

YOUR RIGHTS UNDER HIPAA

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

THIS NOTICE ALSO APPLIES TO YOUR SPOUSE AND OTHER DEPENDENTS. PLEASE SHARE IT WITH THEM. IF YOU ARE COVERED BY AN INSURED HEALTH COVERAGE OPTION UNDER THE PLAN, YOU WILL RECEIVE A SEPARATE NOTICE FROM THE INSURER OR HMO.

Introduction

As group health plans, the Hess Corporation Employees' Health & Welfare Plan, the Hess Corporation Retirees' Medical Plan, and the Hess Corporation Cafeteria Plan (the "Plan" or "Plans") are covered entities within the meaning of the Health Insurance Portability and Accountability Act of 1996, commonly known as "HIPAA". Under HIPAA, the Plans are legally required to provide you, the participant, with notice of the Plans' legal duties and privacy practices with respect to Protected Health Information ("PHI"). PHI includes any individually identifiable information that relates to your physical or mental health, the health care that you have received or payment for your health care, including name, address, date of birth and Social Security number.

The Plans are legally required to maintain the privacy of your PHI. The primary purpose of this notice is to describe the legally permitted uses and disclosures of PHI, some of which may not apply to the Plans in practice. This notice also describes your right to access and control your PHI.

The Plans are required to abide by the terms of this Notice of Privacy Practices ("Notice"). However, the Plans reserve the right to change the terms of this or any subsequent Notice at any time. If the Plans elect to make a change, the revised Notice will be effective for all PHI that the Plans maintain at that time. Within 60 days of any material revision of their privacy practices, the Plans will distribute a new Notice.

Additionally, you can obtain a copy of the most recent Notice by visiting The Benefits Center at empyrean.hess.com. You may also request one from a Benefits Specialist by calling The Benefits Center at 1877-511-4377, option 1, Monday through Friday, 8:30 a.m. to 6:30 p.m., Eastern Time, except on holidays. For TDD communication services for the hearing impaired, call toll-free 1-877-526-5517.

This Notice is effective April 14, 2003 and updated as of September 23, 2013.

Permitted Uses and Disclosures

USES AND DISCLOSURES FOR TREATMENT, PAYMENT AND HEALTH CARE OPERATIONS

The Plans and Business Associates, third parties that perform various activities (e.g. hospital preauthorization or case management) for the Plans, may use and disclose your PHI without your consent or authorization in connection with your receiving treatment, payment for such treatment

and for health care operations. Generally, the Plans and Business Associates will make every reasonable effort to disclose only the minimum necessary amount of PHI to achieve the purpose of the use or disclosure.

Treatment means the provision, coordination or management of your health care. As health plans, while the Plans do not provide treatment, the Plans may use or disclose your PHI to support the provision, coordination or management of your care. For example, the Plans may disclose the fact that you are eligible for benefits to a provider who contacts them to verify your eligibility.

Payment means activities in connection with processing claims for your health care (including billing, claims management, subrogation, reviews for medical necessity and appropriateness of care and utilization review and pre-authorizations). For example, the Medical Benefit Plan or a Business Associate may disclose your PHI to physicians engaged by the Plan for their medical expertise in order to help determine medical necessity and eligibility for coverage. In addition, the Plans may disclose your PHI, including your eligibility for health benefits and specific claim information, to other health plans in order to coordinate benefits between this Plan and other plans under which you may have coverage. The Plans may also disclose your PHI to Business Associates. In such circumstances, the Plans will have a written contract with the Business Associate, which requires the Business Associate to protect the privacy of your PHI.

The Plans or Business Associates may also disclose your PHI and your dependents' PHI on explanations of benefit forms ("EOBs") and other payment-related correspondence, such as pre-certifications, which are sent to you. In addition, if you appeal a benefit determination on behalf of a dependent, or if a family member appeals a benefit determination on behalf of you or one of your dependent, the Plans or a Business Associate may disclose PHI related to that appeal to you or that close family member. If you appeal a benefit determination and you designate an authorized representative to act on your behalf, the Plans or a Business Associate will disclose PHI related to that appeal to that designated representative.

