

Effective Date: February 5, 2020

# **[MARVELL SEMICONDUCTOR HEALTH AND WELFARE PLAN]**

## **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.**

If you have any questions about this Notice, please contact Janice Hall or Margaret Shaw at (408) 222.2500.

### **Who Will Follow This Notice**

This Notice describes the medical privacy practices of the group health plan components of the [Marvell Semiconductor Health and Welfare Plan] (collectively, the “*Plan*”) and the privacy practices of any third party that helps administer the Plan. We are giving you this Notice to inform you of these rights and to comply with a federal law called the Health Insurance Portability and Accountability Act of 1996 and the Health Information Technology for Economic and Clinical Health Act. In this Notice, these two laws together are referred to as “HIPAA.”. The Plan is sponsored by Marvell Semiconductor, Inc. (the “*Plan Sponsor*”).

### **Our Pledge Regarding Medical Information**

We understand that medical information about you and your health is personal, and we are committed to protecting that information. As part of that protection, we have created a record of your health care claims under the Plan. This Notice applies to all of the medical records the Plan maintains about you. Your personal doctor or personal health care provider may have different policies or notices regarding the uses and disclosures of your medical information which may have been created by that doctor or health care provider.

The Plan currently provides medical/prescription drug, dental, vision and health care flexible spending account benefits to you as described in your summary plan description(s). The Plan receives and maintains your medical information in the course of providing these health care benefits to you. The Plan hires business associates, such as claims administrators, to help it provide these benefits to you. These business associates also receive and maintain your medical information in the course of assisting the Plan.

This Notice tells you about the ways in which the Plan may use or disclose medical information about you. It also describes the Plan’s privacy obligations to you and your rights regarding the use and disclosure of your medical information.

The Plan is required by HIPAA to:

- make sure that medical information that identifies you (your “protected health information”) is kept private;
- provide you with certain rights with respect to your protected health information;
- give you this Notice of the Plan’s legal duties and privacy practices with respect to medical information about you; and
- follow the terms of this Notice until it is changed.

THE EFFECTIVE DATE OF THIS NOTICE IS February 5, 2020 The Plan reserves the right to change the terms of this notice at any time. If we make a material change to this notice, the Plan will post the changes on its website and then will send you the revised Notice in its next annual mailing to you. The Plan reserves the right to make the new changes apply to all your medical information maintained by the Plan before and after the effective date of the new notice.

### **How the Plan May Use and Disclose Medical Information About You**

Under the law, we may use or disclose your protected health information under certain circumstances without your permission. The following categories describe different ways that the Plan uses and discloses medical information about you. For each category of uses or disclosures, we will explain what we mean and present some examples. Not every use or disclosure in a category will be listed. However, all of the ways the Plan is permitted to use and disclose information will fall within one of the categories.

**Your Treatment.** The first way the Plan may use or disclose medical information about you is to help you with medical treatment or services. The Plan may disclose medical information about you to providers, including doctors, nurses, technicians, medical students, or other hospital personnel who are involved in taking care of you. For example, the Plan might disclose information about your prior prescriptions to a pharmacist to determine if a new prescription could cause health problems because it conflicts with prior prescriptions.

**Payment of Your Claims.** The Plan may use or disclose medical information about you to determine if you are eligible for Plan benefits, to pay for treatment or services you receive from health care providers, to determine benefit responsibility under the Plan, or to coordinate Plan coverage with other plans. For example, the Plan may tell your health care providers about your medical history to determine if a particular treatment is experimental, investigational, or medically necessary, or to determine if the Plan will cover the treatment. The Plan may also share medical information with a utilization review or precertification service provider. In addition, the Plan may share medical information with another organization to help determine if a claim should be paid or if another person or plan should be responsible for the claim.

**Health Care Operations.** The Plan may use or disclose medical information about you for other Plan operations. These uses and disclosures are necessary to run the Plan. For example, the Plan may use or disclose your medical information (1) to conduct quality assessment and improvement activities, for underwriting, premium rating, or other activities relating to the

creation, renewal or replacement of a contract of health insurance, (2) to authorize business associates to perform data aggregation services, (3) to engage in care coordination or case management, and (4) to manage, plan or develop the Plan's business.

**Treatment Alternatives or Health-Related Benefits and Services.** We may use and disclose your protected health information to send you information about treatment alternatives or other health-related benefits and services that might be of interest to you.

**As Required By Law.** The Plan will disclose medical information about you when required to do so by federal, state or local law. For example, the Plan may disclose medical information when required by a court order in a lawsuit such as a malpractice action.

**To Avert a Serious Threat to Health or Safety.** The Plan may use or disclose medical information about you when necessary to prevent a serious threat to your health or safety, or to the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat. For example, the Plan may disclose medical information about you in a proceeding concerning the license of a doctor or nurse.

**Health Services.** The Plan may use your medical information to contact you to give you information about treatment alternatives or other health-related benefits and services that may be of interest to you. The Plan may disclose your medical information to its business associates to assist the Plan in these activities.

