



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*
The McClatchy Company Retiree Health and Welfare Program***

**Privacy Notice
Effective September 23, 2013**

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 and The McClatchy Company Retiree Health and Welfare Program. We are required by law to maintain the privacy of your health information and to send you this notice. Following an unauthorized acquisition, access, use or disclosure of your health information, we are also legally required to provide you with notice in accordance with federal privacy law. 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

A federal law known as “HIPAA” imposes numerous requirements on group health plans concerning the use and disclosure of individual health information. This information, known as protected health information (“Health Information”), includes most individually identifiable health information held by health plans, 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. This includes, except for limited circumstances allowed by federal privacy law, not using or disclosing psychotherapy notes about you, sending marketing communications or selling your Health Information to others, without your written authorization. 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 will honor your revocation when it is received and to the extent we have not already used or disclosed your Health Information in reliance on the authorization. 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 facilitate your treatment or to provide or coordinate your health care services. We may disclose your Health Information to doctors, nurses, technicians, or other personnel involved in your treatment. 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 we engage in to provide and manage 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 certain of 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, failed to object to such disclosure when given an opportunity, or in a limited circumstances when you are incapacitated or in an emergency. We may also share your Health Information with a personal representative designated by law, such as a parent or legal guardian of a child. 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) ***To the Secretary of the Department of Health and Human Services.*** We may disclose your Health Information to the Secretary of the Department of Health and Human Services, if necessary, to ensure that we are complying with federal privacy law and to make sure the privacy of your Health Information is protected.
- f) ***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. The plan sponsor cannot and will not use Health Information obtained from the health plans for any employment-related actions. However, information collected from other sources, for example, under the Family and Medical Leave Act, is not subject to this Notice or to HIPAA, although this information may be protected by other federal or state laws.
- g) ***For Underwriting Purposes.*** We may use and disclose your Health Information, but not your genetic information, for underwriting purposes.
- h) ***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 or must be for certain limited purposes and meet certain conditions specified by federal privacy law.

- i) **To Provide You Information on Health-Related Programs or Products.** We may use or disclose your Health Information to provide you information about health-related programs or products such as replacements of or enhancements to Health Plan products, or health-related products or services available to Health Plan enrollees that add value to, but are not part of, a plan of benefits, or to tell you about alternative medical treatments.
- j) **For Reminders.** We may use or disclose Health Information to send you reminders about your benefits of care, such as appointment reminders with providers who provide medical care to you.

SPECIAL CIRCUMSTANCES

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

- k) **As Required by Law.** We will share your Health Information when required to do so by international, federal, state or local law.
- l) **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.
- m) **Business Associates.** We may share your Health Information with our Business Associates, who provide certain services to us or on behalf of us to 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. Our Business Associates also are directly subject to certain federal privacy law requirements.**
- n) **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.
- o) **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.
- p) **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.
- q) **Public Health Risks.** We may share your Health Information for public health activities to public health authorities or other appropriate government authorities authorized by law to receive such information. 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; and conduct medical surveillance of our offices

and/or facilities in certain limited circumstances concerning workplace illness or injury. If authorized by law, we may also notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.

- r) ***Abuse, Neglect, Domestic Violence.*** In limited circumstances, we also may release your Health Information to an appropriate government authority if we believe you have been the victim of abuse, neglect or domestic violence; however, we will only release this information if you agree or when we are required or authorized by law.
- s) ***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.
- t) ***Lawsuits and Disputes.*** 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 reasonable efforts have been made to tell you about the request or to obtain an order protecting the information requested.
- u) ***Law Enforcement.*** We may release your Health Information if asked by a law enforcement official in response to a warrant or similar legal process or we may also disclose limited Health Information to identify or locate a suspect or provide information about a crime victim.
- v) ***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.
- w) ***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.
- x) ***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.
- y) ***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.

ADDITIONAL RESTRICTIONS ON USES AND DISCLOSURES

Certain other federal and state laws may require special privacy protections that restrict the use and disclosure of certain health information, including highly confidential information about you. “Highly confidential information” may include confidential information under Federal laws governing alcohol and drug abuse information and genetic information as well as state laws that often protect sensitive health information, such as information concerning HIV/AIDS, mental health, genetic information, alcohol and drug abuse, sexually transmitted diseases, and child or adult abuse or neglect, including sexual assault. If a use or disclosure of health information described above in this Notice is prohibited or materially limited by other laws that apply to us, it is our intent to meet the requirements of the more stringent law.

