

**OCCIDENTAL PETROLEUM CORPORATION AND ITS AFFILIATES
HIPAA 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.

Health Information Privacy

This Notice is required by the privacy regulations issued under the Health Insurance Portability and Accountability Act of 1996, as amended ("HIPAA"), and is intended to describe how the health plans sponsored by Occidental Petroleum Corporation or its affiliate (such plan sponsors being referred to herein individually or collectively as "Oxy") as listed at the end of this Notice (collectively, the "Health Plan"), to the extent applicable to you, may use or disclose your "protected health information" under the Health Plan. As defined by HIPAA, "protected health information" ("PHI") means information in any form or medium that is created or received by or on behalf of the Health Plan, which identifies you (or could reasonably be used to identify you), and relates to your past, present, or future physical or mental health or condition, the provision of health care to you, or the past, present, or future payment for the provision of health care to you.

This Notice is also intended to inform you about your privacy rights with respect to your PHI, the Health Plan's duties with respect to your PHI, your right to file a complaint with the Health Plan or with the Secretary of the U.S. Department of Health and Human Services ("HHS") and the office to contact for further information about the Health Plan's privacy practices. Your PHI may not be used or disclosed without your valid HIPAA-compliant written authorization ("HIPAA Authorization") except as described in this Notice.

Health Plan Privacy Obligations

The Health Plan is required by law to:

- Make sure that PHI is kept private;
- Give you this Notice of the Health Plan's legal duties and privacy practices with respect to PHI;
- Notify affected individuals following a "breach" (as defined in 45 CFR § 164.502) of their unsecured PHI; and
- Follow the terms of the Notice that is in effect.

How the Health Plan May Use and Disclose Your PHI

When using or disclosing PHI, or when requesting PHI from another covered entity, the Health Plan will make reasonable efforts not to use, disclose or request more than the minimum amount of PHI necessary to accomplish the intended purpose of the use, disclosure or request, taking into consideration practical and technological limitations. Effective for uses and disclosures on or after February 17, 2010 until the date the Secretary of HHS issues guidance on what constitutes the "minimum necessary" for purposes of the HIPAA privacy requirements, the Health Plan shall limit the use, disclosure or request of PHI (1) to the extent practicable, to the limited data set, or (2) if needed by the Health Plan, to the minimum necessary to accomplish the intended purpose of such use, disclosure or request. The minimum necessary standard will not apply in the following situations:

- disclosures to or requests by a health care provider for treatment;
- uses or disclosures made to the individual;
- disclosures made to HHS;
- uses or disclosures that are required by law;
- uses or disclosures that are required for the Health Plan's compliance with legal regulations; and
- uses and disclosures made pursuant to a HIPAA Authorization.

The Health Plan may use your PHI or disclose it to others for a number of different reasons. The following are the different ways that the Health Plan may use and disclose your PHI without your HIPAA Authorization:

- **For Treatment.** The Health Plan may disclose your PHI to a health care provider for purposes of your health care treatment, including the provision, coordination and management of your health care and related services by one or more health care providers. For example, during the course of treating you, and for such purpose, your health care provider may obtain information from the Health Plan about the different medications that you are currently receiving.
- **For Payment.** The Health Plan may use and disclose your PHI (1) except for genetic information, to obtain premiums and determine and fulfill its responsibility for coverage and the provision of benefits under the Health Plan, and (2) to obtain or provide reimbursement for the provision of health care. Accordingly, the Health Plan may use and disclose your PHI to pay benefit claims for covered health care treatment, services, and supplies that you receive from health care providers and for billing, reviewing the medical necessity of health care services received, and subrogation. For example, the Health Plan may use your PHI to determine whether your claim for benefits with respect to health care services is eligible for payment and may disclose your PHI to the health care provider of such services via a payment remittance from the Health Plan. Uses and disclosures of PHI for payment purposes are limited by the minimum necessary standard.
- **For Health Care Operations.** The Health Plan may use and disclose your PHI for the performance of certain specified activities related to the operation of the Health Plan. Such activities include case management, referral of individuals to disease management programs, underwriting (excluding any PHI that is genetic information), premium rating, activities relating to the creation, renewal or replacement of a contract of health insurance or health benefits, arrangement of medical reviews, business planning and development and customer service. For example, the Health Plan may use your PHI along with that of others as part of its business

planning process in order to determine new benefit features for incorporation into the Health Plan. In addition, the Health Plan may use or disclose your PHI to conduct compliance reviews, audits, legal reviews, and actuarial studies, or for fraud and abuse detection. Uses and disclosures of PHI for health care operations purposes are limited by the minimum necessary standard.