**To Business Associates.** The Plan may contract with individuals or entities known as business associates to perform various functions on our behalf or to provide certain types of services. In order to perform these functions or to provide these services, business associates will receive, create, maintain, transmit, or use and/or disclose your protected health information, but only after they agree in writing with us to implement appropriate safeguards regarding your protected health information. For example, we may disclose your protected health information to a business associate to process your claims for plan benefits or to provide support services, such as utilization management, pharmacy benefit management, or subrogation, but only after the business associate enters into a business associate agreement with us.

**To Plan Sponsor.** The Plan may disclose to the Plan Sponsor, in summary form, claims history and other similar information. Such summary information does not disclose your name or other distinguishing characteristics. The Plan may also disclose to the Plan Sponsor that fact that you are enrolled in, or disenrolled from the Plan. The Plan may disclose your medical information to the Plan Sponsor for Plan administrative functions that the Plan Sponsor provides to the Plan if the Plan Sponsor agrees in writing to ensure the continuing confidentiality and security of your medical information. The Plan Sponsor must also agree not to use or disclose your medical information for employment-related activities or for any other benefit of benefit plans of the Plan Sponsor.

### **Special Situations**

**Disclosure to Marvell Semiconductor, Inc. or other Marvell Plans.** Your health information may be disclosed to another health plan maintained by Marvell Semiconductor, Inc. ("**Marvell**")

for purposes of paying claims under that plan. In addition, medical information may be disclosed to Marvell to administer benefits under the Plan, such as to determine a claims appeal.

**Disclosures to Provide You with Information.** The Plan or its agents may contact you to remind you about appointments or provide information about treatment alternatives or other health-related benefits and services that may be of interest to you.

**Organ and Tissue Donation.** If you are an organ donor, the Plan may release your medical information to organizations that handle organ procurement or organ, eye or tissue transplants, or to an organ donation bank to help with organ or tissue donation.

**Military and Veterans.** If you are a member of the armed forces, the Plan may release medical information about you as required by the military. The Plan may also release medical information about foreign military personnel to the appropriate foreign military authority.

**Workers' Compensation.** The Plan may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

**Public Health Risks.** The Plan may disclose medical information about you for public health purposes. This includes disclosures:

- to prevent or control disease, injury or disability;
- to report births and deaths;
- to report child abuse or neglect;
- to report reactions to medications or problems with products;
- to notify people of recalls of products they may be using;
- to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- to notify the appropriate government authority if the Plan believes a patient has been the victim of abuse, neglect or domestic violence. The Plan will only make this disclosure if you agree or if required or authorized by law.

**Health Oversight Activities.** The Plan may disclose medical information to a government health agency for activities authorized by law. These activities include, for example, audits, investigations, inspections, and licensing. These activities are necessary for the government to monitor the health care system, government programs, and to comply with civil rights laws.

**Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, the Plan may disclose medical information about you in response to a court or administrative order. The Plan may also disclose medical information about you in response to a subpoena, discovery request, or other

lawful demand by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

**Law Enforcement.** The Plan may release medical information if asked to do so by a law enforcement official:

- in response to a court order, subpoena, warrant, summons or similar court papers;
- to identify or locate a suspect, fugitive, material witness, or missing person;
- about the victim of a crime even if, under certain limited circumstances, the Plan is unable to obtain your agreement;
- about a death the Plan believes may be the result of criminal conduct;
- about criminal conduct at a hospital; or
- in emergency circumstances to report a crime or the location of a crime or crime victims; or the identity, description or location of the person who committed the crime.

**Coroners, Medical Examiners and Funeral Directors.** The Plan may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify someone who has died or to determine the cause of death. The Plan may also release medical information about individuals to funeral directors as necessary to carry out their duties.

**National Security and Intelligence Activities.** The Plan may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other security activities authorized by law.

**Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, the Plan may release medical information about you to the correctional institution or law enforcement official. This release may 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.

### **Required Disclosures**

**Government Audits.** The Plan is required to disclose your protected health information to the Secretary of the United States Department of Health and Human Services when the Secretary is investigating or determining the Plan's compliance with the HIPAA privacy rule.

**Disclosures to You.** When you request, the Plan is required to disclose to you the portion of your protected health information that contains medical records, billing records, and any other records used to make decisions regarding your health care benefits. The Plan is also required, when requested, to provide you with an accounting of most disclosures of your protected health information if the disclosure was for reasons other than for payment, treatment or health care

operations, and if the protected health information was not disclosed pursuant to your individual authorization.

### **Other Disclosures**

**Personal Representatives.** The Plan will disclose your protected health information to individuals authorized by you, or to an individual designated as your personal representative, attorney-in-fact, etc., so long as you provide the Plan with a written notice/authorization and any supporting documents (i.e., power of attorney). Note: under the HIPAA privacy rule the Plan does not have to disclose information to a personal representative if the Plan has a reasonable belief that:

- you have been, or may be, subject to domestic violence, abuse, or neglect by such person; or
- treating such person as your personal representative could endanger you; and
- 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, we 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, and includes mail with information on the use of Plan benefits by the employee's spouse and other family members and information on the denial of any Plan benefits to the employee's spouse and other family members. If a person covered under the Plan has requested Restrictions or Confidential Communications (see below under "Your Rights"), and if we have agreed to the request, we will send mail as provided by the request for Restrictions or Confidential Communications.

