

**Health Insurance Portability and Accountability Act of 1996
(HIPAA)
Joint Notice of Privacy Procedures**

THIS JOINT 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.

Protection of your Health Information

A. Your Right to Privacy Protection of Your Individually Identifiable

This Joint Notice is being provided to you on behalf of the Toys“R”Us Health Benefits Plan and the Toys“R”Us, Inc. Flexible Benefits Plan (collectively, the “Health Plan”) sponsored by Toys“R”Us, Inc. (hereinafter referred to as the “Employer” or the “Health Plan Sponsor”). The Health Plan acquires individually identifiable health information about you and your covered dependents for various employment-related purposes and for claim purposes related to your coverage under any welfare benefit plans or programs sponsored by the Health Plan Sponsor or required by state law. To the extent that the Employer presently or hereafter provides Medical, Prescription Drug, Dental, Vision, Health Care Flexible Spending Account and Employee Assistance Programs under the Health Plan, that information is “**Protected Health Information**” and the Health Plan must maintain the privacy of your Protected Health Information under a federal law known as the Health Insurance Portability and Accountability Act (hereafter “**HIPAA**”) and requirements called the “**Privacy Rule**,” which are spelled out in detailed regulations of the U.S. Department of Health and Human Services (hereafter “**HHS**”) that may be found in volume 45 of the Code of Federal Regulations (hereafter “**CFR**”), Parts 160 and 164. Any state law that requires additional methods to maintain the privacy of your Protected Health Information also applies. The Health Plan and the Health Plan Sponsor will share Protected Health Information with one another for purposes of treatment, payment and health care operations with respect to services provided to you by the Health Plan.

In addition, under HIPAA and the Privacy Rule, the Health Plan must provide you with this notice of its legal duties and privacy practices with respect to that Protected Health Information. This notice explains how the Health Plan provides that protection. The Health Plan reserves the right to change the privacy notice and make the revised notice effective for all Protected Health Information maintained by the Health Plan or Health Plan Sponsor. If any such change is made, you will be provided with a written copy of any material change within 60 days after that change becomes effective.

The Health Plan is required by law to notify you or your covered dependents following a breach of unsecured Protected Health Information.

Insurers and HMOs must also comply with the Privacy Rule, and are required to furnish you with a similar notice as to how they provide protection to Protected Health Information. This Notice only describes how the Health Plan and Health Plan Sponsor will provide such protection to Protected Health Information they receive with respect to the Health Plan. Please note that we provide many of the activities and/or services discussed in this notice through a third party administrator, which itself is contractually bound to comply with this Notice.

Individually identifiable health information received by the Employer for plans or programs other than the Health Plan is not Protected Health Information, and HIPAA and the Privacy Rule **do not apply** to such information.

B. Information Acquired Directly By the Plan Sponsor from Sources Other than the Health Plan Is Not Protected Health Information

This information can and will be used and disclosed without your authorization or consent for any claim for benefits under any other pension or welfare benefit plan or program established and maintained by the Plan Sponsor, including but not limited to:

- Short-term disability benefits
- Long-term disability benefits
- Accelerated death benefits under a group term life insurance program
- Claims under the Dependent Care Flexible Spending Account that may arise because the spouse or child is ill or because the employee's spouse is physically or mentally unable to assist in caring for a dependent child or other family dependent
- Requests for certification of coverage of the employee or dependent or for any other lawful employment-related purposes, including but not limited to:
 - Pre-employment drug testing
 - Request for reasonable accommodations under the ADA
 - Request for family or medical leave
 - Submission of a Workers' Compensation claim
 - Physical or mental inability to work while on company premises
 - Post-employment examination following potential exposure to harmful substances or on-the-job injury
 - Any first aid or emergency services in cases of serious illness or injury occurring on Toys"R"Us' premises that are provided by a Toys"R"Us team member while awaiting arrival of an ambulance or emergency medical assistance.