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 disclose 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. These requests must be made in writing on the designated HIPAA Request form to the appropriate plan contact listed on Schedule B. **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, you may request that we send your information in a different manner or to a different place. We are required to accommodate your request if the normal method of disclosure could endanger you, and we will try to accommodate all other reasonable requests. Your request must specify how or where you wish to be contacted. Any such request should be made in writing on the designated HIPAA Confidential Communication Request form, and clearly provide information if disclosure of your protected information could endanger you. The completed form should be returned to the plan contact listed in Schedule B. We may request payment for this service.

Right to Inspect and Copy. You have the right to inspect and copy your Health Information that we may maintain about you that may be used to make decisions about your care or payment, such as enrollment information and claims adjudication records, with some limited exceptions. If we maintain an electronic copy of your Health Information, you also have the right to request that we send a copy of your Health Information in an electronic form or format requested. You also have the right to request that we send a copy of your paper or electronic information to a third party, provided you clearly identify the person and address to whom the information should be sent in writing on the designated HIPAA Request form, and return the form to the appropriate plan contact listed on Schedule B. In certain limited circumstances we may deny your request to inspect and copy your Health Information. You may have the right to have the denial reviewed. We may charge reasonable fees for sending copies of your Health Information to you. This fee may include the cost of labor for copying, mailing or other supplies associated with your request, but we will tell you the cost in advance.

Right to Amend. You have the right to amend Health Information that we maintain about you that may be used to make decisions about your care or payment, with some limited exceptions. If you feel that Health Information that we have is incorrect or incomplete, you may ask us to amend the information. Your request must be made in writing on the designated HIPAA Request form to the plan contact on Schedule B, and must include the reason that you are seeking a change. 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 make reasonable efforts to provide the amendment to any person that we know has received your health information. We will also make reasonable efforts to 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 disclosures of your Health Information we have made for a period of six years prior to your request, subject to certain exceptions. This accounting will not include disclosures of information: (i) disclosed or used for treatment, payment, and health care operations purposes, (ii) disclosed to you, your personal representative, or pursuant to your authorization, (iii) that is incident to a use or disclosure otherwise permitted, (iv) disclosed to persons involved in your care or other notification purposes (v) disclosed for national security or intelligence purposes, or (vi) disclosed to correctional institutions or law enforcement officials; and (vii) disclosed as part of a limited data set. A request for an accounting must be submitted in writing on the designated HIPAA Request form to the plan contact listed in Schedule B.

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 www.mcclatchy.com/livewell 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 written request by completing the designated HIPAA Request form or HIPAA Confidential Communication Request form and returning it to the appropriate plan contact listed on Schedule B at the address listed on that schedule. The HIPAA request forms can be obtained from human resources or printed from the LiveWell website at www.mcclatchy.com/livewell.

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.

COMPLAINTS AND QUESTIONS

If you believe your privacy rights have been violated, you may file a complaint with McClatchy's Privacy Official at The McClatchy Company, 2100 Q Street, Sacramento, CA 95816, or the Secretary of the U.S. Department of Health and Human Services. All complaints must be made in writing on the HIPAA Health Plan Complaint form available at www.mcclatchy.com/livewell.

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

SCHEDULE A
PLANS COVERED BY HIPAA
Updated September 23, 2013

Company	Plans Covered
The McClatchy Company	Medical
Aboard Custom Publishing	Dental
Anchorage Daily News	Vision
The Beaufort Gazette	Flexible Spending Accounts
Belleville News-Democrat	Employee Assistance Plan
The Bellingham Herald	
Bradenton Herald	
Centre Daily News (State College)	
The Charlotte Observer	
Columbus Ledger-Enquirer	
The (Cass County) Democrat	
El Nuevo Herald	
The Fresno Bee	
Florida Keys Keynoter	
The Herald (Rock Hill)	
The Idaho Statesman	
The Island Packet	
The Kansas City Star	
Lexington Herald-Leader	
Lee's Summit Journal	
McClatchy Interactive	
McClatchy Interactive TruMeasure	
McClatchy-Tribune Info Services	
Merced Sun Star	
The Miami Herald	
The Modesto Bee	
The News & Observer Publishing Co.	
News Tribune	
The Olympian	
Olympic Cascade	
The Peninsula Gateway	
The Reporter	
The Sacramento Bee	
Shared Services Center	
Sierra Star	
Star Telegram	
The State	
Sun Herald	
The Sun News	
The Telegraph	
Tri-City Herald	
The Tribune	
Washington Bureau	
The Wichita Eagle	