### **Other Uses of Medical Information**

Other uses and disclosures of medical information not covered by this Notice or the laws that apply to the Plan will be made only with your written permission. This written permission is called an "Authorization." If you provide the Plan with an Authorization to use or disclose medical information about you, you may revoke that Authorization, in writing, at any time. If you revoke your Authorization, the Plan will no longer use or disclose medical information about you for the reasons covered by your written Authorization. You understand that the Plan is unable to take back any disclosures it has already made with your Authorization, and that the Plan is required by law to retain records of the care that it has provided to you.

The Plan will not take any of the following actions without your written authorization to do so:

- use or disclose your psychiatric notes;
- use or disclose your PHI for marketing purposes; or
- sell your PHI.

The Plan will never use or disclose your genetic information for underwriting purposes.

### **Your Rights Regarding Your Protected Health Information**

You have the following rights with respect to your protected health information:

**Right to Inspect and Copy.** You have the right to inspect and certain protected health information that may be used to make decisions about your Plan benefits. If the information you request is maintained electronically and you request an electronic copy, the Plan will provide a copy in the electronic form and format you request, if the information can be readily produced in that form and format; if the information cannot be readily produced in that form and format, the Plan will work with you to come to an agreement on form and format. If the Plan cannot agree on an electronic form and format, the Plan will provide you with a paper copy.

To inspect and copy your protected health information, you must submit your request in writing to Contact Office (below). The Plan may deny your request to inspect and copy your information in certain very limited circumstances. In most cases, if you are denied access to medical information, you may request that the denial be reviewed.

**Right to Amend.** If you feel that medical 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 of your information 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 Contact Office (below). 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 to amend information that:

- is not part of the medical information kept by or for the Plan;
- 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 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 the prior disclosures of your health information if the disclosure was made for any purpose other than treatment, payment, or health care operations.

To request this list or accounting of disclosures, you must submit your request in writing to Contact Office (below). Your request must state a time period which may not be longer than six years and may not include dates before April 14, 2004. Your request should indicate in what form you want the list (for example, paper or electronic). 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 medical 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 medical information the Plan discloses about you to someone who is involved in your care or the payment for your care, such as a family member or friend. For example, you could ask that the Plan not use or disclose information about a surgery you had.

Except as provided in the next paragraph, we are not required to agree to your request. However, if we do agree to the request, we will honor the restriction until your revoke it or we notify you.

We will comply with any restriction request if (1) except as otherwise required by law, the disclosure is to a health plan for purposes of carrying out payment or health care operations (and is not for purposes of carrying out treatment); and (2) the protected health information pertains solely to a health care item or service for which the health care provider involved has been paid in full by you or another person.

To request restrictions, you must make your request in writing to Contact Office (below). In your request, you must tell the Plan (1) what information you want to limit; (2) whether you want to limit the Plan's use or disclosure of this information, or both; and (3) to whom you want the restriction to apply, for example, you don't want information disclosed to your spouse.

**Right to Request Confidential Communications.** You have the right to request that the Plan communicate with you about medical 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 Contact Office (below). The Plan will not ask you the reason for your request, and will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

**Right to Be Notified of a Breach.** You have the right to be notified in the event that we (or a business associate) discover a breach of your unsecured protected health information.

**Right to a Paper Copy of This Notice.** You have the right to a paper copy of this Notice. You may ask the Plan to give you a copy of this Notice at any time. Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy of this Notice. To obtain a paper copy of this Notice, contact the Contact Office (below).

### **Changes to This Notice**

The Plan reserves the right to change this Notice in the future, and to make the revised or changed Notice effective for medical information the Plan already has about you as well as any information it receives in the future. You will receive a copy of the changed Notice in the same manner that you received this Notice. The Notice will contain the effective date on the first page in the top right-hand corner.



## **Complaints**

If you believe your privacy rights have been violated by the Plan, you have the right to complain to the Plan or to the Secretary of the U.S. Department of Health and Human Services. You may file a complaint with the Plan at our Contact Office (below). You will not be penalized, or in any other way retaliated against, if you choose to file a complaint with the Plan or with the U.S. Department of Health and Human Services.

All complaints must be submitted in writing. You will not be retaliated against for filing a complaint.

## **Contact Office**

To request additional copies of this notice or to receive more information about our privacy practices or your rights, please contact us at the following address:

Marvell Semiconductor, Inc.  
Attn: Margaret Shaw  
5488 Marvell Lane  
Santa Clara, CA 95054  
Telephone: (408) 222-2500  
E-mail: [mshaw@marvell.com](mailto:mshaw@marvell.com)