participant PHI to a funeral director, as necessary for him/her to carry out his/her duty.

2. Participant Rights Regarding Private Health Information

The participant has the following rights regarding private health information maintained by the Plan:

- **Right to Inspect and Copy PHI.** The participant has the right to inspect and copy his/her PHI. This includes information about the participant's Plan eligibility, claim and appeal records, and billing records, but it does not include psychotherapy notes.

To inspect and copy health information maintained by the Plan, the participant must submit a request in writing to the Plan Administrator at the address listed at the end of this Notice. Alternately, the Plan Administrator may arrange for such requests to be handled directly by the Claims Administrator or another of the Plan's Business Associates. The Plan may charge a fee for the cost of copying and/or mailing the requested PHI. In certain very limited circumstances, the Plan may deny a participant's request to inspect and copy his/her PHI. Generally, if the participant is denied access to health information, he/she may request that the denial be reviewed.

- **Right to Amend PHI.** If the participant feels that health information the Plan has about him/her is incorrect or incomplete, he/she may ask the Plan to amend it. A participant has the right to request an amendment for as long as the information is kept by or for the Plan.

To request an amendment, the participant must send a detailed request, in writing, to the Plan Administrator at the address listed at the end of this Notice. Alternately, the Plan Administrator may arrange for such requests to be handled directly by the Claims Administrator or another of the Plan's Business Associates. The participant must provide the reason(s) to support the request. The Plan may deny the participant's request if he/she asks the Plan to amend health information that was: accurate and complete; not created by the Plan; not part of the health information kept by or for the Plan; or not information that the participant would be permitted to inspect and copy.

- **Right to an Accounting of PHI Disclosures.** The participant has the right to request an "accounting of disclosures." This is a list of disclosures of participant PHI that the Plan has made to others, except disclosures for those needing it to carry out health care treatment, payment or operations; disclosures made to the participant; or disclosures made in certain other situations.

To request an accounting of disclosures, the participant must submit a request in writing to the Plan Administrator at the address listed at the end of this Notice. Alternately, the Plan Administrator may arrange for such requests to be handled directly by the Claims Administrator or another of the Plan's Business Associates. The request must state a time period that begins within the six years prior to the date the accounting is being requested.

- **Right to Request Restrictions.** The participant has the right to request a restriction on the health information the Plan uses or

discloses about the participant for treatment, payment or health care operations. The participant also has the right to request a limit on the health information the Plan discloses about the participant to someone who is involved in the care or the payment for care, such as a family member or friend. For example, a participant could ask that the Plan not use or disclose information about his/her surgery.

To request restrictions, the participant must make the request in writing to the Plan Administrator at the address listed at the end of this Notice. Alternately, the Plan Administrator may arrange for such requests to be handled directly by the Claims Administrator or another of the Plan's Business Associates. In the request, the participant must state: (1) what information he/she wants to limit; (2) whether he/she wants to limit the Plan's use, disclosure or both; and (3) to whom he/she wants the limit(s) to apply. **Please note that the Plan is not required to agree to the request.**

- **Right to Request Confidential Communications.** The participant has the right to request that the Plan communicate with him/her about health matters in a certain way or at a certain location. For example, the participant can ask that the Plan send explanation of benefits (EOB) forms about the participant's benefit claims to a specified address.

To receive confidential communications, the participant must make a request in writing to the Plan Administrator at the address listed at the end of this Notice. Alternately, the Plan Administrator may arrange for such requests to be handled directly by the Claims Administrator or another of the Plan's Business Associates. The Plan will make every attempt to accommodate all reasonable requests if it is administratively practicable to do so, however, **the Plan is not required to agree to the request.** The request must specify how or where the participant wishes to be contacted.

- **Right to Receive a Paper Copy of this Notice Upon Request.** A participant has the right to receive a paper copy of this Notice, and at any time, he/she may request one by writing to the Plan Administrator at the address listed at the end of this Notice.