C. Authorizations Are Required for Certain Disclosures of Protected Health Information

The Health Plan, Health Plan Sponsor and/or its insurers, HMOs or third party Claims Administrators may acquire Protected Health Information about you for purposes of your or your enrolled dependents' treatment, payment of benefits or provision of health care services, or for the overall health care operations of the Plan. This Protected Health Information will not be disclosed to anyone without your express written authorization, except as indicated in the provision titled Permitted Uses and Disclosures of Your Protected Health Information Without Your Authorization or Consent.

D. Designation of an Authorized Personal Representative

1. **Appointment of a Personal Representative:** Under the Privacy Rule, you and each of your covered Dependents may designate a Personal Representative to act on your or their behalf by obtaining a court order pursuant to applicable state or other law (such as tribal or military law) or by signing a valid power of attorney that includes the right to make decisions related to health care. Generally, any court order designating someone as a guardian or executor or administrator or a duly executed power of attorney or health care

proxy can serve as such a designation. You can also retain an attorney to deal with your Protected Health Information or other individually identifiable health information. The Health Plan or its delegate has full discretion and authority to determine if any such other authorization or court order is valid.

2. **Personal Representatives of Minor Dependent Children:** In most instances, parents are Personal Representatives of their minor dependent children. There are various exceptions which include the following:

- If there is a court order authorizing someone else to make treatment decisions for a minor child, a parent cannot be the child's authorized Personal Representative.
- Under the laws of some states, older minor children may obtain their own health care services without the knowledge or consent of their parents. In those states, parents are not authorized Personal Representatives in the absence of specific written authorization from the child.

3. **Employees and Spouses:** Most employees and their spouses expect that it is in their best interest for each of them to be able to receive Protected Health Information relating to the other in order to deal with problems related to their health care treatment, access to health care services, or payment of benefits, both in general and with respect to emergencies (such as when one spouse cannot make decisions).

However, some employees and/or their spouses may not want the other spouse to have access to their Protected Health Information or other individually identifiable health information either generally or in specific circumstances.

The Health Plan Sponsor and/or the Health Plan Administrator or its delegates, with respect to all benefit plans or programs, including the Health Plan, will accommodate both situations as follows:

- In the absence of any written statement from an employee or spouse to the contrary, the Health Plan or its delegates on behalf of all its welfare benefit plans or programs, including the Health Plan, will generally assume that it is in the individual's best interest to communicate with the employee and his or her spouse regarding each other's PHI as necessary for appropriate purposes.
- Any written request on the Health Plan's form that is delivered to the Plan Sponsor or the Health Plan Privacy Officer by an employee and/or spouse requesting that the other spouse **should not receive his or her Protected Health Information** will be kept on file and we will make reasonable efforts to honor the requests.

E. **Your Right to Complain About Violations of Your Right to Privacy Protection**

If you believe that your privacy rights have been violated, you may complain, in writing addressed to:

Privacy Complaints
Toys“R”Us, Inc.
Attention: Benefits Department
One Geoffrey Way
Wayne, NJ 07470
1-973-617-3500

Complaints may also be made in writing to the Secretary of the U.S. Department of Health and Human Services. Neither the Health Plan nor the Employer will retaliate against you if you file any such complaint.

F. Effective Date of This Notice and Procedures

This notice and procedures are effective as of September 23, 2013.

Permitted Uses and Disclosures of Protected Health Information without Your Authorization or Consent

A. Disclosure for Treatment, Payment of Benefits and Health Care Operations

The Plan and Health Plan Sponsor can use or disclose your Protected Health Information, without your written consent or authorization, for purposes of your treatment, payment of benefits, or health care operations. For each of these categories of use and disclosure we have provided a description and example below, however, not every particular use or disclosure in every category will be listed.

1. Covered Entities and Their Business Team members

For purposes of this Notice, “**Covered Entity**” refers to the Health Plan.

A “**Business Team member**” is an entity, including a third party Claims Administrator of the Health Plan, that:

- Provides related services to the Health Plan or any Covered Entity; and
- Has entered into an agreement with a Covered Entity under which it agrees to abide by the rules and regulations established pursuant to federal law and regulations to protect the privacy of your Protected Health Information.