Health Care Operations generally mean Plan administration functions. For example, the Plans or a Business Associate may use or disclose your PHI for quality assessment and improvement, vendor review and underwriting activities. However, the Genetic Information Nondiscrimination Act ("GINA") prohibits a health plan from using PHI that is genetic information for underwriting purposes.

Disclosures to the Plan Sponsor and to Your Representatives

DISCLOSURES TO HESS CORPORATION

The Plans or a Business Associate may disclose your PHI to the Plans' Sponsor (Hess Corporation) so that the Sponsor can perform plan administration function on behalf of the Plans. In addition, if you are covered under an insured plan, the insurer may disclose your PHI to Hess Corporation in connection with plan administration functions. In accordance with the Plans documents, Hess Corporation has agreed not to use or disclose PHI other than as permitted in this Notice or as

required by law, and has agreed not to use or disclose PHI with respect to any employment-related actions or decisions.

DISCLOSURES TO FAMILY MEMBERS, OTHER RELATIVES AND CLOSE PERSONAL FRIENDS

The Plans or a Business Associate may disclose to your family member, other relative or close personal friend PHI that is directly relevant to the person's involvement with your care or payment for your care, provided that you have either agreed to the disclosure or have been given an opportunity to object to the disclosure and have not objected. The Plans and Business Associates may also disclose your PHI to any authorized public or private entities assisting in disaster relief efforts. You have the right to stop or limit these disclosures by contacting us at the address shown at the end of this Notice.

DISCLOSURES TO YOUR PERSONAL REPRESENTATIVES PURSUANT TO YOUR AUTHORIZATION

You may authorize a personal representative to receive your PHI and to act on your behalf. Contact the Plans or appropriate Business Associate (see last page of this notice for a listing) to obtain the appropriate form to designate the people who are authorized to receive your PHI.

Other Permitted Uses and Disclosures

The Plans and Business Associates may also use or disclose your PHI without your consent or authorization under the following circumstances. Some of these events rarely happen; however, the Plans want to inform you of the specific circumstances under which your PHI can be disclosed according to HIPAA.

- 1) **Reminders:** The Plans or a Business Associate may use your PHI to provide you with reminders. For example, the Plans or a Business Associate may use your child's date of birth to remind you that you may elect COBRA continuation coverage for your child who would otherwise lose coverage under the plan.
- 2) **Treatment Alternatives, and Health-Related Benefits and Services:** The Plans or a Business Associate may use your PHI to inform you about treatment alternatives. In addition, the Plans or a Business Associate may use or disclose your PHI to inform you about other health-related benefits and services that may be of interest to you.
- 3) **Required by Law:** The Plans or a Business Associate may use or disclose your PHI to the extent that the Plans are required to do so by federal, state or local law and the use or disclosure complies with and is limited to the relevant requirements of such law. You will be notified, if required by law, of any such uses or disclosures.
- 4) **Public Health:** The Plans or a Business Associate may disclose your PHI to a public health authority that is permitted by law to collect or receive the information or for public health and safety purposes. Your PHI may also be used or disclosed for the purpose of preventing or controlling disease (including communicable diseases), injury or disability. If directed by the public health authority, the Plans and Business Associates may also disclose your PHI to a foreign government agency that is collaborating with the public health authority.

