

Stryker Corporation

GROUP HEALTH PLAN NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND YOUR RIGHTS REGARDING THIS INFORMATION.

Please Review This Notice Carefully.

Understanding this Notice

Please review this information to understand the language used in this document. “We” or “our” refers to the Stryker Corporation Group Health and Welfare Plan, also referred to as “the Plan”. “You” or “yours” refers to individual participants in the Plan. The Plan for this purpose consists of the following components, as amended from time to time:

- > Medical Plan
- > Dental Plan
- > Prescription Drug Plan
- > Vision Plan
- > Health Care Flexible Spending Account
- > Employee Assistance Plan

Use and Disclosure of Protected Health Information

We are required by federal law to protect the privacy of your personal medical information which is called “Protected Health Information” and referred to in this notice as “PHI.” We also are required to provide you with this notice of our policies and procedures for protecting your PHI, and to abide by the terms of this notice, as it may be updated from time to time.

Under applicable law, we are permitted to make certain types of uses and disclosures of your PHI, without your authorization, for treatment, payment and health care operations purposes.

For treatment purposes, such use and disclosure may take place in providing, coordinating, or managing health care and its related services by one or more of your providers, such as when your primary care physician consults with a specialist regarding your condition.

For payment purposes, such use and disclosure may take place to facilitate payments or to determine responsibility for coverage and benefits, such as when we confer with other health plans to resolve a coordination of benefits issue. We also may use your PHI for other

payment-related purposes, such as to assist in making plan eligibility and coverage determinations, or for utilization review activities.

For health care operations purposes, such use and disclosure may take place in a number of ways involving plan administration, including for quality assessment and improvement, vendor review and underwriting activities. Your information could be used for example, to assist in the evaluation of one or more vendors who support us.

We may disclose your PHI to the plan sponsor in connection with these activities. However, the Plan is prohibited from using or disclosing, and will not use or disclose, your information that contains genetic information for underwriting purposes.

In addition, we may use or disclose your PHI without your authorization under conditions specified in federal regulations, including:

- > As required by law, provided the use or disclosure complies with and is limited to the relevant requirements of such law;
- > For public health activities;
- > Disclosures to an appropriate government authority regarding victims of abuse or neglect;
- > To a health oversight agency for oversight activities authorized by law;
- > In connection with lawsuits and other judicial and administrative proceedings;
- > To a law enforcement official for law enforcement purposes;
- > To a coroner or medical examiner;
- > To cadaveric organ, eye or tissue donation programs;
- > For research purposes, as long as certain privacy-related standards are satisfied;
- > To avert a serious threat to health or safety;
- > For specialized government functions (e.g., military and veterans activities, national security and intelligence, federal protective services, medical suitability determinations, correctional institutions and other law enforcement custodial situations); and
- > For workers’ compensation or other similar programs established by law that provide benefits for work-related injuries or illness without regard to fault.

(continued)

We may disclose to one of your family members, a relative, a close personal friend, or any other person identified by you, your PHI that is directly relevant to the person's involvement with your care or payment related to your care. In addition, we may use or disclose the PHI to notify a member of your family, your personal representative, another person responsible for your care, or certain disaster relief agencies of your location, general condition, or death. If you are incapacitated, there is an emergency, or you otherwise do not have the opportunity to agree to or object to this use or disclosure, we will do what in our judgment is in your best interest regarding such disclosure and will disclose only the information that is directly relevant to the person's involvement with your health care and is otherwise permitted by State law.

Other uses and disclosures will be made only with your written authorization. For example, in most cases, the Plan will obtain your authorization before it communicates with you about products or programs if the Plan is being paid to make those communications. The Plan will never sell your health information unless you have authorized us to do so. You may revoke your authorization as allowed under the HIPAA rules. However, you cannot revoke your authorization with respect to disclosures the Plan has already made. You will be notified of any unauthorized access, use, or disclosure of your unsecured health information as required by law.

The Plan will notify you if it becomes aware that there has been a loss of your health information in a manner that could compromise the privacy of your health information.

You may ask us to restrict uses and disclosures of your PHI to carry out treatment, payment, or health care operations, or to restrict uses and disclosures to family members, relatives, friends, or other persons **identified by you who are involved in your care or payment for your care**. However, we are not required to agree to your request, except as explained below. You may exercise this right by contacting your local Human Resources Representative or the Health Plan Privacy Officer identified at the end of this notice.

You have the right to request the following with respect to your PHI: (i) inspection and copying; (ii) amendment; (iii) an accounting of certain disclosures of this information by us (except as explained in the next paragraph, you are not entitled to an accounting of disclosures made for payment, treatment or health care operations, or disclosures made pursuant to your written authorization); (iv) to the extent that we maintain an electronic record with respect to your information, a copy of that record in electronic format for which you may be charged a fee; (v) the right to restrict disclosures for payment or health care operations (but not for carrying out treatment) where you have paid the health care provider out-of-pocket and in full; and (vi) the right to receive a paper copy of this notice upon request, even if you agreed to receive the notice electronically.

To the extent that the Plan uses or maintains an electronic health record of your PHI, you will have the right to receive an accounting of electronic disclosures from the Plan if the information was used for treatment, payment or health care operations ("TPO") during the past three (3) years. This individual right applies to:

- > TPO disclosures on or after January 1, 2014 for electronic records held as of January 1, 2009, and
- > TPO disclosures made after the later of January 1, 2011 or the date the Plan acquires the electronic health record, for electronic health records acquired after January 1, 2009.

You have the right to request in writing that you receive your PHI by alternative means or at an alternative location regarding communications that the Plan initiates.

You may also request your health information be sent to another entity or person, so long as that request is clear, conspicuous and specific.

We reserve the right to change the terms of this notice and to make the new notice provisions effective for all PHI we maintain. If we change this notice you will receive a new notice by mail or by distribution to active employees in the workplace.

If you believe that your privacy rights have been violated, you may complain to us in writing at the location described below under "Contacting Us" or to:

Office for Civil Rights
U.S. Department of Health and Human Services
233 N. Michigan Ave., Suite 240 Chicago, IL 60601
Voice Phone (312) 886-2359
FAX (312) 886-1807
TDD (312) 353-5693
Email: OCRComplaint@hhs.gov

You will not be retaliated against for filing a complaint.

This notice is effective **September 23, 2013**, except for dates otherwise included in this notice.

Contacting Us

You may exercise the rights described in this notice by contacting the officer identified below. They will provide you with additional information. The contact is:

Health Plan Privacy Officer
Stryker Corporation
2825 Airview Boulevard Road
Kalamazoo, MI 49002

This Notice is a summary of the HIPAA privacy practices of the Stryker Plan. You may obtain more information about the terms used in this Notice by contacting the Health Plan Privacy Officer or checking the following website: <http://www.hhs.gov>.