



Effective Date: July 1, 2022

**NOTICE OF PRIVACY PRACTICES FOR
WSP USA INC. INSURANCE PLAN PARTICIPANTS AND
THEIR COVERED SPOUSES AND DEPENDENTS**

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.

As used in this notice, the term “Plan” refers to the WSP USA Inc. Insurance Plan, the term “Company” refers to WSP USA Inc. (and those of its affiliates, if any, who have employees covered by the Plan), the term “Participant” refers to an individual who is or was a Participant in the Plan and thereby entitled to health benefits under the Plan and the term “Potential Participant” refers to an individual who may at sometime become a Participant but who is not yet a Participant. If you have any questions about this notice, please contact the Contact Person of the Plan. The Plan’s Contact Person can be reached as follows:

Annette Fayad
Manager, Total Rewards
WSP USA Inc.
One Penn Plaza, 4th floor
New York, NY 10119
(212) 760-5700
corporatebenefits@wsp.com

WHY WE ARE PROVIDING THIS NOTICE

The Company sponsors the Plan for the benefit of certain of its employees, certain of their family members and their designated domestic partners. As a necessary part of the operation and administration of the Plan, the Company’s employees and entities such as claims administrators, COBRA vendors and case management companies (and their employees, agents and representatives) (the “Business Associates”) may have access to individually identifiable health information of Participants and Potential Participants which is protected under applicable federal law (such information is sometimes referred to as “PHI”). Federal law (i.e., the privacy provisions of the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”)) requires that access to PHI be limited and that individuals and entities having access to PHI be restricted in their use and disclosure of PHI. The purpose of this notice is to provide you with information regarding your PHI privacy rights and certain special protections for genetic information.



WHO WILL FOLLOW THIS NOTICE

The privacy practices described in this notice will be followed by the Plan and its fiduciaries (i.e., the people who operate the plan, such as the Company's Benefits and Compensation Committee), the Plan's Business Associates and, to the extent they are involved in the operation and administration of the Plan or its sponsorship, by the Company, its employees and agents.

GENERAL RULES REGARDING HEALTH INFORMATION

Information about you and your health is personal. The Plan is committed to protecting health information about you which is obtained in connection with the operation and administration of the Plan. This notice will tell you about the ways in which the Plan may use and disclose health information about you to someone other than yourself (or your legal representative). It also describes your rights regarding and certain obligations the Plan has regarding the use and disclosure of health information.

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 Plan's privacy practices notice that is currently in effect.

HOW THE PLAN MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

The following categories describe different ways that the Plan uses and may disclose PHI. For each category of uses or disclosures this notice will explain what it means and, in some cases, try to give some examples. Not every use or disclosure in a category will be listed. In addition, many of the uses and disclosures may be performed on the Plan's behalf by Business Associates, the Company and its employees or agents. However, all of the ways the Plan is permitted to use and disclose PHI will fall within one of the categories and in most cases the amount of health information used or disclosed will be limited to the minimum necessary amount (determined under a standard defined in HIPAA).

- **For Treatment:** The Plan may receive, use and disclose health information about you to provide you with or help you to obtain health treatment (i.e., providing, coordinating or managing your health care) or services. For example, the Plan may request and receive from a doctor who is treating you information about the health condition for which you are seeking treatment in order to determine if the treatment you are seeking (for instance, cosmetic surgery) is not covered by the Plan. As another example, the Plan may request a doctor who is recommending that you obtain treatment from a specialist for health information



regarding your condition to determine if the specialist referral is for ordinary and necessary medical treatment that is covered by the Plan.

