

**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.**

**The McClatchy Company
Comprehensive Welfare Benefit and Cafeteria Plan*
Privacy Notice
Effective April 14, 2003**

Protecting the privacy and confidentiality of your personal information in a responsible and professional manner is very important to The McClatchy Company Comprehensive Welfare Benefit and Cafeteria Plan. We are required by law to maintain the privacy of your health information and to send you this notice. We are also required to comply with the terms of this notice.

This notice explains how we use your health information and when we can share that information with others. It also informs you about your rights with respect to your health information and how you can exercise these rights.

***Please see Schedule A for list of individual plans covered by this privacy notice. This notice applies to all enrollees in those plans.**

Types of Information Covered

When we talk about your Health Information in this notice we mean any health information that may be used to individually identify you, including the following:

- Patient name
- Social Security number or member ID
- Date that medical service was provided
- Diagnosis or prognosis information
- Claims information

HOW WE MAY USE OR SHARE YOUR HEALTH INFORMATION

The following categories of activities describe the ways that we may use and share your Health Information. Some of the categories include examples, but not every type of use or disclosure included in a category is listed. Except for the categories of activities described below, we will use and share your Health Information only with written authorization from you. If you give us authorization to use or share your Health Information for a purpose not listed in this notice, you may revoke that permission at any time by sending a written request to the appropriate plan contact listed on Schedule B. We have amended our plan documents to protect your Health Information as required by federal law. In some cases state law may further restrict the way we use or share your Health Information.

- a) **For Treatment.** We may use or share your Health Information to aid in your treatment or to provide or coordinate your health care services. We may disclose your Health Information to doctors, nurses, technicians, or other personnel. For example, we may tell your primary physician about care provided to you by a specialist to provide you with additional services as appropriate for treatment purposes.

- b) **For Payment.** We may use and share your Health Information so that we can make coverage and payment determinations. Such determinations include, but are not limited to, billing, claims management, subrogation, reimbursements, medical necessity determinations and utilization review determinations. For example, we may tell a doctor whether you are eligible for coverage or what percentage of the bill will be paid by the plan.
- c) **For Health Care Operations.** We may use and share your Health Information for health care operations, which are administrative activities involved in providing and managing your health benefits. These uses and disclosures are necessary to maintain high quality care under the plan and for the proper administration of the plan. For example, we may use your Health Information to review the adequacy and quality of the care that enrollees receive or to evaluate the efficiency of our activities.
- d) **Individuals Involved in Your Care or Payment for Your Care.** We may share your Health Information with a person, such as a family member or friend, who is involved in your medical care or helps pay for your care, to the extent you have agreed to such disclosure or failed to object to such disclosure when given an opportunity. We also may notify such individuals about your location or general condition or disclose such information to an entity assisting in a disaster relief effort.
- e) **For Health Plan Administration Functions.** We may share your Health Information with the plan sponsor to the extent necessary for the sponsor to provide administrative functions for the plan. For example, we may disclose your Health information to the sponsor for purposes of deciding an appeal by you of a denial of benefits.
- f) **Research.** Under certain rare circumstances, we may use and share your Health Information for research purposes. For example, a research project may involve comparing the health and recovery of all enrollees who received one medication or treatment to those who received another, for the same condition. Before we use or share your Health Information for research, the project will go through a special approval process. This process evaluates a proposed research project and its use of Health Information to balance the benefits of research with the need for privacy of the Health Information. Even without special approval, we may permit researchers to look at records to help them identify enrollees who may be included in their research project or for other similar purposes, so long as they do not remove or take a copy with them of any Health Information.

SPECIAL CIRCUMSTANCES

In addition to the above, we may use and share your Health Information in the following special circumstances:

- g) **As Required by Law.** We will share your Health Information when required to do so by international, federal, state or local law.
- h) **To Avert a Serious Threat to Health or Safety.** We may use and share your Health Information when necessary to prevent or lessen a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, will be to someone who may be able to help prevent the threat.
- i) **Business Associates.** We may share your Health Information with our Business Associates, who help us conduct our business operations if the information is necessary for such services. Examples of these business operations include, but are not limited to, claims administration and payment; underwriting, actuarial services and premium rating; regulatory and accreditation oversight and legal compliance; and complaints and appeals. **We will not share your Health**

Information with our Business Associates unless they have agreed in writing to maintain the privacy of your Health Information as required by law.