“**Payment of Benefits**” includes the processing of requests for benefit payments by the Health Plan for health care services provided to you or any of your covered Dependents.

2. Uses and Disclosures for Treatment

Treatment means the provision, coordination or management of your health care. Examples of uses and disclosures that will be made for treatment include, but are not limited to the following:

- The Health Plan may disclose the name of your primary care physician to a specialist who is treating you or any of your covered Dependents so that the specialist can get needed information to provide adequate health care services.
- The Health Plan may disclose any Protected Health Information to any other health plan

or program, or health care provider to facilitate your or any of your covered Dependents' treatment or access to health care services.

3. Uses and Disclosures Made for Payment of Benefits

Payment means the activities the Health Plan undertakes to provide reimbursement for health care provided to you including making remittances, claims management, determinations of eligibility and coverage and utilization review activities. Examples of the uses and disclosures that will be made to any Covered Entities and/or their Business Team members for **payment of benefits** include, but are not limited to:

- The Health Plan may request additional information from your health care provider about your medical condition to determine whether the proposed course of treatment will be covered.
- The Health Plan may tell your or any of your covered Dependents' health care providers that you or your covered Dependents are eligible for coverage, and what benefits the Health Plan provides.
- The Health Plan may disclose your Protected Health Information to any other health plan or program, Covered Entity, or Business Team member in order to process, or expedite the processing of, premium payments for your coverage, and/or your or any of your covered Dependents' claims for benefits or requests for health care services.
- The Health Plan may refer your Protected Health Information to any other health plan or program that covers you or any of your covered Dependents to administer the plan's coordination of benefit or third party recovery provisions.

4. Uses and Disclosures Made for Health Care Operations

Health care operations means the support functions of the Health Plan, related to Payment of Benefits, such as large case management, receiving and responding to your comments and complaints, management and other administrative activities.

The Health Plan may disclose your Protected Health Information to any other Covered Entity or Business Team member in order to provide assistance to the operations of the Health Plan in its administration or operation. Examples of the uses and disclosures that will be made to any Covered Entities and/or their Business Team members for **health care operations** include, but are not limited to:

- Referral to a case management or disease management program to determine if any more effective and/or less costly course of treatment of your or any of your covered Dependents' condition is available.
- Review or audit of the services of any of the Health Plans, or any Covered Entity or Business Team member related to any of the Health Plans, with respect to quality, timeliness, accuracy, and/or compliance with laws and regulations.

Although underwriting falls within the definition of health care operations, the Health Plan will not use or disclose genetic information for purposes of underwriting. Genetic information is defined under the Genetic Information Nondiscrimination Act (GINA).

5. **Examples of Other Disclosures That May Be Made Without your Authorization**

- The Health Plan or its third party administrator may disclose Protected Health Information to the Employer, but that information will be used **only for plan administration and related purposes, and not for any other employment-related purpose.**
- Subject to applicable law, we may make incidental uses and disclosures of Protected Health Information. Incidental uses and disclosures are by-products of otherwise permitted uses or disclosures which are limited in nature and cannot be reasonably prevented.

B. **Disclosures Required by Law**

The Health Plan will disclose your Protected Health Information without your written consent or authorization when required by law. Most disclosures required by law usually would be made by health care providers rather than by a Health Plan. Some examples of such disclosures include, but are not limited to:

- **Public health activities** (when applicable law requires disclosure that a Health Plan participant was exposed to a communicable disease).
- **Abuse, neglect or domestic violence** (when the law requires disclosure if the circumstances indicate that such event might have occurred).
- **Law enforcement purposes** (if a Health Plan participant is treated for gunshot or other types of wounds or if the information may help apprehend someone other than the Plan participant who is suspected of a crime).
- **Requests from a coroner or medical examiner** (to identify a deceased person or determine the cause of death).
- **Requests from a funeral director** (to help carry out his or her duties).
- **Disaster Relief** (when permitted by law, we may coordinate our uses and disclosures of Protected Health Information with public or private entities authorized by law or by charter to assist in disaster relief efforts).
- **Organ and Tissue Donation** (if you are an organ donor, we may release 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).
- **Military and Veterans** (if you are a member of the Armed Forces, we may release health information about you as required by military command authorities. We may also release health information about foreign military personnel to the appropriate foreign military authority).
- **Protective Services for the President and Others** (we may disclose health information about you to authorized Federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or may conduct special investigations).
- **Inmates** (if you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release health information about you 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).