- **For Payment:** The Plan may receive, use and disclose health information about you so that the bills for health treatment and services you have received may be paid by a Plan. For example, the Plan may need to have information about a surgery which you have received provided to the Plan to determine if the charges for such surgery exceed the reasonable and customary charges for such surgery to determine what portion of such charges should be paid by the Plan. The Plan might also need to receive information about a health condition which you have in order to preauthorize a given health procedure for that condition where such approval is required in advance of your obtaining that procedure in order to qualify for any payment by the Plan for the procedure or for payment by the Plan at a more favorable reimbursement rate for procedure. Similarly, the Plan may receive use and disclose health information to fiduciaries of the Plan in order to provide them with information necessary to process an appeal that you file with respect to a claim for Plan benefits which has been modified or denied. Other payment activities of the Plan with respect to which the Plan may use and disclose health information about you include claims management, risk adjustment, reinsurance, collection and other administrative Plan functions.
- **For Health Care Operations:** The Plan may receive, use and disclose health information about you for purposes of the Plan's operations such as underwriting (except as prohibited with respect to the use and disclosure of genetic information), premium rating or other activities relating to the creation, renewal or replacement of a contract of health insurance or health benefits, for legal or auditing functions or for general management and administrative activities. For instance, the Plan may request from any insurer currently funding or providing medical benefits under the Plan information relating to your and other Plan Participants' health procedures and treatments over a prior period in order to provide other insurers with information to make knowledgeable bids to insure benefits under the Plan for future periods. Also, the Plan might use information about your Plan claims to review the effectiveness of wellness programs or cost containment measures.
- **Plan Sponsor Information Request:** The Plan may disclose to the Company at the request of the Company summary health information (i.e., information that summarizes the claims history, claims expenses or type of claims experienced by Participants under the Plan) for the purpose of obtaining premium bids for providing health insurance coverage under the Plan or modifying, amending or terminating the Plan. For example, the Company may request summary health information about Plan Participants' claims over a given period to determine ways in which the Plan design may be changed in the future to reduce the costs of providing the Plan. The Plan may also disclose to the Company information on whether a person is participating in the Plan or is enrolled in or has disenrolled from a health insurance or health maintenance



organization offered by the Plan. The Company can only be provided other health information regarding Plan Participants for use by persons identified in the Plan documents, such as the employees in the Company's Benefits Department, and for the purpose or purposes described in the Plan document, such as specific plan administration activities, and only if the Plan documents restrict use and disclosure of such information by the Company and establish adequate separation between the Plan and the Company with respect to the use and disclosure of PHI. In addition, the Plan must provide that it will disclose PHI to the Company only upon receipt of a certification from the Company that the Plan documents have been amended to incorporate these restrictive provisions and that the Company agrees to comply with such restrictions. A summary of such restrictive provisions may also be obtained at any time, without charge, from the Plan's Contact Person.

- **Disclosure to You:** The Plan may disclose your medical information to you.
- **Individuals Involved in Your Care or Payment for Your Care:** Unless you advise the Plan otherwise by completing the attached Disclosure Objection Form and returning a copy of such completed form to the Plan's Contact Person, the Plan will be entitled to disclose protected health information that is relevant to your health care treatment under the Plan or payment for such treatment as follows: if you are married, to your spouse; if you have a domestic partner which you have designated as such under the Company's domestic partner benefit policy, to your domestic partner; and if you are covered by the Plan as a child (regardless of whether you have obtained the age of legal majority), to either of your parents (which may include a stepparent). The Plan will have the right to make such disclosures for as long as you are covered by the Plan (including coverage following reenrollment should you for any reason discontinue your Plan coverage and thereafter reenroll in the Plan) or have claims pending with the Plan following the termination of your coverage. However, you may file a Disclosure Objection Form at any time if you want the Plan to cease making family member or domestic partner disclosures as described above. Your Disclosure Objection Form should be returned to the Plan's Contact Person at the address noted on the first page of this notice.
- **Disclosures to Business Associates:** The Plan may disclose your medical information to a Business Associate and the Business Associate will be required to appropriately safeguard your medical information and use or disclose it only for permitted purposes.
- **To Notify of a Data Breach:** In the unlikely event that there is an unauthorized acquisition, access, use, or disclosure of your medical information that compromises the security or privacy of this information, the Plan is generally required to provide you written notice concerning this data breach no later than 60 days from the date the breach was discovered. For this purpose, security or privacy is generally considered



compromised when the unauthorized acquisition, access, use, or disclosure of the medical information poses a significant risk of financial, reputational or other harm to you.

