

Robert Half Welfare Benefit Plan HIPAA Privacy Policy & Procedures and Security Policies

Introduction

The Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) and related rules protect the privacy and confidentiality of protected health information (“PHI”) created, used, or disclosed by health care providers, health plans, and health care clearinghouses (“Covered Entities”). PHI is information that can be linked to a particular person and contains health information. Examples of PHI include a record that contains an individual’s name and diagnosis, or a list of individuals who are or have been members of a health plan or patients of a health care provider.

A Covered Entity must enter into a business associate agreement (a “BA Agreement”) with any person or entity who performs a function, service, or activity for that Covered Entity and that creates, receives, maintains, or transmits PHI in doing so (each a “Business Associate”). A Business Associate must enter into a BA Agreement with any subcontractor who creates, receives, maintains, or transmits PHI on the Business Associate’s behalf, and that subcontractor is treated under HIPAA as being a Business Associate itself. Business Associates and their subcontractors have individual liability for HIPAA violations due to services performed for the Plan as specified in the applicable Business Associate Agreement.

Covered Entities and Business Associates have a number of obligations under HIPAA. This Privacy Policy and Procedures document (the “Policy”) focuses upon those obligations that arise under the HIPAA Privacy Rule (45 C.F.R. Part 164, Subpart E) for the Robert Half Welfare Benefit Plan and Summary Plan Description (the “Plan”) and provides rules and procedures for complying with the Plan’s privacy obligations under HIPAA.

This Policy is applicable to all members of the Plan’s workforce, including all employees and other personnel who are assigned to perform functions of or services for the Plan (collectively, the “Plan’s Workforce”). Non-compliance with this Policy may result in disciplinary action including suspension and termination.

1. Compliance, Generally. It is the policy of the Plan that the Plan and all members of the Plan’s workforce comply fully with the applicable requirements of the Standards for the Privacy of Individually Identifiable Health Information adopted by the U.S. Secretary of Health & Human Services under the Administrative Simplification Provisions of the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”), commonly known as the “HIPAA Privacy Rule,” 45 C.F.R. Part 164, Subpart E. Plan administration has been delegated to third party administrators and their subcontractors through service agreements and Business Associate Agreements, and the Plan and the Plan’s workforce create, receive and maintain limited amounts of Protected Health Information, if any. The HIPAA Privacy Rule only applies to the portions of the Plan that provide medical care (e.g., medical, dental and vision care), and only to the extent such benefits are not “excepted benefits” under the HIPAA Privacy Regulations. The Plan Administrator may make a “hybrid entity designation” under which it has identified portions of the Plan that engage in functions covered by the HIPAA Privacy Rule, and the portions that do not. To the extent permitted by law, where the Plan includes one or more fully insured health care Component Program(s), and one or more self-insured health care benefit Component Program(s), the mere fact that fully insured and self-insured health care benefits are bundled under this Plan will not be construed to subject any fully insured medical benefit (absent the Employer’s acquisition of PHI with respect to the fully insured health care benefit) under this Plan to the same HIPAA privacy requirements that apply to the self-insured health care Component Program(s).

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2. Interpretation and Application of this Policy. This Policy shall be interpreted and applied in a manner that promotes and accomplishes the Plan's compliance with the HIPAA Privacy Rule. All words used in this Policy, whether or not specifically defined, shall be given a meaning that promotes or accomplishes that compliance. In addition, many of the privacy obligations referenced below may have been delegated by the Plan and/or the Plan Sponsor to one or more of the Plan's third party administrators in relevant service agreements.

3. Privacy Official. The Plan should at all times have designated a privacy official (the "Privacy Official") who should be responsible for the development and implementation of the Plan's policies and procedures for assuring compliance with the HIPAA Privacy Rule, including without limitation this Policy. The Privacy Official is Lynne Smith, Head of Human Resources, Rober Half.

4. Safeguards, Generally. The Plan should adopt and maintain in place appropriate administrative, technical, and physical safeguards to protect the privacy of PHI. These measures should reasonably safeguard PHI from any intentional or unintentional use or disclosure that is in violation of this Policy or the HIPAA Privacy Rule. Without limiting the generality of the foregoing, such safeguards should act to limit incidental uses or disclosures made pursuant to an otherwise permitted or required use or disclosure. Members of the Plan's Workforce should perform their respective responsibilities for the Plan subject to and in accordance with those safeguards.