- **Serious Threats** (as permitted by applicable law, we may use and disclose Protected Health Information if we, in good faith, 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 or is necessary for law enforcement authorities to identify or apprehend an individual).

The following are examples of disclosures **required by law** that are more likely to be made by a Health Plan:

- **Compliance with Workers' Compensation laws** (to administer the Workers' Compensation program).
- **Subpoenas or requests for discovery** (issued by any court or government agency or other judicial or administrative body).
- **Oversight activities authorized by law** (including government investigations of possible crime or fraud).
- **Requests by the Secretary of the U.S. Department of Health and Human Services (HHS)** for purposes of enforcement of the Privacy Rule.

Authorizations to Disclose Protected Health Information

A. Written Authorization to Disclose Protected Health Information

- Other uses and disclosures of your PHI not described above will only be made with your written authorization. For example, your authorization is required for most uses and disclosures of psychotherapy notes (if applicable), uses and disclosures for marketing purposes and disclosures that constitute a sale of PHI. Other uses and disclosures not described in this Notice of Privacy Practices will be made only with your authorization.

You may revoke written 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 or disclosed in reliance upon the written authorization and prior to receiving your written revocation.

The authorization must meet the requirements spelled out in section B below. If a covered Dependent is legally incapable of providing an authorization, that covered Dependent's parent, legal guardian or other Personal Representative may provide that authorization.

B. Contents of a Written Authorization to Disclose Protected Health Information

No disclosure of Protected Health Information will be made unless the written authorization is made on an authorization form provided by the Health Plan, or if the Health Plan Administrator or its delegate determines, in the exercise of its sole discretion, that any other document contains all of the following elements:

1. Specific **identification of the person** whose Protected Health Information is to be disclosed.
2. A specific **description of the information** that is to be disclosed.
3. Specific **identity of the Health Plan** that is to disclose the Protected Health Information.
4. Specific **identification of the person or entity** to which the Protected Health Information is to be disclosed.

5. A general explanation of **why the request for disclosure** of Protected Health Information is made.
6. A specific **expiration date or event** for the authorization to disclose Protected Health Information.
7. Your or your covered Dependent's **signature** or the signature of your or your covered Dependent's authorized representative, and the **date** on which the authorization was signed.

C. **Information Accompanying the Authorization to Disclose Protected Health Information**

Each authorization to disclose Protected Health Information must include the following written statements and information:

1. A statement that the authorization is **revocable** at any time after it is given, and an explanation of how you or your covered Dependent (or any authorized Personal Representative) may revoke it.
2. A statement that once the Protected Health Information is disclosed pursuant to the authorization, it may not be protected against redisclosure by the recipient.
3. Statements that the Health Plan may not require the authorization as a precondition for participation in the Health Plan, and except in certain circumstances specified by the Privacy Rule.
4. A statement that you and/or your covered Dependent (or any authorized Personal Representative) is entitled to **receive a copy** of the signed authorization. You and/or your covered Dependent (or Personal Representative) may be required to sign an **acknowledgement of receipt** of that copy.

Note: HIV-related information, genetic information, alcohol and/or substance abuse records, mental health records and other specially Protected Health Information may enjoy certain special confidentiality protections under applicable State and Federal law. Any disclosures of these types of records will be subject to these special protections.