- **Marketing:** The Plan may use or disclose your medical information for purposes of marketing products or services if the particular marketing activity either occurs face-to-face with you or involves giving you an inexpensive item that promotes the Plan.
- **Limited Data Set:** The Plan may use or disclose your medical information for purposes of health care operations, research, or public health activities if the information is stripped of direct identifiers and the recipient agrees to keep the information confidential.
- **Pursuant to Your Authorization:** Other uses and disclosures of health information not covered by this notice or the laws that apply to the Plan will be made only with your written permission. If you provide the Plan permission to use or disclose health information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, the Plan will no longer use or disclose health information about you for the reasons covered by your written authorization. You understand that the Plan is unable to take back any disclosures already made with your permission, and that the Plan is required to retain its records regarding your protected health information which the Plan has obtained.
- **As Required By Law:** The Plan may disclose PHI about a Participant when required to do so by federal, state or local law.
- **To Avert a Serious Threat to Health or Safety:** The Plan may use and disclose PHI about a Participant when necessary to prevent a serious health and safety threat.
- **Specialized Governmental Functions:** The Plan may disclose PHI about a Participant as required by military command authorities (including appropriate foreign military authority in the case of foreign military personnel). The Plan may also release PHI about a Participant in connection with: national security and intelligence activities and protective services for governmental officials.
- **Workers' Compensation:** The Plan may disclose PHI about a Participant for workers' compensation or similar programs.
- **Lawsuits and Disputes:** Subject to a number of protective requirements and restrictions, the Plan may disclose PHI about a Participant in response to (i) a court or administrative order and (ii) a subpoena, discovery request, or other lawful process by someone else involved in the dispute.



- **Law Enforcement:** The Plan may disclose PHI about a Participant if asked to do so by a law enforcement official for law enforcement purposes or in response to certain court orders or in the course of judicial or administrative proceedings.
- **Inmates:** If a Participant is an inmate of a correctional institution or under the custody of a law enforcement official, the Plan may disclose PHI about the Participant to the correctional institution or law enforcement officials to: provide the Participant with health care; protect the Participant's health and safety or the health and safety of others; or protect the safety and security of the correctional institution.
- **Public Health Activities:** The Plan may disclose PHI about a Participant to persons who may be at risk of contacting or spreading a disease or condition, to public health authorities to prevent or control disease or to report child abuse or neglect and to the Federal Food and Drug Administration with respect to adverse events or product defects.
- **Victims of Abuse, Neglect or Domestic Violence:** The Plan may disclose PHI about a Participant to governmental authorities authorized by law to receive reports of abuse, neglect or domestic violence as required by law or if the Participant agrees or the Plan believes the disclosure is necessary to prevent serious harm.
- **Decedents:** The Plan may disclose PHI about a Participant to a coroner or medical examiner to identify a deceased or determine the cause of death and to funeral directors to carry out their duties.
- **Organ, Eye or Tissue Donations:** The Plan may disclose PHI about a Participant to organ procurement organizations or other entities to facilitate organ, eye or tissue donations and transplantations.
- **Research Purposes:** The Plan may disclose PHI about a Participant subject to special rules and restrictions under HIPAA to facilitate medical research.
- **Health Oversight Activities:** The Plan may disclose PHI about a Participant for activities authorized by law for oversight of the health care system, government benefit programs and compliance with regulatory programs or civil rights laws.
- **Department of Health and Human Services:** The Plan may disclose PHI about a Participant to the Department of Health and Human Services to investigate or determine the Plan's compliance with the HIPAA privacy rules.
- **Incidental Uses and Disclosures:** Uses and disclosures that occur incidentally with a use or disclosure described above in this notice may occur, as long as the Plan has implemented and followed reasonable safeguards to limit such uses and disclosures.



Special Protections For Genetic Information: In accordance with the Genetic Information Nondiscrimination Act of 2008, the Plan is not permitted to use or disclose your genetic information for underwriting purposes, which generally includes (1) determining your eligibility for benefits under the Plan, (2) computing the premium amounts for Plan coverage, (3) applying any pre-existing condition exclusion under the Plan, and (4) other activities related to the creation, renewal, or replacement of health benefits. In general, and subject to certain exceptions, your genetic information includes genetic tests of you and your family members (up to the fourth degree of kinship), family medical histories, and genetic counseling and education.

YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU

You have the following rights regarding health information the Plan has about you:

- **Right to Inspect and Copy:** You have the right to inspect and obtain a copy of all health information that the Plan has about you. Usually, this includes health and billing records, but according to the HIPAA privacy rules does not include psychotherapy notes. To inspect and copy health information that may be used to make decisions about you, you must submit your request in writing to the Plan's Contact Person. If you request a copy of the information, the Plan may charge a fee for the costs of copying, mailing or other supplies associated with your request. The Plan may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to health information, you may file a complaint with the Plan's Contact Person or the Secretary of Health and Human Services.

If the Plan maintains an electronic health record containing your medical information, you have the right to request that a copy of this medical information be sent in an electronic format to you or to a clearly designated third party. An "electronic health record" is an electronic record of health-related information that is created, gathered, managed, and consulted by authorized health care clinicians and staff. The Plan may charge a reasonable fee for sending the electronic copy of your medical information.

- **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 the information. 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, your request must be made in writing and submitted to the Plan's Contact Person. In addition, you must provide a reason that supports your request. The Plan may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, the Plan may deny your request if you ask the Plan to amend information that: was not created by the Plan, unless the person or entity that created the information is no longer available to make the amendment; is not part of the health information kept by or for the Plan; is not part of



the information which you would be permitted to inspect and copy; or is accurate and complete.

- **Right to an Accounting of Disclosures:** You have the right to request an “accounting of disclosures.” This is a list of the disclosures made by the Plan of health information about you for reasons other than treatment, payment or health care operations or pursuant to your authorization. To request this list or accounting of disclosures, you must submit your request in writing to the Plan’s Contact Person. Your request must state a time period which may not be longer than six years. Your request should indicate in what form you want the list (for example, on paper or electronically). 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 or limitation on the health information the Plan uses or discloses 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. If the Plan agrees, it will comply with your request unless the information is needed to provide you emergency treatment or required by law until you or the Plan cancels the limitation. To request restrictions, you must make your request in writing to the Plan’s Contact Person. In your request, you must tell the Plan (1) what information you want to limit; (2) whether you want to limit its use, disclosure or both; and (3) to whom you want the limits to apply.

The Plan is generally not required to agree to your request for restrictions. However, except as otherwise required by law, a covered entity (such as the Plan or a health care provider) must agree to certain requested restrictions if the disclosure is to a health plan for purposes of carrying out payment or health care operations (and not for purposes of carrying out treatment) and relates solely to a health care item or service for which the health care provider has been paid out of pocket in full. For example, this means that a doctor or other health care provider generally must agree to your request to not send medical information to the Plan in certain circumstances if the medical information concerns an item or service for which you have paid the provider out of pocket in full.

- **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 only contact you at work or by mail. To request confidential communications, you must make your request in writing to the Plan’s Contact Person. The Plan will not ask you the reason for your request. The Plan will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.



- **Right to a Copy of This Notice:** You may ask us to give you a copy of this notice at any time. If you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. You may obtain an electronic copy of this notice via the WSP USA Inc. intranet.

CHANGES TO THIS NOTICE

The Plan reserves the right to change this notice. The Plan reserves the right to make the revised or changed notice effective for health information the Plan already has about you as well as any information it receives in the future. The Plan will post a copy of the current notice in the Company's Benefits Office and at the website set forth in the above paragraph. The effective date of notice will be written on the notice's first page.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the Plan's Contact Person or with the Secretary of the Department of Health and Human Services. A complaint filed with the Plan's Contact Person must be submitted in writing and must comply with the Plan's privacy right complaint procedures. A copy of such procedures can be obtained from the Plan's Contact Person without charge upon written request.

You will not be penalized for filing a complaint.

You may contact Department of Health and Human Services by telephone at 1-800-368-1019, by electronic mail at ocrprivacy@hhs.gov, or by regular mail addressed to:

Director, Office of Civil Rights
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Room 509F, HHH Building
Washington, D.C. 20201

HEALTH PROVIDERS AND YOUR HEALTH INFORMATION

Health providers (such as doctors, medical clinics, health maintenance organizations, hospitals, etc.) may also use and disclose health information about you. You also have rights regarding the health information which they obtain and have about you. You should consult the notices of privacy practices which you receive from health care providers for information regarding how and under what circumstances they may use and release your health information and what rights you have with respect to their practices regarding your health information.

MISCELLANEOUS

The Plan may contact you to provide information about treatment alternatives or other health-related benefits and services that may be of interest to you, subject to limits imposed by law.

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