

**IMPORTANT NOTICE OF YOUR SPECIAL ENROLLMENT RIGHTS UNDER HIPAA  
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.**

**Uses and Disclosures of Protected Health Information**

The Gap Inc. Welfare Benefit Plan (the "Plan") is required by the Health Insurance Portability and Accountability Act of 1996 and the Health Information Technology for Economic and Clinical Health Act, as amended and any regulations promulgated thereunder (collectively, "HIPAA") to protect the privacy of your Protected Health Information ("PHI"). PHI is information that identifies you and that relates to health care services provided to you, the payment of health care services provided to you or your physical or mental health or condition, in the past, present or future. Note that PHI does not include employment records held by Gap Inc. in its role as employer (e.g., FMLA/ADA administration, sick leave requests, drug screens, fitness for duty exams, disability insurance eligibility, etc.). Also note that this Notice does not apply to health information collected or maintained by Gap Inc. on behalf of the non-health employee benefits that it sponsors, including life insurance, accidental death and dismemberment insurance, workers' compensation insurance and disability benefits. For purposes of this Notice, "you" and "your" refers to your PHI and your dependents that are covered under the Plan.

This Notice explains:

- How your PHI may be used, and
- What rights you have regarding this information.

***Uses and Disclosures for Treatment, Payment, and Health Care Operations.*** The Plan is permitted to make certain types of uses and disclosures of your PHI without your authorization for treatment, payment, and health care operations purposes.

1. **For Treatment.** The Plan may use and disclose your PHI to a health care provider, such as a hospital or physician, to assist the provider in treating you. For example, if the Plan maintains information about interactions between your prescription medications, the Plan may disclose this information to your health care provider for your treatment purposes.
2. **For Payment.** The Plan may use and disclose your PHI so that your claims for health care services can be paid according to its terms and for other payment-related purposes such as for utilization review activities. For example, if the Plan has a question about payment for health care services that you received, the Plan may contact your health care provider for additional information.
3. **For Health Care Operations.** The Plan may use or disclose your PHI so that it can operate efficiently and in the best interest of its participants. For example, the Plan may disclose PHI to its auditors to conduct an audit involving an accuracy of claim payments. For example, the Plan may disclose PHI to its auditors to conduct an audit involving the accuracy of claim payments.

***Uses and Disclosures to Business Associates.*** The Plan may disclose your PHI to third parties called business associates that assist the Plan and its operations. For example, the Plan may share your health information with its business associate if the business associate is responsible for giving the Plan legal advice or paying medical claims for the Plan. The Plan's business associates have the same obligation to keep your PHI

confidential as the Plan does. The Plan requires its business associates to ensure that your PHI is protected from unauthorized use or disclosure.

***Other Uses and Disclosures.*** HIPAA provides for specific uses or disclosures of your PHI that the Plan may make without your authorization as follows:

- in connection with public health activities,
- in connection with disclosures to an appropriate government authority regarding victims of abuse, neglect or domestic violence,
- to a health oversight agency for oversight activities authorized by law,
- in connection with judicial and administrative proceedings,
- to a law enforcement official for law enforcement purposes,
- to a coroner or medical examiner,
- to cadaveric organ, eye or tissue donation programs,
- for research purposes, as long as certain privacy-related standards are satisfied,
- to avert a serious threat to health or safety,
- for specialized government functions (e.g., military and veterans activities, national security and intelligence, federal protective services, medical suitability determinations, correctional institutions and other law enforcement custodial situations),
- for workers' compensation or other similar programs established by law that provide benefits for work-related injuries or illness without regard to fault,
- for other purposes as required by law, provided the use or disclosure complies with and is limited to the relevant requirements of such law, and
- to others involved in your care. The Plan may disclose to one of your family members, to a relative, to a close personal friend, or to any other person identified by you, PHI that is directly relevant to the person's involvement with your care or payment related to your care. In addition, the Plan may use or disclose the PHI to notify a member of your family, your personal representative, another person responsible for your care, or certain disaster relief agencies of your location, general condition, or death. If you are incapacitated, there is an emergency, or you otherwise do not have the opportunity to agree to or object to this use or disclosure, the Plan will do what in our judgment is in your best interest regarding such disclosure and will disclose only the PHI that is directly relevant to the person's involvement with your health care.