- 5) **Health Oversight:** The Plans or a Business Associate may disclose your PHI to a health oversight agency for activities authorized by law, such as audits, investigations, inspections and legal actions. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws.
- 6) **Abuse or Neglect:** The Plans or a Business Associate may disclose your PHI to any public health authority authorized by law to receive information about abuse, neglect or domestic violence if the Plans or a Business Associate reasonably believes that you have been a victim of abuse, neglect or domestic violence. In such a case, the Plans or a Business Associate will inform you that such a disclosure has been or will be made unless that notice would cause a risk of serious harm.
- 7) **Legal Proceedings:** The Plans or a Business Associate may disclose your PHI in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal. In addition, the Plans and Business Associates may disclose your PHI under certain conditions in response to a subpoena, discovery request or other lawful process.
- 8) **Law Enforcement:** The Plans or a Business Associate may disclose your PHI when required for certain law enforcement purposes.
- 9) **Coroners, Funeral Directors, and Organ Donation:** The Plans or a Business Associate may disclose your PHI to a coroner or medical examiner for identification purposes, or other duties authorized by law. The Plans and Business Associates may also disclose your PHI to a funeral director, as authorized by law, in order to permit the funeral director to carry out his/her duties. PHI may also be used and disclosed for cadaveric organ, eye or tissue donation and transplantation purposes.
- 10) **Research:** The Plans or a Business Associate are permitted to disclose your PHI to researchers when their research has been approved by an institutional review board or a privacy board.
- 11) **Avert a Serious Threat to Health or Safety:** Consistent with applicable federal and state laws, the Plans and Business Associates may disclose your PHI if the Plans or a Business Associate believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public and the disclosure is made to a person reasonably able to prevent or lessen the threat.
- 12) **Military Activity and National Security:** When the appropriate conditions apply, the Plans and Business Associates may use or disclose PHI of individuals who are Armed Forces personnel. The Plans and a Business Associate may also disclose your PHI to authorized federal officials conducting national security and intelligence activities.
- 13) **Workers' Compensation:** The Plans or a Business Associate may disclose your PHI to comply with workers' compensation laws and other similar programs established by law.
- 14) **Inmates:** If you are an inmate of a correctional institution or under the custody of a law enforcement official, the Plans and Business Associates may disclose your PHI to the institution or official if the PHI is necessary for the institution to provide you with health

care; to protect the health and safety of you or others; or for the security of the correctional institution.

15) **Required Uses and Disclosures:** The Plans or a Business Associate must make disclosures to you and to the Secretary of the U.S. Department of Health and Human Services to investigate or determine our compliance with the federal regulations regarding privacy.

16) **Marketing/Sale of PHI / Psychotherapy Notes:** The Plans will obtain your written authorization to use or disclose PHI for marketing purposes where the Plans receive financial remuneration, for the sale of PHI or with respect to psychotherapy notes, except for limited health care operations purposes.

Other uses and disclosures of your PHI will be made only with your written authorization, unless otherwise permitted by law as described above. If you authorize the Plans or a Business Associate to use or disclose your PHI for purposes other than those set forth in this Notice, you may revoke that authorization in writing at any time, except to the extent that the Plans or a Business Associate have already taken action based upon the authorization. Thereafter, the Plans or a Business Associate will no longer use or disclose your PHI for the reasons covered by your written authorization.

Breach of PHI

The Plans are required to notify you if there is a breach of your unsecured PHI.

Know Your Rights

RIGHT TO INSPECT AND COPY

As long as the Plans and Business Associates maintain your PHI, you may inspect and obtain a copy of your PHI that is contained in a “Designated Record Set” in the electronic form or format requested. A “Designated Record Set” is a group of records that comprise the enrollment, payment, claims adjudication, case or medical management record systems maintained by or for the Plans. Under federal law, however, you may not inspect or copy psychotherapy notes or information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding.

The Plans may decide to deny you access to your PHI. Depending on the circumstances, the decision to deny access may be reviewable by a licensed health professional who was not involved in the initial denial of access and who has been designated by the Plans to act as a reviewing official. If your request is denied, you or your personal representative will be provided with a written denial setting forth the basis for the denial, a description of how you may exercise your review rights and a description of how you may complain to the Plans and the U.S. Department of Health and Human Services.

To request access to inspect and/or obtain a copy of any of your PHI, you must submit your request in writing to the Plan or appropriate Business Associate (refer to the last page of this notice for the address) indicating the specific information requested. If you request a copy, please indicate the

form in which you want to receive it (*i.e.*, paper or electronic). The Plans or a Business Associate may impose a fee to cover the costs of supplies, labor, copying and postage.