- **To The Plan Sponsor.** The Health Plan is sponsored by Oxy. The Health Plan may disclose your PHI to Oxy, provided that Oxy has certified that PHI will not be used for any other employee benefits, employee benefit plans or employment-related activities. Designated personnel at Oxy or its affiliate may use and disclose your PHI as necessary for them to carry out their job duties under the Health Plan, including as described in this Notice. Such uses and disclosures will be permissible only with respect to the designated individuals who are authorized to access PHI under the Health Plan. These individuals will protect the privacy of your PHI and ensure that it is used and disclosed only as described in this Notice.
- **To a Business Associate.** Certain services are provided to or on behalf of the Health Plan by third-party claims administrators and other entities or individuals known as “business associates.” In order to provide their services, business associates may receive, create, maintain, transmit, use, and/or disclose your PHI, but only after they agree in writing with the Health Plan to implement appropriate safeguards regarding your PHI. For example, the Health Plan may transmit PHI related to your coverage under the Health Plan to its business associate so that the business associate can, on behalf of the Health Plan, review and pay benefit claims that you file under the Health Plan.
- **As Required by Law.** The Health Plan will use or disclose your PHI when and to the extent required to do so by applicable federal, state, or local law, including those laws that require the reporting of certain types of wounds or other physical injuries.

Special Use and Disclosure Situations

The Health Plan may also use and disclose your PHI without your HIPAA Authorization, and without providing you with the opportunity to agree or object (except as otherwise specifically noted below), under the following circumstances:

- **Judicial and Administrative Proceedings.** The Health Plan may disclose your PHI in response to a court or administrative order or certain subpoenas, warrants, discovery requests, or other forms of lawful process.
- **Law Enforcement.** The Health Plan may disclose your PHI to a law enforcement official for certain law enforcement purposes, including if asked to do so by a law enforcement official in order to identify or locate a suspect, material witness or missing person, or to report a crime in which you are the victim (provided you agree to the disclosure or are unable to agree due to incapacity or other emergency) or which occurred on the Health Plan’s premises.
- **Workers’ Compensation.** The Health Plan may disclose your PHI as authorized by and to the extent necessary to comply with workers’ compensation laws and other similar programs.
- **Military and Veterans.** If you are or become a member of the U.S. Armed Forces, the Health Plan may use and disclose your PHI as deemed necessary by military command authorities to assure the proper execution of a military mission.
- **To Avert Serious Threat to Health or Safety.** The Health Plan may use and disclose your PHI when necessary (1) to prevent or lessen a serious and imminent threat to your health and safety or the health and safety of the public or another person, or (2) for law enforcement authorities to identify an individual who may have caused serious harm to a victim or escaped from a correctional institution or lawful custody.
- **Public Health Activities.** The Health Plan may use or disclose your PHI to public health authorities or other authorized entities or persons for certain public health activities. These activities include preventing or controlling disease, injury or disability; reporting births and deaths; reporting child abuse or neglect; reporting reactions to medications or problems with medical products; or reporting product defects and enabling recalls. Your PHI may also be used or disclosed by the Health Plan, as authorized or required by law, if you have been exposed to a communicable disease or are at risk of spreading a disease or condition.
- **Health Oversight Activities.** The Health Plan may disclose your PHI to a health oversight agency for authorized audits, civil, administrative and criminal investigations, inspections, and licensure necessary for such agency to appropriately oversee the health care system and government benefit programs.
- **Research.** Under certain limited circumstances, the Health Plan may use and disclose your PHI for research purposes.
- **National Security, Intelligence Activities, and Protective Services.** The Health Plan may disclose your PHI to authorized federal officials: (1) for the conduct of intelligence, counter-intelligence, and other national security activities authorized by the National Security Act; (2) to enable such officials to provide protection to the President, other individuals who, by law, are entitled to such protection, and foreign heads of state; or (3) for the conduct of special investigations.
- **Cadaveric Organ, Eye and Tissue Donation.** If you are an organ donor, the Health Plan may disclose your PHI to organ procurement organizations or other entities that handle the procurement, banking or transplantation of cadaveric organs, eyes, or tissue for the purpose of facilitating organ, eye or tissue donation and transplantation.
- **Coroners, Medical Examiners, and Funeral Directors.** The Health Plan may disclose PHI to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or to determine a cause of death. The Health Plan may also disclose

PHI to a funeral director, consistent with applicable law, as necessary to carry out his/her responsibilities.