***Uses and Disclosures for Fundraising Purposes.*** The Plan, or an authorized third party on the Plan's behalf, may contact you for fundraising purposes. If you are contacted for such purposes, you have the right to opt out of receiving such communication.

***Prohibition on Uses and Disclosures of Genetic Information.*** The Plan is prohibited from using or disclosing your genetic information for underwriting purposes.

***Any Other Uses and Disclosures Require your Authorization.*** Most uses or disclosures of psychotherapy notes (where applicable), uses and disclosures of PHI for marketing purposes, and disclosures that constitute the sale of PHI require an authorization. Other uses and disclosures of your PHI other than those described above will be made only with your express written authorization, and you may revoke your authorization in writing at any time. If you revoke your authorization, the Plan will not use or disclose your PHI subject to the revoked authorization, except to the extent that the Plan already has relied on your authorization. Once your PHI has been disclosed pursuant to your authorization, HIPAA protections may no longer apply to the disclosed health

information, and that information may be re-disclosed by the recipient without your or the Plan's knowledge or authorization.

***Your Rights with Respect to your PHI.*** You have the following rights regarding your PHI that the Plan collects and maintains. You are required to submit a written request related to the following rights and you should address such requests to contact Employee Services at 866-411-2772 x20600.

- Right to inspect and copy of your PHI. If your PHI is maintained electronically, you have the right to receive such electronic PHI in the electronic form and format you request if it is readily producible or, if not, in a readable electronic form and format agreed to by you and the Plan.
- Right to request that the Plan amend your PHI if you believe the information is incorrect or incomplete.
- Right to an accounting of certain disclosures of your PHI made by the Plan (you are not entitled to an accounting of disclosures made for payment, treatment or health care operations, or disclosures made pursuant to your written authorization).
- Right to request restrictions on your PHI that the Plan uses or discloses about you to carry out treatment, payment, or health care operations, or to restrict uses and disclosures to family members, relatives, friends, or other persons identified by you who are involved in your care or payment for your care. However, the Plan is not required to agree to your request. The Plan will notify you in writing as to whether it agrees to your request for restrictions.
- Right to request that the Plan communicate your PHI to you in confidence by alternative means or in an alternative location if you reasonably believe that disclosure could pose a danger to you.
- Right to receive breach notification if your unsecured PHI has been breached. If your unsecured PHI has been breached, you will receive notification describing the incident, the information that was breached and the steps taken to remedy and mitigate the situation.

If you believe that your privacy rights have been violated, you may complain to the Gap Inc. Benefits Department in writing at 2 Folsom Street, San Francisco, CA 94105 or to the Secretary of the Department of Health and Human Services, Hubert H. Humphrey Building, 200 Independence Avenue SW, Washington, DC 20201. You will not be retaliated or discriminated against and no services, payment, or privileges will be withheld from you because you filed a complaint.

The Plan is required to provide you this Notice regarding its privacy practices and to abide by the terms of this Notice, as it may be updated from time to time. The Plan reserves the right to change the terms of this Notice and to make the new Notice provisions effective for all PHI we maintain. If the Plan materially changes its privacy practices covered by this Notice, it will revise this Notice and provide you with the revised Notice within 60 days of the revision (or within such other time frame required under the regulations), or if the Plan posts the Notice on its website it shall: (1) prominently post the material change or the revised Notice on its website by the effective date of the material change to the Notice; and (2) provide the revised Notice, or information about the material change and how to obtain the revised Notice during the next annual enrollment or at the beginning of the plan year if there is no annual enrollment. In addition, copies of the revised Notice will be made available to you upon your written request, and any revised Notice will also be available on The Thread at <https://intranet.gap.com>.

## **Keep the Plan Informed of Address Changes**

You should keep the Plan informed of any changes in your address and the addresses of your covered family members.

## **Contacting Us**

You may exercise the rights described in this Notice or if you have any questions, please contact Employee Services at 866-411-2772 x20600.

Effective date of Notice: **March 14, 2022**