RIGHT TO REQUEST RESTRICTIONS ON THE USE AND DISCLOSURE OF YOUR PHI

You may ask us to restrict the uses and disclosures of your PHI to carry out treatment, payment and health care operations. You may also request that the Plans or a Business Associate restrict uses and disclosures to family members, relatives, friends or other persons identified by you who are involved in your care. However, the Plans generally are not required to agree to a restriction that you request unless you have paid out-of-pocket in full for the covered services at issue. If the Plans or a Business Associate agree to the request, the Plans or the Business Associate will not use or disclose your PHI in violation of that restriction unless it is needed to provide emergency treatment or the Plans or the Business Associate terminates the restriction with or without your agreement. If you do not agree to the termination, the restriction will continue to apply to PHI created or received prior to the notice to you of the termination of the restriction. To request a restriction, you must write to the Plan or appropriate Business Associate (refer to the last page of this notice for the address) indicating what information you want to restrict, whether you want to restrict use, disclosure or both, and to whom you want the restriction to apply.

RIGHT TO REQUEST TO RECEIVE COMMUNICATIONS BY ALTERNATIVE MEANS OR AT AN ALTERNATIVE LOCATION

The Plans and Business Associates will accommodate your reasonable request to receive communications of PHI by alternative means or at alternative locations if your request includes a statement that disclosure could endanger you. For example, you can ask that the Plans or a Business Associate only contact you at work or by mail or at an address other than your home address. Any such requests must be in writing and directed to the Plans or appropriate Business Associate (refer to the last page of this notice for the address).

RIGHT TO AMEND YOUR PHI

You have the right to request that the Plans or Business Associates amend your PHI. Your request must be made in writing and must be submitted to the Plans or appropriate Business Associate (refer to the last page of this notice for the address). In addition, you must provide a reason that supports your request. If the Plan or Business Associate denies your request for an amendment to your PHI, you have the right to file a written statement of disagreement, and you may request that the Plan or Business Associate include your statement with any future disclosures of that PHI.

RIGHT TO AN ACCOUNTING OF DISCLOSURES

You have the right to request an “accounting” (*i.e.*, a list) of certain disclosures of your PHI made by the Plans or Business Associates. In general, the Plans or Business Associates are required to comply with your request, subject to certain exceptions, such as disclosures made in connection with treatment, payment and health care operations, and disclosures made for national security or intelligence purposes.

In order to request an accounting of disclosures, you must submit your request in writing to the appropriate Plans or Business Associate (refer to the last page of this notice for the address). You have the right to receive an accounting of disclosures of PHI made within six years (or less) of the date on which the accounting is requested, but not prior to April 14, 2003. Your request should indicate the form in which you want the list (*e.g.*, paper or electronic). The first request within a 12-month period will be free of charge. For additional requests within the 12-month period, the Plans or Business Associate may charge you for the costs of providing the accounting. The Plans or Business Associate will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any cost is incurred.

RIGHT TO RECEIVE A PAPER COPY OF THIS NOTICE

You may request a paper copy of this Notice at any time, even if you have previously agreed to accept this Notice electronically. Requests should be made to:

The Hess Benefits Center at Empyrean
PO Box 1268
Bellaire, TX 77402

Complaints

If you believe that your privacy rights have been violated, you may complain in writing to Internal Audit, Hess Corporation, 1501 McKinney St. Houston, TX 77010, by email at internalaudit@hess.com, by phone at (800)353-2790 or to the Secretary of the U.S. Department of Health and Human Services, Hubert H. Humphrey Building, 200 Independence Avenue S.W., Washington, D.C. 20201. You will not be retaliated against for filing a complaint.

Questions and Requests

If you have any questions regarding this Notice or the subjects addressed in it, or would like to submit a written request to the Plan as described above, please contact:

Privacy Officer c/o Hess Corporation Corporate Benefits Department, 1501 McKinney St., Houston, TX 77010, Phone: 713-496-4000.

The use and disclosure of PHI by the Plans is regulated by the federal Health Insurance Portability and Accountability Act, known as HIPAA. You may find these rules at 45 *Code of Federal Regulations* Parts 160 and 164. This Notice attempts to summarize the regulations. The regulations will supersede this Notice if there is a discrepancy between the information in this Notice and the regulations.