

SYNOPSYS HIPAA PRIVACY NOTICE

Effective as of January 1, 2020

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.

Federal law requires the Synopsys, Inc. Welfare Plan, the Synopsys, Inc. Bridge to Medicare Plan, and the Synopsys, Inc. Section 125 Plan (collectively, the “Plan”) to protect the privacy of your protected health information, provide this notice describing the Plan’s protected health information practices and to follow its terms. ***The Plan may change this notice at any time.*** If this notice is revised, the Plan will provide a revised notice by mail and will post the notice on the Synopsys Benefits web site <http://benefits.synopsys.com/>. To obtain an additional copy of this notice, contact the Plan’s Privacy Officer, Kerstin Aiello, Synopsys, Inc., 690 E. Middlefield Road, Mountain View, CA 94043, Phone: 650-584-2932.

DEFINITIONS

The following terms appearing in this notice have special meaning, as explained below:

Business Associate. A Business Associate is a person or company who, on behalf of the Plan, performs or assists in the performance of a function or activity involving the use or disclosure of protected health information, including, for example, claims processing or administration, data management, utilization review, quality assurance, billing, benefit management, etc. A Business Associate also means a person or company who provides services for the Plan, including, for example, legal, actuarial, accounting, consulting, administration, or financial services, and which involves the use and disclosure of protected health information.

A Business Associate includes a person or company that provides data transmission services with respect to protected health information and requires access on a routine basis to such protected health information. A Business Associate also includes a person that offers a personal health record to one or more individuals on behalf of the Plan, and a subcontractor that creates, receives, maintains, or transmits protected health information on behalf of a Business Associate.

Covered Entity. A Covered Entity is a group health plan, a health care clearinghouse, or a health care provider that transmits any health information in electronic form in connection with a transaction covered by the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) Privacy Rule.

Designated Record Set. A Designated Record Set is a group of records maintained by or for a Covered Entity that is: (i) the medical records and billing records about individuals maintained by or for a covered health care provider; (ii) the enrollment, payment, claims adjudication, and case or medical management record systems maintained by or for a group health plan; or (iii) used, in whole or in part, by or for the Covered Entity to make decisions about individuals.

WHAT IS PROTECTED HEALTH INFORMATION?

Protected health information (“PHI”) is individually identifiable health information that is maintained or transmitted by a Covered Entity, subject to some exceptions. Individually identifiable health information is health information: (i) that is created or received by a health care provider, group health plan, employer or health care clearinghouse; and (ii) that is related to your past, present or future physical or mental health or condition, the provision of health care to you, or payment for the provision of health care to you; and (iii) with respect to which there is a reasonable basis for believing that the information can be used to identify you. PHI does not include employment records held by Synopsys, Inc. in its role as an employer.

PHI includes genetic information within the meaning of the Genetic Information and Nondiscrimination Act of 2008 and its implementing regulations. Genetic information means: (i) information about an individual’s genetic tests and the genetic tests of an individual’s family members; (ii) information about the manifestation of a disease or disorder in an individual’s family members (i.e. family medical history); (iii) an individual's request for, or receipt of, genetic services, or the participation in clinical research that includes genetic services by the individual or a family member of the individual; and (iv) the genetic information of a fetus carried by an individual or by a pregnant woman who is a family member of the individual and the genetic information of any embryo legally held by the individual or family member using an assisted reproductive technology. Note: HIPAA ceases to apply to the PHI of a decedent 50 years following the date of the decedent’s death.

USE AND DISCLOSURE FOR TREATMENT, PAYMENT, OR HEALTH CARE OPERATIONS

The Plan may use or disclose your PHI in order to provide you with treatment, to arrange for payment and for health care operations and may share your PHI with its service providers, your employer (as the Plan Sponsor) and with health care entities that provide you with Plan benefits. The Plan may also disclose your PHI to comply with certain laws.

USE AND DISCLOSURE WITH YOUR WRITTEN PERMISSION

All other uses or disclosures of your PHI will be made only with your written permission. This includes the use or disclosure of psychotherapy notes, the use or disclosure of PHI for marketing purposes, and the use or disclosure of PHI which is a sale of PHI. Further, any other uses or disclosures of your PHI that are not described in this notice will be made only with your prior written authorization.

Once you give written permission for a use or disclosure, HIPAA will not protect this information and it may be re-disclosed. You may revoke any permission that you have given the Plan at any time in writing, but the Plan and other parties have a right to rely on your written permission until they receive written notice of your revocation.

YOUR RIGHTS TO YOUR HEALTH RECORDS

You have a right to access, inspect, copy and amend your health records maintained by the Plan. You also have a right to receive an accounting of non-routine disclosures of your PHI and to

request additional restrictions on the Plan’s communication with you and on the use and disclosure of your PHI. Your insurance companies have given you privacy notices that explain these rights for insured benefits. To exercise these rights with respect to self-insured benefits, you should contact the following privacy contacts:

<u>Type of Benefit</u>	<u>Contact</u>	<u>Telephone Number</u>	<u>Address</u>
Synopsys Self-Funded Medical	UnitedHealthCare Customer Service – Privacy Officer	866-351-6804	P.O. Box 30555 Salt Lake City, UT 84130
Dental	Delta Dental Plan Subscriber Services	800-765-6003	P.O. Box 7736 San Francisco, CA 91420
Health Care Reimbursement Account and Limited Purpose Health Care Reimbursement	WageWorks	1-866-476-6677	P.O. Box 34700 Louisville, KY 40232
Vision	Vision Service Plan	800-877-7195	333 Quality Drive, Rancho Cordova, CA 95670
Wellness Program	Limeade	888-830-9830	10885 N.E. 4 th St., Suite 400 Bellevue, WA 98004
Employee Assistance Program	Lyra Health	844-856-2213	287 Lorton Avenue Burlingame, CA 94010

IF YOU BELIEVE YOUR PRIVACY RIGHTS HAVE BEEN VIOLATED, you may file a written complaint with the Plan’s Privacy Officer or with the Office for Civil Rights of the U.S. Department of Health and Human Services. You can request a copy of the Plan’s complaint procedure. All complaints must be submitted in writing. You will not be penalized, or in any other way retaliated against, for filing a complaint with the Office of Civil Rights or the Plan.