5. Sanctions and Disciplinary Measures. The Plan should have and apply appropriate sanctions against members of the Plan's Workforce who fail to comply with the Plan's privacy Policies and Procedures or the requirements of the HIPAA Regulations. In developing appropriate sanctions, it is necessary to recognize the nature of the noncompliance, develop any necessary modifications to the Policies and Procedures to avoid further noncompliance, and apply appropriate sanctions intended to mitigate the risk of noncompliance. While the Privacy Official, in consultation with the Plan, will have discretion to determine the type of sanctions to be imposed, the range of sanctions may include:

- (i) Additional/remedial privacy training
- (ii) Counseling by supervisor
- (iii) Notation in personnel files
- (iv) Letter of reprimand from supervisor
- (v) Removal from being within the Plan firewall
- (vi) Removal from current position
- (vii) Suspension from current position
- (viii) Termination of employment
- (ix) Other sanctions as determined by the Privacy Official

The Plan will maintain a written or electronic record of the sanctions that are applied, if any. The Plan

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will retain such documentation for six (6) years from the date of a sanction's creation or the date when it last was in effect, whichever is later.

6. Uses and Disclosures, Generally. The Plan and all members of the Plan's Workforce should use and disclose PHI only as expressly permitted by this Policy. Neither the Plan nor any member of the Plan's Workforce should use or disclose PHI other than expressly permitted by this Policy.

6.a. Minimum Necessary. When using, or disclosing PHI, the Plan and members of the Plan's Workforce should make reasonable efforts to limit that PHI to the minimum necessary to accomplish the purpose of the request, use, or disclosure.

6.a.1. When requesting PHI from other Covered Entities for the purposes of healthcare operations, claims or payment purposes, the Plan will limit the request to the minimum amount necessary to accomplish the purpose of the request. For example, the Plan may not request an entire medical record unless it is specifically justified as reasonably necessary to accomplish the purpose of the request.

6.a.2. Uses or disclosures that impermissibly involve more than the minimum necessary information, in violation of 45 CFR §§164.502(b) and 164.514(d), may qualify as Breach and trigger Breach notification obligations. Such incidents must be evaluated to determine whether Breach notification is not required. Where a minimum necessary violation occurs in a disclosure to a Business Associate or as an internal use within the Covered Entity or Business Associate, the fact that the information was not acquired by a third party would be considered as part of the risk assessment and may help lead to the conclusion that there is a low probability that the PHI has been compromised. Alternatively, Covered Entities and Business Associates may determine that certain minimum necessary violations fall within the exceptions to the definition of Breach at 45 CFR §164.402(1)(i) or (1)(ii).

7. Permitted Uses and Disclosures.

A. PHI should be used or disclosed only for the proper management, operations, and administration of the Plan. No member of the Plan's Workforce may use or disclose PHI other than for a purpose for which the Plan may use or disclose that information, or other than in the circumstances in which the Plan may use or disclose that information.

B. Under the HIPAA Privacy Rule, certain uses and disclosures of PHI require the authorization of the individual. Neither the Plan nor any member of the Plan's Workforce should use or disclose PHI without such an authorization, unless an exemption from the authorization requirement applies. Without limiting the generality of the foregoing, and subject to the other applicable limitations set forth in this Policy, the following uses and disclosures without individual authorization should be permitted:

(i) The Plan may use or disclose PHI for its own treatment, payment, or health care operations. Minimum necessary requirements do not apply to disclosures for these purposes.

(ii) The Plan may disclose PHI for treatment activities of a health care provider. The Plan will only disclose the minimum amount of PHI necessary to satisfy the need for information for purposes of treatment.

(iii) The Plan may disclose PHI to another HIPAA covered entity or a health care provider for the payment activities of the entity that receives the information. The Plan will only disclose

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the minimum amount of PHI necessary to satisfy the need for information for purposes of payment activities.