- **Victims of Abuse, Neglect or Domestic Violence.** The Health Plan may disclose to an authorized government authority PHI about an individual whom the Health Plan reasonably believes to be a victim of abuse, neglect, or domestic violence.

The following disclosure of your PHI may only be made by the Health Plan with your HIPAA Authorization or by providing you with the opportunity to agree or object to the disclosure:

- **To Individuals Involved in Your Care.** The Health Plan is permitted to disclose your PHI to your family members or other relatives, your close personal friends, or other individuals identified by you, who are involved in your health care or the payment for your health care if the PHI is directly relevant to such persons' involvement with your care or payment for that care, and
 - you are present or available, and the Health Plan obtains your agreement to the disclosure, gives you an opportunity to object and you do not object, or reasonably infers from the circumstances that you do not object; or
 - you are not present or are unavailable due to incapacity or an emergency, and the PHI is needed for notification purposes (such as in the case of disaster relief), provided that, if you are deceased, you have not previously expressed to the Health Plan your preference that such information not be disclosed after your death.

Your Rights Regarding Your PHI

You have the following rights regarding your PHI:

- **Right to Inspect and Copy Your Personal Health Information.** You have the right to inspect and obtain a paper copy of your PHI that is maintained in a "designated record set", for so long as the Health Plan maintains your PHI, other than psychotherapy notes and information that is compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding. A "designated record set" is the group of enrollment, payment, claims adjudication, and case or medical management records that is maintained by or for the Health Plan, or the group of records maintained by or for the Health Plan that is used, in whole or in part, by or for the Health Plan to make decisions about you.

To the extent your PHI is maintained electronically in a designated record set, you have the right to request a copy of the PHI in a specified electronic form and format. If the requested form and format is not readily producible, the Health Plan will provide the copy in a readable electronic form and format that is agreed to by you and the Health Plan.

You may request that the paper or electronic copy of your PHI be sent to another entity or person, so long as that request is in writing, signed by you, and clearly identifies the designated entity or person and where to send the copy of the PHI.

To inspect and obtain a copy of your PHI (in either paper or electronic form) as maintained by the Health Plan, submit your request in writing to the attention of the "Privacy Official" at the address specified in the "Contact Information" section below. The Health Plan may charge a reasonable, cost-based fee for the cost of copying (and mailing, as applicable) your requested PHI (including the cost of any required supplies). The Health Plan must act upon your request for access no later than 30 days after receipt. A single, 30-day extension is allowed if the Health Plan is unable to comply by the initial deadline, in which case you will be provided with a statement of the reasons for the delay and the expected date on which the Health Plan will complete its action on your request. In limited circumstances, the Health Plan may deny your request to inspect and obtain a copy of your PHI. Generally, if you are denied access to your PHI, you will be informed as to the reasons for the denial, your right to request a review of the denial, and the means for you to file a complaint with the Health Plan or the Secretary of HHS.

- **Right to Amend Your Personal Health Information.** If you feel that the PHI that the Health Plan has about you is incorrect or incomplete, you may ask the Health Plan to amend it. You have the right to request an amendment for so long as the Health Plan maintains your PHI in a designated record set.

To request an amendment, send a detailed request in writing to the attention of the "Privacy Official" at the address specified in the "Contact Information" section below. You must provide the reason(s) to support your request. The Health Plan may deny your request if you ask the Health Plan to amend PHI that is: (1) accurate and complete; (2) not created by the Health Plan; (3) not part of any designated record set of your PHI kept by or for the Health Plan; or (4) not information that you would be permitted to inspect and copy. The Health Plan has 60 days after the request is received to act on the request. A single, 30-day extension is allowed if the Health Plan cannot comply by the initial deadline, in which case you will be provided with a statement of the reasons for the delay and the expected date on which the Health Plan will complete its action on your request. If the request is denied, in whole or in part, the Health Plan will provide you with a written denial that explains the basis for the denial, your rights to submit a written statement disagreeing with the denial and the means for you to file a complaint with the Health Plan or the Secretary of HHS. If you decide not to submit a statement of disagreement, you may ask that a copy of your request for amendment and the Health Plan's denial be included with any future disclosures of the PHI that was the subject of your amendment request.