- j) **Organ and Tissue Donation.** If you are an organ donor, we may release your Health 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.
- k) **Psychotherapy Notes.** We may use and share notes taken during your psychotherapy counseling, treatment or services without your written authorization only for the following:
 - (1) **Legal Action.** We may use or share your psychotherapy notes to defend the plan in a legal action or other proceeding brought by you against the plan.
 - (2) **Required by Law.** We may use or share your psychotherapy notes when required to do so by international, federal, state or local law.
 - (3) **To Avert A Serious Threat to Health or Safety.** We may use or share your psychotherapy notes when necessary to prevent or lessen a serious threat to health and safety, as described above;
 - (4) **Health Oversight Activities.** We may use or share your psychotherapy notes to a health oversight agency for oversight activities, as described below, involving the creator of the notes; and
 - (5) **Coroners and Medical Examiners.** We may use or share your psychotherapy notes to a coroner or medical examiner, as described below.
- l) **Military and Veterans.** If you are a member of the armed forces, we may release your Health Information as required by military command authorities. We also may release your Health Information to the appropriate foreign military authority if you are a member of a foreign military.
- n) **Workers' Compensation.** We may share your Health Information as authorized by and to the extent necessary to comply with laws relating to workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.
- o) **Public Health Risks.** We may share your Health Information for public health activities. These activities generally include disclosures to prevent or control disease, injury or disability; report births and deaths; report child abuse or neglect; report reactions to medications or problems with products; notify people of recalls of products they may be using; track certain products and monitor their use and effectiveness; if authorized by law, notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and conduct medical surveillance of our offices and/or facilities in certain limited circumstances concerning workplace illness or injury. We also may release your Health Information to an appropriate government authority if the we believe an enrollee has been the victim of abuse, neglect or domestic violence; however, we will only release this information if the enrollee agrees or when the we are required or authorized by law.
- p) **Health Oversight Activities.** We may share your Health Information with a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure of our facilities and providers. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

- q) ***Lawsuits and Disputes.*** If you are involved in a lawsuit or a dispute, we may share your Health Information in response to a court or administrative order. We may also share your Health Information 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.
- r) ***Law Enforcement.*** We may release your Health Information if asked by a law enforcement official as follows: (1) in response to a court order, subpoena, warrant, summons or similar process; (2) limited information to identify or locate a suspect, fugitive, material witness, or missing person; (3) about the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement; (4) about a death we believe may be the result of criminal conduct; (5) about criminal conduct on our premises; and (6) 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.
- s) ***Coroners, Medical Examiners and Funeral Directors.*** We may release your Health Information to a coroner or medical examiner. In some circumstances, this may be necessary, for example, to determine the cause of death. We also may release your Health Information to funeral directors as necessary for their duties.
- t) ***National Security and Intelligence Activities.*** We may release your Health Information to authorized federal officials for intelligence, counter-intelligence, and other national security activities authorized by law.
- u) ***Protective Services for the President and Others.*** We may disclose your Health Information to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.
- v) ***Inmates or Individuals in Custody.*** In the case of inmates of a correctional institution or that are under the custody of a law enforcement official, we may release your Health Information to the appropriate correctional institution or law enforcement official. This release would be made only if 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.

YOUR RIGHTS

The following are your rights with respect to your Protected Health Information.

Right to Request Restrictions. You have the right to request a restriction or limitation on your Health Information that we use or share for treatment, payment, or health care operations. You have the right to request a limit on the Health Information that we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. **Please note that we are not required to agree to these restrictions.**

Right to Request Confidential Communications. You have the right to ask to receive confidential communications of information. For example, if you believe that you would be harmed if we send your information to your current mailing address (for example in situations involving domestic disputes or violence), you can ask us to send the information by alternative means (for example by fax) or to an alternative address. We will accommodate reasonable requests by you as explained above where a disclosure could result in harm to you, but may request payment for this service.

Right to Inspect and Copy. You have the right to inspect and copy your Health Information that may be used to make decisions about your care or payment. However, you do not have the right to access certain types of information and we may decide not to provide you with copies of the following information:

- Information contained in psychotherapy notes;
- Information compiled in reasonable anticipation of, or for use in a civil criminal or administrative action or proceeding; and
- Information subject to certain federal laws governing biological products and clinical laboratories.

Additionally, in certain other situations, we may deny your request to inspect or obtain a copy of your information. If we deny your request, we will notify you in writing and may provide you with a right to have the denial reviewed.

Right to Amend. If you feel that Health Information that we have is incorrect or incomplete, you may ask us to amend the information. We may require that your request be in writing and that you provide a reason for your request. We will respond to your request no later than 60 days after we receive it. If we are unable to act within 60 days, we may extend that time by no more than an additional 30 days. If we need to extend this time, we will notify you of the delay and the date by which we will complete action on your request.

- If we make the amendment, we will notify you that it was made. In addition, we will provide the amendment to any person that we know has received your health information. We will also provide the amendment to other persons identified by you.

If we deny your request to amend, we will notify you in writing of the reason for the denial. The denial will explain your right to file a written statement of disagreement. We have a right to rebut your statement. However, you have the right to request that your written request, our written denial and your statement of disagreement be included with your information for any future disclosures.

Right to an Accounting of Disclosures. You have the right to receive an accounting of certain disclosure of your Protected Health Information we have made for a period of six years prior to your request. Please note that we are not required to provide you with an accounting of the following information:

- Any information collected prior to April 14, 2003.
- Information disclosed or used for treatment, payment, and health care operations purposes.
- Information disclosed to you or pursuant to your authorization;
- Information that is incident to a use or disclosure otherwise permitted.
- Information disclosed for a facility's directory or to persons involved in your care or other notification purposes;
- Information disclosed for national security or intelligence purposes;

Information disclosed to correctional institutions, law enforcement officials or health oversight agencies.

