



## HIPAA NOTICE OF PRIVACY PRACTICES

**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.**

**Effective Date: January 1, 2023**

### **Background**

The Health Insurance Portability and Accountability Act of 1996 ("HIPAA") requires health plans to notify plan participants and beneficiaries about its policies and practices to protect the confidentiality of their health information. This document is intended to satisfy HIPAA's notice requirement with respect to all health information created, received, or maintained by the Gen Digital Group Welfare Benefit Plan (the "Plan"), as sponsored by Gen Digital, Inc. (the "Company").

The Plan needs to create, receive, and maintain records that contain health information about you to administer the Plan and provide you with health care benefits. This notice describes the Plan's health information privacy policy with respect to your: Medical, Prescription Drug, Dental, Vision, and/or Health Care Flexible Spending Arrangement (FSA) benefits. The notice tells you the ways the Plan may use and disclose health information about you and describes your rights and the obligations the Plan has regarding the use and disclosure of your health information. However, it does not address the health information policies or practices of your health care providers.

### **Gen Digital's Pledge Regarding Health Information Privacy**

The privacy policy and practices of the Plan protects confidential health information that identifies you or could be used to identify you and relates to a physical or mental health condition or the payment of your health care expenses. This individually identifiable health information is known as "protected health information" or "PHI". Your PHI will not be used or disclosed without a written authorization from you, except as described in this notice or as otherwise permitted by federal and state health information privacy laws.

It is important to recognize that health information held by the Company in an employee's personnel records is not covered by this Notice and is not subject to HIPAA, but may be subject to other laws.

### **Privacy Obligations of the Plan**

The Plan is required by law to:

- make sure that health information that identifies you is kept private;
- give you this notice of the Plan's legal duties and privacy practices with respect to health information about you; and
- follow the terms of the notice that is currently in effect.



## How the Plan May Use and Disclose Health Information about You

The following are the different ways the Plan may use and disclose your PHI. Not every use or disclosure in a category will be listed. However, all of the ways in which the Plan is permitted to use and disclose PHI will fall within one of the categories.

- **For Treatment.** The Plan may disclose your PHI to a health care provider who renders treatment on your behalf. For example, if you are unable to provide your medical history as the result of an accident, the Plan may advise an emergency room physician about the types of prescription drugs you currently take.
- **For Payment.** The Plan may use and disclose your PHI so claims for health care treatment, services, and supplies you receive from health care providers may be paid according to the Plan's terms. For example, the Plan may receive and maintain information about surgery you received to enable the Plan to process a hospital's claim for reimbursement of surgical expenses incurred on your behalf.
- **For Health Care Operations.** The Plan may use and disclose your PHI to enable it to operate or operate more efficiently or make certain all of the Plan's participants receive their health benefits. For example, the Plan may use your PHI for case management or to perform population-based studies designed to reduce health care costs. In addition, the Plan may use or disclose your PHI to conduct compliance reviews, audits, actuarial studies, and/or for fraud and abuse detection. The Plan may also combine health information about many Plan participants and disclose it to the Company in summary fashion so it can decide what coverage the Plan should provide. The Plan may remove information that identifies you from health information disclosed to the Company so it may be used without the Company learning who the specific participants are. The Plan may use and disclose your PHI, with the exception of genetic information, for underwriting purposes.
- **To the Company.** The Plan may disclose your PHI to designated Company personnel so they can carry out their Plan-related administrative functions, including the uses and disclosures described in this notice. Such disclosures will be made only to the members of the Symantec Corporation Corporate Benefits Department and those supporting the Department in the administration of the Plan. These individuals will protect the privacy of your health information and ensure it is used only as described in this notice or as permitted by law. Unless authorized by you in writing, your health information: (1) may not be disclosed by the Plan to any other Company employee or department and (2) will not be used by the Company for any employment-related actions and decisions or in connection with any other employee benefit plan sponsored by the Company that is not part of an Organized Health Care Arrangement.
- **To a Business Associate.** Certain services are provided to the Plan by third party administrators known as "business associates." For example, the Plan may input information about your health care treatment into an electronic claims processing system maintained by the Plan's business associate so your claim may be paid. In so doing, the Plan will disclose your PHI to its business associate so it can perform its claims payment function. However, the Plan will require its business associates, through contract, to appropriately safeguard your health information.
- **Treatment Alternatives and Appointment Reminders.** The Plan may use and disclose



your PHI to tell you about possible treatment options or alternatives that may be of interest to you and to provide appointment reminders.

- **Health-Related Benefits and Services.** The Plan may use and disclose your PHI to tell you about health-related benefits or services that may be of interest to you.
- **Individual Involved in Your Care or Payment of Your Care.** The Plan may disclose PHI to a close friend or family member involved in or who helps pay for your health care. The Plan may also advise a family member or close friend about your condition, your location (for example, that you are in the hospital), or death.
- **As Required by Law.** The Plan will disclose your PHI when required to do so by federal, state, or local law, including those that require the reporting of certain types of wounds or physical injuries.