- **Right to An Accounting of Disclosures.** You have the right to request an "accounting of disclosures" of your PHI. An "accounting" is a list of disclosures of your PHI that the Health Plan (or a business associate) has made to others during the six (6) year period prior to the request, except for (1) disclosures necessary to carry out treatment, payment, or health care operations (subject to certain rights that may apply with respect to disclosures from "electronic health records" under the Health Information Technology for Economic and Clinical Health Act), (2) disclosures previously made to you, (3) disclosures that occurred prior to the date on which the Health Plan first became subject to the privacy regulations under HIPAA, or (4) disclosures made in other situations specified in HIPAA's privacy

regulations.

To request an accounting of disclosures, submit your request in writing to the attention of the "Privacy Official" at the address specified in the "Contact Information" section below. Your request must state the applicable time period for the request, which may not be longer than six (6) years prior to the date the accounting was requested. The Health Plan has 60 days after the request is received to act on the request. If the accounting cannot be provided within 60 days, an additional 30 days is allowed if the Health Plan provides you with a written statement of the reasons for the delay and the date by when the accounting will be provided. If you request more than one accounting within a particular 12-month period, the Health Plan will charge a reasonable, cost-based fee for each subsequent accounting.

- **Right to Request Restrictions.** You have the right to request a restriction on (1) the uses and/or disclosures of your PHI for treatment, payment, or health care operations purposes, and (2) the disclosures of your PHI to your family members, other relatives, close personal friends or other individuals identified by you, who are involved in your health care or payment for health care. For example, you could ask that the Health Plan not use or disclose information to your family members about a benefits claim that you filed under the Health Plan for a surgical procedure that you had. While the Health Plan will consider your request, it is not required to agree to it. If the Health Plan agrees to the restriction, it generally must comply with the restriction until such time as the Health Plan provides written notice to you of its intent to not accommodate the restriction with respect to any of your PHI created or received after the Health Plan's notice to you, or unless such use or disclosure is required by law.

To request a restriction, make your request in writing to the attention of the "Privacy Official" at the address specified in the "Contact Information" section below. In your request, you must state: (1) what PHI you want to restrict; (2) whether you want to restrict the Health Plan's use, disclosure, or both; and (3) to whom you want the restriction(s) to apply.

- **Right to Request Confidential Communications.** You have the right to reasonably request that the Health Plan communicate with you about your PHI using alternative means or at alternative locations. For example, you can ask that the Health Plan send your explanation of benefits ("EOB") forms about your benefit claims to a specified address. To request confidential communications, make your request in writing to the attention of the "Privacy Official" at the address specified in the "Contact Information" section below and state the alternative address or other method of contact that you are requesting. The Health Plan will in good faith attempt to accommodate all reasonable requests.
- **State Privacy Rights.** Some of the uses and disclosures in this Notice may be prohibited or materially limited by applicable state laws to the extent such laws are more stringent than the privacy regulations under HIPAA. The Health Plan shall comply with any applicable state laws that are more stringent when using or disclosing your PHI for any purposes described by this Notice.
- **Right to a Paper Copy of this Notice.** You have the right to receive a paper copy of this Notice upon request. This right applies even if you have previously agreed to accept this Notice electronically. You may write to the "Privacy Official" at the address specified in the "Contact Information" section below to request a paper copy of this Notice at any time.
- **Personal Representatives.** You may exercise your rights through a personal representative. Your personal representative will be required to produce evidence of his or her authority to act on your behalf before he or she will be given access to your PHI or allowed to take any action for you. Proof of such authority may take one of the following forms:
 - a power of attorney for health care purposes, notarized by a notary public;
 - a court order of appointment of the person as your conservator or guardian; or
 - if you are a minor child, an individual who is your parent.

The Health Plan retains discretion to elect not to treat a person as your personal representative if the Health Plan reasonably believes that (1) (a) you have been or may be subjected to domestic violence, abuse, or neglect by such person, or (b) treating such person as your personal representative could endanger you; and (2) the Health Plan, in its professional judgment, decides that it is not in your best interest to treat the person as your personal representative.