Your Rights Under the Privacy Rule

Pursuant to applicable law and regulations, you and your covered Dependents have the following rights:

A. **Right to Request Restrictions on Disclosures For Treatment, Payment of Benefits and/or Health Care Operations**

1. You, your covered Dependents, and/or Personal Representatives have the right to request restrictions on the Health Plan's disclosure of your or their Protected Health Information to Covered Entities and/or their Business Team members for treatment, payment and/or health care operations, or to members of your family, other relatives or close personal friends who are directly involved with or responsible for your (or your covered Dependent's) care or payment for that care.
2. **However, the Health Plan is authorized by law and regulations to refuse to honor any request to restrict the Health Plan's disclosure to Covered Entities and/or their Business Team members for treatment, payment, and/or health care operations. Except as provided in the next paragraph, these types of requests will not be honored.**

Effective February 17, 2010 (or such other date specified as the effective date under applicable law), the Health Plan will comply with any restriction request if:

- (i) except as otherwise required by law, the disclosure is to the health plan for purposes of carrying out payment or health care operations (and is not for purposes of carrying out treatment, and
 - (ii) the PHI pertains solely to a health care item or service for which the health care provider involved has been paid out-of-pocket in full.
3. You may request restrictions by submitting a written request to the Health Plan.

B. Right to Confidential Communications About Protected Health Information

1. You, your covered Dependents, and/or Personal Representatives have the right to request in writing to receive confidential communications about any of your or their Protected Health Information by alternative means or at alternative locations (for example, when you or one of your covered Dependents does not want anyone else, including other family members, to have access to that Protected Health Information).
2. If you, your covered Dependent and/or Personal Representatives provide a statement that the disclosure of all or part of your or your covered Dependent's Protected Health Information to which your or your covered Dependent's request pertains could endanger you or your covered Dependent if not sent by the alternative means or to the alternative locations, and the request is reasonable, we will comply with the request.
3. In other circumstances, the Health Plan is not required to comply with your request although it may choose to do so depending on the circumstances.
4. You may request confidential communications by submitting a written request to the Health Plan.

C. Right to Inspect and Copy Your Own Protected Health Information

1. You, your covered Dependents, and/or Personal Representatives have the right to inspect and copy your or your covered Dependent's Protected Health Information, as applicable, maintained in the Health Plan's files (or if the request is made to any other Covered Entity, the information maintained in that Covered Entity's files), except for:
 - Psychotherapy notes
 - Information maintained by a Covered Entity pursuant to the Clinical Laboratory Improvements Amendments of 1988, to the extent applicable under that law
 - Information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding
 - Protected Health Information created or obtained by a health care provider as part of a research study; your access to such health information may be restricted for as long as the research is in progress, provided that you agreed to the temporary denial of access when consenting to participate in the research
 - Protected Health Information contained in records kept by a Federal agency or contractor when your access is restricted by law

and

- Protected Health Information obtained from someone other than us under a promise of confidentiality when the access requested would be reasonably likely to reveal the source of the information.
2. We may also deny access for the following reasons, provided you or your covered Dependent may have the right to have that denial reviewed under any of the following circumstances:
- A licensed health care provider has determined that the access requested is likely to endanger your or your covered Dependent's life or physical safety or that of another person.
 - That information refers to another person, and a licensed health care provider has determined that the access requested is likely to endanger that person's life or physical safety.
 - The request is made by your or your covered Dependent's Personal Representative and a licensed health care provider has determined that the access requested is reasonably likely to cause substantial harm to you or another person.
3. The following administrative procedures apply:
- You may request access by submitting a written request to the Health Plan.
 - The Health Plan will generally act on your request within 30 days after it is received.
 - You or your covered Dependent may be charged the reasonable costs for copying the Protected Health Information, postage or other charges incurred in mailing or sending that information to you or your covered Dependent, and the preparation of any requested explanation or summary of that information.
 - You or your covered Dependent will be advised of your right to appeal a denial of that information if you or your covered Dependent has such a right, or that you or your covered Dependent has no such right if it is not available.
 - If the Health Plan does not maintain that information and knows where that information is maintained, you or your covered Dependent will be advised where to direct your request for access to it.