Right to a 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. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. You may obtain a copy of this notice on our website at <http://mcclatchynet.mcclatchy.com> and click on Human Resources and then Your Privacy.

HOW TO EXERCISE YOUR RIGHTS

To exercise any of your rights as described in this notice, you must send a request, in writing, to the appropriate plan contact listed on Schedule B at the address listed on that schedule.

You may exercise any of your rights as described in this notice through an authorized personal representative. Your personal representative will be required to produce evidence of his or her authority to act on your behalf before that person will be given access to your Health Information or allowed to take any action in your name. Proof of such authority may take one of the following forms:

- a) A Power of Attorney for health care purposes, notarized by a Notary Public;
- b) A court order of appointment of the person as a conservator or a guardian of the individual; or
- c) An individual who is the parent of a minor.

We retain the discretion to deny access to a personal representative in order to provide protection to those vulnerable people who depend on others to exercise their rights under these rules and who may be subject to abuse or neglect.

NO OTHER PERSON OTHER THAN THE PLAN CONTACT LISTED ON SCHEDULE B IS AUTHORIZED TO ACCEPT A REQUEST TO EXERCISE YOUR RIGHTS.

CHANGES TO THIS NOTICE

We reserve the right to change this notice and to make the revised or changed notice effective for your Health Information that we already have as well as any information we receive in the future. If the notice is changed, we will post a copy of the revised notice on our website. The notice will contain the effective date on the first page, in the top right-hand corner.

COMPLAINTS AND QUESTIONS

If you believe your privacy rights have been violated, you may file a complaint with the plan contact listed on Schedule B or the Secretary of the U.S. Department of Health and Human Services. All complaints must be made in writing.

We will not retaliate or take any action against you for filing a complaint.

**SCHEDULE A
PLANS COVERED BY THIS PRIVACY NOTICE**

Company	Plans Covered
The McClatchy Company McClatchy Newspapers, Inc. The Sacramento Bee The Fresno Bee The Clovis Independent Vida en el Valle The Modesto Bee Merced Sun Star Atwater Signal Livingston Chronicle Los Banos Enterprise Chowchilla News Sierra Star	Medical Dental Vision <i>Effective April 14, 2004:</i> Flexible Spending Accounts
Anchorage Daily News, Inc. The News Tribune Olympic Cascade The Peninsula Gateway Puyallup Herald Tri-City Herald	Medical Dental Vision <i>Effective April 14, 2004:</i> Flexible Spending Accounts
The News & Observer The Cary News The Chapel Hill News The Smithfield Herald McClatchy Interactive Eastern Wake News The Herald (Rock Hill) Fort Mill Times Lake Wylie Pilot The Enquirer - Herald The Island Packet The Beaufort Gazette	Medical Dental Vision <i>Effective April 14, 2004:</i> Flexible Spending Accounts
The Star Tribune Company	Medical Dental <i>Effective April 14, 2004:</i> Flexible Spending Accounts

**SCHEDULE B
CONTACT INFORMATION**

Company	Who to Contact	Address
The McClatchy Company McClatchy Newspapers, Inc.	Benefits Specialist (916) 321-1937	2100 Q Street Sacramento, CA 95816
The Sacramento Bee	Vice President, Human Resources (916) 321-1639	2100 Q Street Sacramento, CA 95816
The Fresno Bee	Human Resources Manager (559) 441-6243	1626 E Street Fresno, CA 93706
The Modesto Bee	Vice President, Human Resources (209) 578-2092	1325 H Street Modesto, CA 95354
Clovis Independent, Vida en el Valle	c/o The Fresno Bee Human Resources Manager (559) 441-6243	1626 E Street Fresno, CA 93706
Merced Sun Star, Atwater Signal, Livingston Chronicle, Los Banos Enterprise, Chowchilla News	Human Resources Manager (209) 385-2442	3033 North G Street Merced, CA 95340
Sierra Star	c/o The Fresno Bee Human Resources Manager (559) 441-6243	1626 E Street Fresno, CA 93706
Anchorage Daily News, Inc.	Human Resources Director (907) 257-4214	1001 Northway Drive Anchorage, AK 99508
The News Tribune, Olympic Cascade, The Peninsula Gateway, Puyallup Herald	Benefits Specialist (253) 552-7089	1950 South State Street Tacoma, WA 98405
Tri-City Herald	Human Resources Director (509) 582-1540	333 West Canal Kennewick, WA 99336
The News & Observer, The Cary News, The Chapel Hill News, The Smithfield Herald, Eastern Wake News, McClatchy Interactive	Benefits Manager (919) 829-4547	215 South McDowell Street Raleigh, NC 27601
The Herald (Rock Hill), Fort Mill Times, Lake Wylie Pilot, The Enquirer – Herald	Human Resources Director (803) 329-4048	132 West Main Rock Hill, SC 29730

The Island Packet	Human Resources Director (843) 706-8190	10 Buck Island Road Bluffton, SC 29910
The Beaufort Gazette	Human Resources Director (843) 986-5515	1556 Salem Road Beaufort, SC 29902
The Star Tribune Company	Employee Benefits Supervisor (612) 673-7259	425 Portland Avenue Minneapolis, MN 55488