**SCHEDULE B
HIPAA CONTACT INFORMATION**

Company	Who to Contact	Address
The McClatchy Company Tru Measure	Human Resources Director 916-321-1938	2100 Q Street Sacramento, CA 95816
The Sacramento Bee	VP, Human Resources 916-321-1639	2100 Q Street Sacramento, CA 95816
The Fresno Bee Sierra Star	VP, Human Resources 559-441-6243	1626 E Street Fresno, CA 93706
The Modesto Bee Merced Sun Star	VP, Human Resources 209-578-2003	1325 H Street Modesto, CA 95354
Anchorage Daily News	Human Resources Manager 907-257-4275	1001 Northway Drive Anchorage, AK 99508
The News Tribune Olympic Cascade The Peninsula Gateway The Olympian	Human Resources Director 253-274-7344	1950 South State Street Tacoma, WA 98411
Tri City Herald	Human Resources Manager 509-582-1476	333 West Canal Drive Kennewick, WA 99336
The News & Observer	VP, Human Resources 919-829-4771	215 South McDowell Street Raleigh, NC 27601
The Island Packet The Beaufort Gazette	VP, Human Resources 843-706-8190	10 Buck Island Road Bluffton, SC 29910
Belleville News-Democrat	Human Resources Director 618-239-2471	120 S. Illinois Street Belleville, IL 62222
The Bellingham Herald	Human Resources Manager 360-715-2235	1155 N. State Street Bellingham, WA 98225
Bradenton Herald	Human Resources Manager 941-748-0411 x6690	1111 Third Avenue NW Bradenton, FL 34205
Centre Daily Times (State College)	Human Resources Director 814-231-6469	3400 East College Avenue State College, PA 16804
The Charlotte Observer The Herald (Rock Hill)	VP, Human Resources 704-358-5715	600 South Tryon Street Charlotte, NC 28232
Columbus Ledger-Enquirer	Human Resources Manager 706-511-8626	17 West 12 th Street Columbus, GA 31902
The Idaho Statesman	Human Resources Director 208-377-6244	1200 North Curtis Road Boise, ID 83706
The Kansas City Star The (Cass County) Democrat Lee's Summit Journal	VP, Human Resources 816-234-4884	1729 Grand Blvd Kansas City, MO 64108
Lexington Herald-Leader	Human Resources Manager 859-231-3346	100 Midland Avenue Lexington, KY 40508
McClatchy Interactive	Human Resources Generalist 919-861-1211	1100 Situs Court Raleigh, NC 27606
Miami Herald El Nuevo Herald Aboard Custom Publishing Florida Keys Keynoter The Reporter	Human Resources Director 305-376-2893	3511 NW 91 st Avenue Doral, FL 33172
Shared Services Center	Human Resources Director 305-740-8600	3511 NW 91 st Avenue Doral, FL 33172

Company	Who to Contact	Address
Star Telegram	VP, Human Resources 817-390-7805	400 West Seventh Street Fort Worth, TX 76101
Sun Herald	Human Resources Director 228-896-2431	205 DeBuys Road Biloxi, MS 39535
The Sun News	Human Resources Manager 843-626-0355	914 Frontage Road East Myrtle Beach, SC 29578
The State	VP, Human Resources 803-771-8497	1401 Shop Road Columbia, SC 29202
The Telegraph	Human Resources Manager 478-744-4351	120 Broadway Macon, GA 31201
The Tribune	VP, Human Resources 805-781-7805	3825 South Higuera Street San Luis Obispo, CA 93406
McClatchy Washington Bureau McClatchy-Tribune Info Services	Business Operations Manager 202-383-6170	700 12 th Street NW, Suite 1000 Washington DC 20005
The Wichita Eagle	Human Resources Director 316-268-6466	825 East Douglas Wichita, KS 67201