### Special Use and Disclosure Situations

The Plan may also use or disclose your PHI under the following circumstances:

- **To Another Covered Entity.** The Plan may disclose your PHI to a HIPAA-covered health care provider, health care plan, or health care clearinghouse, in connection with the other covered entity's treatment, payment, or health care operations.
- **Lawsuits and Disputes.** If you become involved in a lawsuit or other legal action, the Plan may disclose your PHI in response to a court or administrative order, a subpoena, warrant, discovery request, or other lawful due process.
- **Law Enforcement.** The Plan may release your 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 your PHI to the extent authorized by and to the extent necessary to comply with workers' compensation laws and other similar programs.
- **Military and Veterans.** If you are or become a member of the U.S. armed forces, the Plan may release medical information about you as deemed necessary by military command authorities.
- **To Avert Serious Threat to Health or Safety.** The Plan may use and disclose your PHI when necessary to prevent a serious threat to your health and safety, or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.
- **Public Health Risks.** The Plan may disclose health information about you 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 your 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.

- **Personal Representatives.** The Plan will disclose your PHI to individuals authorized by you, or to an individual designated as your personal representative, attorney-in-fact, etc., so long as you provide us with a written notice/authorization and any supporting documents (i.e., power of attorney). Please note, however, that the Plan does not have to disclose information to a personal representative if it has a reasonable belief that: (1) You have been, or may be, subjected to domestic violence, abuse or neglect by such person; (2) Treating such person as your personal representative could endanger you; or (3) In the exercise of professional judgment, it is not in your best interest to treat the person as your personal representative.
- **Spouses and Other Family Members.** With only limited exceptions, the Plan will send all mail to the employee. This includes mail relating to the employee's spouse and other family members who are covered under the Plan. If a person covered under the Plan has requested Restrictions or Confidential Communications (see below under "Your Rights"), and if the Plan has agreed to the request, the Plan will send mail as provided by the Restrictions or Confidential Communications.
- **Limited Notification Purposes.** The Plan may use or disclose your PHI to notify a relative (or other individual) responsible for your health care of your location, of your general condition, or of your death.
- **Disaster Relief.** The Plan may disclose your PHI to an authorized public or private entity in order to assist in disaster relief efforts, or to coordinate disclosures to relatives (or other individuals) involved in your health care.
- **Organized Health Care Arrangement ("OHCA").** Each Gen Digital benefit plan listed at the beginning of this Notice (medical, dental, vision, EAP, and health FSA) is in an OHCA with each of the other plans. Any plan in the OHCA may use your PHI for the health care operations of the OHCA, or may disclose your PHI to another plan in the OHCA for the health care operations of the OHCA.
- **Authorizations.** The Plan may use or disclose your PHI for marketing purposes or sell your PHI only with your written authorization. All other uses or disclosures of your PHI not described above will only be made with your written authorization. You may revoke your authorization at any time, so long as the revocation is in writing. Once we receive your written revocation, it will only be effective for future uses and disclosures. It will not be effective for any information that may have been used or disclosed in reliance upon the written authorization and prior to receiving your written revocation, nor will it be effective if you signed the authorization as a condition of obtaining insurance coverage.
- **Research.** Under certain circumstances, the Plan may use and disclose your PHI for medical research purposes, only with your written authorization.
- **National Security, Intelligence Activities, and Protective Services.** The Plan may release your PHI to authorized federal officials: (1) for intelligence, counter intelligence, and other national security activities authorized by law and (2) to enable them to provide protection to the members of the U.S. government or foreign heads of state, or to conduct special investigations.
- **Organ and Tissue Donation.** If you are 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 your 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 your PHI to a funeral director, as necessary, to carry out his/her duty.
- **Victims of Abuse.** The Plan may notify the appropriate government authority if a Plan representative believes you have been the victim of abuse, neglect, or domestic violence.
- **Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, the Plan may release your PHI to the correctional institution or law enforcement official. This release would be 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.
- **Government Audits.** We are required to disclose your PHI to the Secretary of the United States Department of Health and Human Services when the Secretary is investigating or determining our compliance with the HIPAA privacy rule.

### **Other Uses and Disclosures of Health Information**

Other 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 your written authorization. If you authorize the Plan to use or disclose your PHI, you may revoke the authorization, in writing, at any time. If you revoke your authorization, the Plan will no longer use or disclose your PHI for the reasons covered by your written authorization; however, the Plan will not reverse any uses or disclosures already made in reliance on your prior authorization.