(iv) The Plan may disclose PHI to another covered entity for health care operations activities of the entity that receives the information, if the Plan and that other entity either has or had a relationship with the individual who is the subject of the PHI being requested, the PHI pertains to such relationship, and the disclosure is for any of the following purposes: conducting quality assessment and improvement activities, patient safety activities, population-based activities relating to improving health or reducing health care costs, protocol development, case management and care coordination; contacting of health care providers and patients with information about treatment alternatives; reviewing the competence or qualifications of health care professionals; evaluating practitioner and provider performance; health plan performance; conducting training programs in which students, trainees, or practitioners in areas of health care learn under supervision to practice or improve their skills as health care providers, training of non-health care professionals, accreditation, certification, licensing, or credentialing activities; and for the purpose of health care fraud and abuse detection and compliance.

(v) The Plan may use and disclose PHI when and to the extent required by law.

(vi) The Plan may use and disclose PHI for public health activities in accordance with 45 C.F.R. § 164.512(b), about victims of abuse, neglect, or domestic violence in accordance with 45 C.F.R. § 164.512(c), to a health oversight agency in accordance with 45 C.F.R. § 164.512(d), for judicial and administrative proceedings in accordance with 45 C.F.R. § 164.512(e), for law enforcement purposes in accordance with 45 C.F.R. § 164.512(f), about decedents in accordance with 45 C.F.R. § 164.512(g), for cadaveric organ, eye, or tissue donation purposes in accordance with 45 C.F.R. § 164.512(h), for research purposes in accordance with 45 C.F.R. § 164.512(i), to avert a serious threat to health or safety in accordance with 45 C.F.R. § 164.512(j), for specialized governmental functions in accordance with 45 C.F.R. § 164.512(k), and for workers' compensation purposes in accordance with 45 C.F.R. § 164.512(l).

(vii) The Plan, or a health insurance issuer or HMO with respect to the Plan, may disclose to the Plan Sponsor (as defined below) information on whether an individual is participating in the Plan, or is enrolled in or has disenrolled from a health insurance issuer or HMO offered by the Plan.

8. Other Permitted and Prohibited Uses and Disclosures. Without limiting Section 6, the Plan may:

A. Disclose PHI to the Plan Sponsor (as defined below) to carry out plan administration functions that the Plan Sponsor performs only consistent with the requirements of this Policy;

B. Disclose PHI pursuant to a valid HIPAA authorization that obtained from the individual that meets the requirements and contains the elements set forth under 45 CFR 164.508, which permits additional disclosure;

C. Not permit a health insurer or HMO with respect to the Plan to disclose PHI to the Plan Sponsor except as permitted by this Policy;

D. Not disclose and may not permit a health insurer or HMO to disclose PHI to the Plan Sponsor as otherwise permitted by this paragraph unless a statement required is included in the Plan's

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Notice of Privacy Practices stating that the Plan is prohibited from using or disclosing PHI that is genetic information for underwriting purposes, as prohibited by the Privacy Rule; and

F. Not disclose PHI to the Plan Sponsor for the purpose of employment-related actions or decisions or in connection with any other benefit or employee benefit plan of the plan sponsor.

9. Verification and Personal Representatives. Prior to any disclosure of PHI permitted by this Policy, the Plan should:

A. Verify the identity of the person PHI and the authority of any such person to have access to PHI pursuant to this Policy and the Privacy Rule, if the identity or any such authority of such person is not known to the Plan; and

B. Obtain any documentation, statements, or representations, whether oral or written, from the person requesting the PHI when such documentation, statement, or representation is a condition of the disclosure under the Privacy Rule.

C. The Plan will follow the following protocol when verifying a Personal Representative's identity and authority:

i. Telephone Communication. Other than for parents or guardians or other persons acting in loco parentis of unemancipated minors, the Plan will not release information to a personal representative over the telephone. Advise the contact that the information is protected under the Privacy Act and the HIPAA Privacy Rule and it is for the caller's protection that the Plan will not release the information. Advise the caller that the request should be in writing, include the authority under which the caller is making the request (e.g., executor, next of kin) and must state why the information is being sought.

ii. Written Communication. The Plan will obtain reasonable identification and the appropriate written documentation required by state law to confirm the authority of an individual to act as a personal representative prior to disclosing PHI.

10. Prohibited Uses and Disclosures. Without limiting the generality of any other provision of this Policy, PHI may not be used or disclosed by the Plan or any member of the Plan's Workforce for any of the following purposes:

A. Genetic information may not be disclosed for underwriting purposes such as (1) making rules for determining, or for determining, eligibility, enrollment, or continued enrollment in any health plan, coverage, or policy, (2) computing premiums or contribution amounts, (3) applying pre-existing conditions exclusions; or (4) otherwise creating, renewing, or replacing health care coverage.