Revisions to this Privacy Notice

The Health Plan reserves the right to revise this Notice at any time and from time to time, and to make the revised Notice effective for all of the PHI that the Health Plan already has about you, as well as any new PHI that the Health Plan may create or receive on and after the effective date of the revised Notice.

If there is a material revision to the Notice, the revision or the revised Notice itself will be posted on the Health Plan's web site by the effective date of the revision. In addition, a copy of the revised Notice, or information about the revision to the Notice and how to obtain the revised Notice, will be sent to you in the Health Plan's next annual mailing to individuals then covered by the Health Plan. The revised Notice will be sent to you electronically if you have consented to receive the Notice electronically.

Complaints

If you believe that your health information privacy rights as described under this Notice have been violated, you may file a written complaint with the Health Plan, to the attention of the "Complaint Official" at the address under "Contact Information" below.

You may also file a written complaint directly with the HHS, Office for Civil Rights. The complaint must be filed on paper or electronically. As of the effective date of this Notice, information about filing a complaint is available at: <http://www.hhs.gov/ocr/privacy/hipaa/>

[complaints/index.html](#). Assistance with filing a complaint is available by telephone (800) 368-1019, fax (202) 619-3818, TDD (800) 537-7697.

The complaint should generally be filed within 180 days of the date on which the act or omission that is the subject of your complaint occurred. Note: You will not be penalized or retaliated against for filing a complaint.

Other Uses and Disclosures of Health Information

The Health Plan is required to receive your HIPAA Authorization as a condition for:

- Any use or disclosure of your PHI for marketing purposes, except if the communication is in the form of (1) a face-to-face communication between you and the Health Plan, or (2) a promotional gift of nominal value provided by the Health Plan;
- Any use or disclosure of your PHI that is in the form of a sale of PHI; or
- Any use or disclosure of psychotherapy notes, except (1) to carry out certain treatment, payment or health care operations, (2) when required by law, or (3) as permitted by HIPAA for certain purposes related to health oversight, decedents, and serious threats to health and safety.

Other uses and disclosures of your PHI that are not covered by this Notice will be made only with your HIPAA Authorization.

If you provide the Health Plan with a HIPAA Authorization to use or disclose your PHI, you may revoke the HIPAA Authorization, in writing, at any time. If you revoke your HIPAA Authorization, the Health Plan will no longer use or disclose your PHI for the reasons covered by your HIPAA Authorization; however, the Health Plan will not reverse any uses or disclosures already made in reliance on your HIPAA Authorization.

The Health Plan is prohibited from using or disclosing any of your PHI that is genetic information for underwriting purposes.

Contact Information

To receive more information about the Health Plan's privacy practices or your rights, or if you have any questions about this Notice, please contact the Health Plan at the following address:

Contact Office or Person: Privacy Office
OxyLink Employee Services
Center 4500 South 129th East
Avenue Tulsa, Oklahoma 74134

Telephone: (800) 699-6903

Health Plan Names(s) / Plan Sponsor:

- Occidental Petroleum Corporation Welfare Plan (Medical, Dental and FSA components) / OPC
- Occidental Petroleum Corporation Retiree Medical Plan / OPC
- Occidental Petroleum Corporation Retiree Dental Plan / OPC
- Occidental Petroleum Corporation Health Promotion Plan / OPC
- Occidental Chemical Corporation Medical Plan / OCC
- Occidental Chemical Corporation Retiree Medical Plan / OCC
- Occidental Chemical Corporation Retiree Dental Plan / OCC
- Occidental Chemical Corporation Dental Assistance Plan / OCC
- Occidental Chemical Corporation Pretax Premium Plan / OCC
- Occidental Chemical Corporation Special Welfare Plan for North Tonawanda Hourly Employees / OPC
- Occidental Chemical Corporation Special Welfare Plan for North Tonawanda Salaried Employees / OPC
- Blue Cross-Blue Shield Plan for Hourly Employees of Occidental Chemical Corporation at Niagara Falls / OCC
- Blue Cross-Blue Shield Plan for Hourly Employees of Occidental Chemical and Plastics Corporation – North Tonawanda / OCC

“OPC” means Occidental Petroleum Corporation and “OCC” means Occidental Chemical Company.

Copies of this Notice are also available at OxyLink Employee Service Center (800) 699-6903 and online at oxylink.oxy.com.

Effective September 2022