D. Right to Amend Your Protected Health Information:

1. You, your covered Dependents, and/or Personal Representatives have the right to amend your or your covered Dependent's Protected Health Information if that request is in writing, and includes a reason to support the requested amendment. However, the Health Plan may deny your request if the Protected Health Information:
- Was not created by the Health Plan, unless you provide us with a reasonable basis to believe that the creator of that information is not available to act on the request to amend that information.
 - Is not part of the medical or billing records of the Health Plan or other records used by the Health Plan to make decisions about you.
 - Would not be available for inspection, as indicated in the section titled Right to Inspect and Copy Your Own Protected Health Information.
 - Is accurate and complete.
2. The following administrative procedures apply:

- You may request amendment by submitting a written request to the Health Plan.
- The Health Plan will act on the request within 60 days after it is received or within an additional 30 days if it cannot do so within that 60-day period.
- If the amendment is accepted, the Health Plan will make reasonable efforts to inform you or your covered Dependent when that amendment is made, and will provide a copy of it to anyone else who you or your covered Dependent identify as having received Protected Health Information about you or your covered Dependent and needing the amendment and anyone else the Health Plan knows has the unedited Protected Health Information and may have relied, or could reasonably rely, on it to your or your covered Dependent's detriment, and thus needs to have that amendment.
- If the request is denied, you, your covered Dependent and/or Personal Representative will be informed of the reason for the denial, and you or your covered Dependent will be advised of your or your covered Dependent's right to file a statement of disagreement and/or to seek further relief from that denial.
- If the Health Plan does not maintain that information and knows where that information is maintained, you or your covered Dependent will be advised where to direct your request for access to it.

E. Right to Receive an Accounting of Disclosures of Protected Health Information

1. You, your covered Dependents, and/or Personal Representatives have the right to receive an accounting of disclosures of your or your covered Dependent's Protected Health Information, **except for disclosures:**
 - To carry out treatment, payment and/or health care operations, as described above.
 - To you about your Protected Health Information.
 - Incidental to a use or disclosure permitted or otherwise required by applicable law or regulation.
 - To persons involved in your care or for notification purposes as provided by law.
 - Pursuant to your or your covered Dependent's written authorization.
 - For national security or intelligence purposes, as required by applicable law or regulation.
 - To correctional institutions or law enforcement officials, as required by applicable law or regulation.
 - That occurred before April 14, 2003, the date on which compliance by the Health Plan was required by law.

2. The following administrative procedures apply:
 - You may request an accounting by submitting a written request to the Health Plan.
 - The Health Plan will act on the request within 60 days after it is received or within an additional 30 days if it cannot do so within that 60-day period.
 - You or your covered Dependent may be charged the reasonable costs for copying the Protected Health Information, postage or other charges incurred in mailing or sending that information to you or your covered Dependent, but no charge will be made for the first accounting requested within any 12-month period. If you or your covered Dependent refuse to consent to paying any such charges, the

- request will be considered to have been withdrawn.
- The accounting will include:
 - The date of each disclosure.
 - The name and, if known, the address of each recipient.
 - A brief description of the information provided.
 - A brief statement of the purpose of the disclosure, or a copy of the written request for that disclosure.
- If the Health Plan does not maintain that information and knows where that information is maintained, you or your covered Dependent will be advised where to direct your request for access to it.

F. Right to be Notified of a Breach.

You have the right to be notified in the event that the Health Plan (or a business associate of the Health Plan) discovers a breach of unsecured Protected Health Information.

G. Right to Receive a Paper Copy of the Privacy Notice and Other Information

You have the right to obtain a paper copy of the notice at any time upon request. If you, your covered Dependent, and/or Personal Representatives wish to obtain a copy of the notice or have any questions about this notice, the Privacy Rule, or your rights as applied to your individual circumstances, contact the address shown in Your Right to Complain about Violations of Your Right to Privacy Protection. You can also access the privacy notice at www.rusbenefits.com.