### **Your Rights Regarding Health Information about You**

Your rights regarding the health information the Plan maintains about you are as follows:

- **Right to Inspect and Copy.** You have the right to inspect and copy your PHI. This includes information about your plan eligibility, claim and appeal records, and billing records, but does not include psychotherapy notes.
- To inspect and copy health information maintained by the Plan, submit your request in writing to the Plan Administrator. The Plan may charge a fee for the cost of copying and/or mailing your request. In limited circumstances, the Plan may deny your request to inspect and copy your PHI. Generally, if you are denied access to health information, you may request a review of the denial. To the extent the Plan uses or maintains this information in an electronic health record, you may request that the Plan provide you with a copy of such information in an electronic format.
- **Right to Amend.** If you feel that health information the Plan has about you is incorrect or incomplete, you may ask the Plan to amend it. You have the right to request an amendment for as long as the information is kept by or for the Plan.

To request an amendment, send a detailed request in writing to the Plan Administrator. You



must provide the reason(s) to support your request. The Plan may deny your request if you ask 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 you would be permitted to inspect and copy. If your request is denied, you have the right to file a statement of disagreement, and the Plan may file a rebuttal.

- **Right to an Accounting of Disclosures.** You have the right to request an “accounting of disclosures.” This is a list of disclosures of your PHI that the Plan has made to others, except for those necessary to carry out health care treatment, payment, or operations; disclosures made to you; or in certain other situations.

To request an accounting of disclosures, submit your request in writing to the Plan Administrator. Your request must state a time period, which may not be longer than six years prior to the date the accounting was requested.

The first list you request within a 12-month period will be free. For additional lists, the Plan may charge you for the costs of providing the list. The Plan will notify you of the cost involved, and you may choose to withdraw or modify your request at that time before any costs are incurred.

- **Right to Request Restrictions.** You have the right to request a restriction on the health information the Plan uses or disclosures about you for treatment, payment, or health care operations. You also have the right to request a limit on the health information the Plan discloses about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that the Plan not use or disclose information about a surgery you had.

To request restrictions, make your request in writing to the Plan Administrator. You must advise us: (1) what information you want to limit; (2) whether you want to limit the Plan’s use, disclosure, or both; and (3) to whom you want the limit(s) to apply.

**Note:** The Plan is not required to comply with your request unless your request relates only to a health care item or service for which you paid the health care provider in full, out-of-pocket. If the Plan is required to grant your request, or elects to do so, a restriction may later be terminated by your written request, by agreement between you and the Plan (including an oral agreement), or unilaterally by the Plan for PHI created or received after you are notified that the restriction has been removed. The Plan may also disclose your PHI if you need emergency treatment, even if the Plan has provided for a restriction.

- **Right to Request Confidential Communications.** You have the right to request that the Plan communicate with you about health matters in a certain way or at a certain location. For example, you can ask that the Plan send you explanation of benefits (EOB) forms about your benefit claims to a specified address.

To request confidential communications, make your request in writing to the Plan Administrator. The Plan will attempt to accommodate all reasonable requests. Your request must specify how or where you wish to be contacted. If you are requesting confidential communications by alternate means or at alternate locations because you believe that disclosure of all or some of your protected health information might endanger you, please state this in your request.

- **Right to a Paper Copy of this Notice.** You have the right to a paper copy of this notice. You



may write to the Plan Administrator to request a written copy of this notice at any time, even if you have previously elected to receive this notice electronically.

- **Right to be Notified of a Breach.** You have the right to be notified in the event that the Plan (or a Business Associate) discover that your unsecured PHI has been breached.

### **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 health information the Plan already has about you, as well as any information the Plan receives in the future. The Plan will post a copy of the current notice on Gen Digital's HROnline intranet site, and notify you as soon as practicable of a material revision of this Notice.

### **Complaints**

If you believe your privacy rights under this policy have been violated, you may file a written complaint with the Plan Administrator at the address listed below. You may also file a written complaint directly with the Health Plans regional office of the U.S. Department of Health and Human Services, Office of Civil Rights.

Gen Digital Group Welfare Benefit Plan c/o  
Gen Digital Corporate Benefits Department  
60 E Rio Salado Pkwy, Suite 1000  
Tempe, AZ 85281  
1-800-457-1664

**Note: You will not be penalized or retaliated against for filing a complaint.**

### **Contact Information**

If you have any questions about this notice, please contact:

Gen Digital Corporate Benefits Department  
60 E Rio Salado Pkwy, Suite 1000  
Tempe, AZ 85281  
1-800-457-1664

**Note:** This notice is intended as a summary and explanation of information and rules contained in the federal privacy regulations. For further information about your privacy rights, you may wish to consult the federal privacy rules contained in regulations, at 45 C.F.R. Parts 160, 162 and 164.