B. PHI may not be sold or used for marketing purposes except as permitted by the Privacy Rule.

C. If the Plan has agreed to, or is otherwise subject to, a restriction on use or disclosure of PHI, neither the Plan nor any member of the Plan's Workforce should use or disclose that PHI in violation of that restriction.

11. Unauthorized Disclosure, Use and Breach Notification. The Plan will evaluate, respond to and

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provide notice of a Breach in accordance with the Breach procedures set forth in the Robert Half International Inc. HIPAA Data Security Policies and Procedures, Section I-G, Breach Notification Procedures if such Breach is committed by a member of the Plan's Workforce. Any employee that discovers or is notified about a Breach or suspected Breach of Unsecured Protected Health Information must immediately report such incident to the Privacy Official or to the Legal Department, regardless of the format in which the information was maintained, by calling 650-234-6000 or directly any attorney within the Legal Department. Any individual within the Legal Department receiving such a report shall immediately forward the report to the Privacy Official.

12. Disclosures of PHI to Service Providers for the Plan. The Plan and members of the Plan's Workforce may disclose PHI to a third party administrator or service provider that is a Business Associate of the Plan if that entity has entered into a BA Agreement with the Plan that complies with the applicable requirements of HIPAA. The Plan should enter into such BA Agreements with all such service providers. The Plan will follow the applicable Business Associate engagement process set forth in the Robert Half International, Inc. HIPAA Data Security Policies and Procedures, Section I-J, Business Associate Contracts and Other Arrangements. All agreements between the Plan and any Business Associate should contain the language outlined in RHI's model Business Associate agreement for the Plan, as amended from time to time.

13. Notice of Privacy Practices. The Plan should issue a Notice of Privacy Practices to all individuals covered by the Plan, which Notice should comply with the applicable requirements of 45 C.F.R. § 164.520. The Plan should provide that Notice to all individuals covered by the Plan at the time they become covered by the Plan. The Plan should, not less frequently than once every three (3) years, notify all individuals then covered by the Plan of the availability of the Notice and how to obtain a copy of the Notice. If and when the Plan makes a material change to the Notice, the Plan should prominently post the change or the revised Notice on its website not later than the effective date of the change, and should provide information about the change or an explanation of how to obtain the revised Notice, in its next annual mailing to individuals covered by the Plan. All such communications should comply with the applicable requirements of 45 C.F.R. § 164.520. The Notice of Privacy Practices can be found at www.roberthalfbenefits.com under Resources/Legal Notices and Government Filings. A link is available in the Robert Half Connect internal site and Protiviti's iShare. To obtain a paper copy of the Notice of Privacy Practices please see Appendix A.

14. Availability of Books and Records. The Plan should make its internal practices, books, and records relating to the use and disclosure of PHI available to the Secretary of the U.S. Department of Health & Human Services for purposes of determining Robert Half's or the Client's compliance with the HIPAA Privacy Rule.

15. Access to PHI and Designation of Authorized Representative. The Plan or the applicable third party administrator should provide each individual covered by the Plan access to PHI about such individual in accordance with 45 C.F.R. § 164.524. Appendix A sets forth the contact to which requests should be directed.

- a. All requests must be submitted in writing.
- b. The Plan will direct a requesting party to the resources set forth in Appendix A to request access. To the extent the Plan maintains any of the responsive PHI in a designated record set, the Plan will follow the procedures set forth in 45 CFR §164.524.

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16. Amendment of PHI. The Plan should accept individuals' requests to amend their PHI, and should accept or deny such requests in the Plan's discretion, subject to the limitations set forth in 45 C.F.R. § 164.526. Appendix A sets forth the contact to which requests should be directed.

- a. All requests must be submitted in writing.
- b. The Plan will direct a requesting party to the resources set forth in Appendix A to request an amendment. To the extent the Plan maintains any of the responsive PHI in a designated record set, the Plan will follow the procedures set forth in 45 CFR §164.526.

17. Accountings of Disclosures. The Plan or the applicable third party administrator should provide accountings of disclosures of PHI as required by 45 C.F.R. § 164.528.