Some or all PHI may be created or held by the Plan's Business Associates, and, if applicable, the Plan Administrator may refer the participant to the Claims Administrator or another Business Associate in connection with the participant's rights under HIPAA.

3. Duties of Plan

The Plan is required by law to maintain the privacy of PHI and to provide Plan participants with notice of its legal duties and privacy practices.

- **Minimum Necessary Standard**

When using or disclosing PHI or, when requested, PHI from another covered entity, the Plan will make reasonable efforts not to use, disclose or request more than the minimum amount of PHI necessary to accomplish the intended purpose of the use, disclosure or request, taking into consideration practical and technological limitations.

However, the minimum necessary standard will not apply in the following situations:

- disclosures to or requests by a health care provider for treatment;
- uses by or disclosures to the individual participant;
- disclosures to the Secretary of the U.S. Department of Health and Human Services;
- uses or disclosures that are required by law; and
- uses or disclosures that are required for the Plan's compliance with legal resolutions.

This Notice does not apply to information that has been de-identified. Information that does not identify an individual, and with respect to which there is no reasonable basis to believe that the information can be used to identify an individual, is not individually identifiable health information.

In addition, for the purpose of obtaining premium bids or modifying, amending or terminating the group health plan, the Plan may use or disclose "summary health information" to the plan sponsor that summarizes the claims history, claims expenses or types of claims experienced by individuals for whom a plan sponsor has provided health benefits under a group health plan, and from which identifying data has been deleted in accordance with HIPAA.

4. Changes to This Notice

The Plan reserves the right to change this Notice at any time and to make the revised or changed Notice effective for participant PHI the Plan already has, as well as any information the Plan receives in the future. Changes in the group health plans covered by the Notice will not be treated as a material modification of the Notice, which would give rise to a change to this Notice. This Notice will be posted on the PPG website.

5. Complaints

If a participant believes his/her privacy rights under this policy have been violated, the participant may file a written complaint with the Privacy Officer at the address listed at the end of this Notice. Alternately, the participant may complain generally to the Secretary of the U.S. Department of Health and Human Services within 180 days of when the act or omission in question occurred. **The participant will not be penalized or retaliated against for filing a complaint.**

6. Other Uses and Disclosures of Health Information

Uses and disclosures of health information not covered by this Notice or by the laws that apply to the Plan will be made only with the participant's written authorization. If the participant authorizes the Plan to use or disclose his/her PHI, the participant may later revoke the authorization, in writing, at any time. If the participant revokes his/her authorization, the Plan will no longer use or disclose the participant's PHI for the reasons covered by the written authorization; however, the Plan will not reverse any uses or disclosures already made in reliance on the participant's prior authorization.

7. Contact Information

If you have any questions about this notice, please contact the Plan Administrator at 412.434.2160. Written requests to the Plan Administrator should be addressed to:

Karen P. Rathburn
Director, Payroll and Benefits
PPG Industries, Inc.
One PPG Place
Pittsburgh, PA 15272

Complaints should be directed to the Privacy Officer:

J. Craig Jordan
Vice President, Human Resources
PPG Industries, Inc.
One PPG Place
Pittsburgh, PA 15272

APPENDIX A

PPG Industries, Inc. Notice of Privacy Practices for Protected Health Information

PPG Industries, Inc., Group Health Plans Subject to HIPAA
Plan Year 2011

Self-Insured Plans:

Aetna HealthFund Plans
Aetna HMO
CVS Caremark
CIGNA HealthCare
CIGNA HMO
HealthAmerica – Central PA
HealthAmerica – Western PA
Highmark Blue Cross Blue Shield
Keystone West
MetLife Dental
United Concordia Dental
WageWorks

Fully-Insured Plans:

Blue Choice
CIGNA International
HealthNet – Northern California
HealthNet – Southern California
HealthPlan of the Upper Ohio Valley
Kaiser of Georgia
Kaiser of Northern California
Kaiser of Ohio
Kaiser of Southern California
Magellan Employee Assistance Program
PacifiCare
Triple S