- a. All requests must be submitted in writing.
- b. The Plan will direct a requesting party to the resources set forth in Appendix A to request an accounting. To the extent the Plan maintains any of the responsive PHI, the Plan will follow the procedures set forth in 45 CFR §164.528.

18. Restrictions on Use or Disclosure. The Plan or the third party administrator should permit individuals to request that the Plan restrict the uses and disclosures to which PHI should be subject and, if the Plan agrees to such a request, should not use or disclose PHI in violation of that restriction except as permitted by 45 C.F.R. § 164.522(a). Appendix A sets forth the contact to which requests should be directed.

- a. All requests must be submitted in writing.
- b. The Plan will direct a requesting party to the resources set forth in Appendix A to request a restriction on the use or disclosure of PHI. To the extent the Plan maintains any of the responsive PHI, the Plan will follow the procedures set forth in 45 CFR §164.522.

19. Training.

A. The Plan should train all members of the Plan's Workforce on the contents of this Policy, and the Plan's other applicable policies and procedures, as necessary and appropriate for the members of the workforce to carry out their functions in compliance with this Policy.

B. Training should be provided to each member of the Plan's Workforce within a reasonable period of time after the person joins the Plan's Workforce. Training should be provided to each member of the Plan's Workforce whose functions are affected by a material change in this Policy or the HIPAA Privacy Rule within a reasonable period of time after the material change becomes effective.

C. The Plan should document that all training required by this Policy has been provided.

20. Complaints.

A. The Plan should designate a contact person or office that is responsible for receiving complaints made or received under this Policy, or the HIPAA Privacy Rule. That contact person or office is Trevor Kruse, Senior Director, Benefits Operations, Robert Half or contact the HR Solutions Center at 1.855.744.6947 or HRsolutions@roberthalf.com.

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B. The Plan should adopt and maintain in place a process for individuals to make complaints concerning the compliance with this Policy or the HIPAA Privacy Rule by the Plan or any member of the Plan's Workforce. The Plan should document the receipt of any such complaint, and the investigation, resolution and, if any, the disposition, thereof.

21. No Retaliation. Neither the Plan nor any member of the Plan's Workforce should intimidate, threaten, coerce, discriminate against, or take other retaliatory action against any individual for the exercise by the individual of any right established, or for participation in any process provided for, by this Policy or the HIPAA Privacy Rule.

22. Workforce Sanctions. The Plan should have and apply appropriate sanctions against members of the Plan's Workforce who fail to comply with this Policy or the HIPAA Privacy Rule. The Plan should document any and all sanctions that are applied.

23. Health Plan Documentation.

A. The Plan should ensure that Robert Half International Inc. (the "Plan Sponsor") will reasonably and appropriately safeguard electronic PHI created, received, maintained, or transmitted to or by the Plan Sponsor on behalf of the Plan. The Plan's organizational documents should require that the Plan Sponsor:

(i) Implement administrative, physical, and technical safeguards that reasonably and appropriately protect the confidentiality integrity, and availability of the electronic PHI that it creates, receives, maintains, or transmits on behalf of the Plan;

(ii) Ensure that the adequate separation required by § 164.504(f)(2)(iii) is supported by reasonable and appropriate security measures;

(iii) Ensure that any agent, including a subcontractor, to whom the Plan Sponsor provides electronic PHI agrees to implement reasonable and appropriate security measures to protect the information; and

(iv) Report to the Plan any security incident of which the Plan Sponsor becomes aware.

B. Except as prohibited by 45 C.F.R. §164.502(a)(5)(i) with respect to genetic information, The Plan or a health insurance issuer or HMO with respect to the Plan, may disclose summary health information to the Plan Sponsor, if the Plan Sponsor requests the summary health information for the purpose of:

(i) Obtaining premium bids from health plans for providing health insurance coverage under the Plan; or

(ii) Modifying, amending, or terminating the Plan.

C. The Plan's organizational documents should incorporate provisions to accomplish the following:

(i) Establish the permitted and required uses and disclosures of PHI by the Plan

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Sponsor, provided that such permitted and required uses and disclosures may not be inconsistent with this Policy or the Privacy Rule.

(ii) Provide that the Plan will disclose PHI to the Plan Sponsor only upon receipt of a certification by the Plan Sponsor that the Plan's organizational documents incorporate the following provisions and that the Plan Sponsor agrees to:

(a) Not use or further disclose the PHI received from the Plan other than as permitted or required by the plan documents or as required by law;

(b) Ensure that any agents to whom the Plan Sponsor provides PHI received from the Plan agree to the same restrictions and conditions that apply to the Plan Sponsor with respect to such information;

(c) Not use or disclose such PHI for employment-related actions and decisions or in connection with any other benefit or employee benefit plan of the Plan Sponsor;

(d) Report to the Plan any use or disclosure of such PHI that is inconsistent with the uses or disclosures provided for of which it becomes aware;

(e) Make available PHI in accordance with § 164.524;

(f) Make available PHI for amendment and incorporate any amendments to PHI in accordance with § 164.526;

(g) Make available the PHI required to provide an accounting of disclosures in accordance with § 164.528;

(h) Make its internal practices, books, and records relating to the use and disclosure of PHI received from the Plan available to the Secretary of Health & Human Services for purposes of determining compliance by the Plan with the Privacy Rule;

(i) If feasible, return or destroy all PHI received from the Plan that the Plan Sponsor still maintains in any form and retain no copies of such information when no longer needed for the purpose for which disclosure was made, except that, if such return or destruction is not feasible, limit further uses and disclosures to those purposes that make the return or destruction of the information infeasible; and

(j) Ensure that the adequate separation required below is established.

D. The Plan's organizational documents must provide for adequate separation between the Plan and the Plan Sponsor, as follows. The plan documents must:

(i) Describe those employees or classes of employees or other persons under the control of the Plan Sponsor by position to be given access to PHI to be disclosed, provided that any employee or person who receives PHI relating to payment under, health care operations of, or other matters pertaining to the Plan in the ordinary course of business must be included in such description;

(ii) Restrict the access to and use by such employees and other persons described

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above to the plan administration functions that the Plan Sponsor performs for the Plan; and

(iii) Provide an effective mechanism for resolving any issues of noncompliance by such persons with the plan document provisions required by this paragraph.

24. Documentation.

A. The Plan should maintain this Policy in written or electronic form.

B. If a communication is required by this Policy or the HIPAA Privacy Rule to be in writing, or is made in writing, the Plan should maintain such writing, or an electronic copy, as documentation.

C. If an action, activity, or designation is required by this Policy or the HIPAA Privacy Rule to be documented, the Plan should maintain a written or electronic record of such action, activity, or designation.

D. The Plan should retain all such documentation for not less than six years from the date of its creation or the date when it last was in effect, whichever is later.

25. Changes to Policy. The Plan should update or otherwise revise this Policy as necessary and appropriate to comply with changes in applicable laws and regulations, including without limitation the HIPAA Privacy Rule. Whenever there is a legal or regulatory change that necessitates a change to this Policy, the Plan should promptly document and implement the change and perform all necessary workforce training.

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APPENDIX A

LIST OF RESOURCES

For questions concerning the Plan and Personal Health Information:

To request access, restrict the use or disclosure, designate one or more Authorized Representatives, request the amendment of PHI or to obtain a paper copy of the Notice of Privacy Rights and Practices please check the following resources:

1. Human Resources Solution Center: 1.855.744.6947
HR Solutions Center (HRsolutions@roberthalf.com)
2. Robert Half Benefits Group: HQP Benefits (benefits@roberthalf.com) and rhbenefits@roberthalf.com.
3. Robert Half Staff, SPS, Hawaii temps and Protiviti Employees

Employees covered by the Plan can request access, restrict the use or disclosure, designate one or more Authorized Representatives, or request the amendment of PHI by contacting the third-party administrator for the Plan listed in the Plan document.

4. Temporary Employees

Temporary Employees covered by the Plan can request access, restrict the use or disclosure, designate one or more Authorized Representatives, or request the amendment of PHI by contacting the following:

Fringe Benefit Group, Inc.
Attn: Member Services
11910 Anderson Mill Road
Austin, TX 78726
Phone 855-495-1192
Fax 800-713-0294
RHAWPbenefits.com

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HIPAA Security Policies

The Plan's policies and procedures regarding the security of PHI are as set forth in the Robert Half International Inc. HIPAA Data Security Policies and Procedures.