1. Statement of the Plan Duties

The Plan understands that medical information about you and your health is personal and the Plan is committed to protecting health information. The Plan creates a record of health care claims reimbursed under the Plan for Plan administration purposes. This notice applies to all of the medical records maintained by the Plan. Your personal physician or health care provider may have different policies or notices regarding the physician’s use and disclosure of medical information created in the doctor’s office or clinic.

The Plan does not sell information about you. The Plan does not share your information with anyone else for marketing purposes. Your PHI is only used to administer the Plan.

2. Permissible Uses and Disclosures of PHI

This section describes when and how your personal PHI can be used:

For Treatment: The Plan may use and disclose your PHI without your permission to facilitate treatment or services by providers. The Plan may disclose PHI about you to providers, including doctors, nurses, technicians, medical students, pharmacists or other hospital personnel who are involved in your care. For example, the Plan may provide your PHI to a pharmacist to determine if a pending prescription would interfere with other prescriptions.

For Payment: The Plan may use and disclose your PHI without your permission to:

- Determine eligibility for Plan benefits;
- Determine treatment coverage;
- Reimburse you for the provision of health care;
- Facilitate payment for the treatment and services you received from health care providers, including claim submission for stop-loss insurance;
- Determine benefit responsibility under the Plan; or
- Coordinate Plan coverage with other applicable insurance coverage(s).

For example, the Plan may share your PHI with your health care provider when determining treatment coverage under the Plan. The Plan may share PHI with a utilization review or pre-certification service provider. The Plan may share medical information with another entity to assist with the adjudication or subrogation of health claims or with another health plan to coordinate benefit payments.

For Health Care Operations: The Plan may use and disclose your PHI without your permission for Plan operations necessary to run the Plan. The Plan may use PHI in connection with:

- Conducting quality assessment and improvement activities;
- Underwriting;
- Premium rating;
- Claim submission for stop-loss (or excess loss) insurance or reinsurance;
- Amending, replacing or adding benefits;

- Conducting or arranging for medical review, legal services, audit services, fraud and abuse detection programs;
- General Plan administrative activities such as business planning, development, and cost management.

For example, the Plan may submit your PHI to external auditors or agencies to assess the quality of a health plan. The Plan may also submit your PHI to a stop-loss insurance carrier or to obtain pricing information.

Health Plan Sponsor: PHI will generally not be disclosed to your employer as the Plan Sponsor except information regarding enrollment in the Plan or enrollment in a specific benefit, such as the medical flexible spending account. Summary PHI may be used to shop for insurance or amend the Plan, but identifying information, such as your name or social security number, will not be included. Although the Plan does not anticipate giving any other PHI to your employer, if your employer needs information to administer the Plan, certain specified individuals known as privacy employees will be able to obtain the minimum amount of information needed to allow your employer to perform its administrative function. These privacy employees will not receive any PHI unless:

- The Plan document specifically allows them to receive this information,
- Your Employer certifies to follow Plan document provisions that protect the information, and
- The privacy employees receive training to ensure that they will protect the information as required by HIPAA.

Disclosure to Business Associates: Your PHI may be disclosed to Business Associate(s) that provide various services to help administer the Plan. Prior to disclosure, these entities must agree to protect your PHI.

Disclosure of De-Identified Information: The Plan may use or disclose de-identified information because such information is not PHI. The Privacy Official must approve any disclosure of de-identified information.

PHI About Decedents: The Plan is permitted to disclose a decedent's PHI to a family member, close personal friend, or any other person identified by the individual, who was involved in the decedent's care or payment of care, unless doing so is inconsistent with the individual's expressed preference (provided such preference is known to the Plan). The Plan will safeguard the PHI of a deceased individual in accordance with the HIPAA Privacy Rule for a period of fifty years following the individual's death.

Organized Health Care Arrangement: The Plan may share PHI as part of an organized health care arrangement to service your health-related business transactions. All health benefits, including medical, dental, vision, employee assistance and wellness are considered to be a part of the Plan. The Plan may share information with health insurance issuers, HMOs, or network providers as necessary to carry out treatment, payments, or health care operations among these

entities. The Plan may also share information as necessary with operational units to provide administrative services, policy documentation, preparation and delivery, and claim processing.

3. Additional Permissible Uses and Disclosures of PHI

As Required By Law: The Plan may use and disclose your PHI without your permission when required to do so by federal, state, or local law. For example, the Plan may disclose your PHI in response to a court order.

Avert a Serious Threat to Health or Safety: The Plan may use and disclose PHI about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

Coroners, Medical Examiners, and Funeral Directors: The Plan may disclose PHI to a coroner, medical examiner, or funeral director. This may be necessary to identify a deceased person or determine a cause of death.

Health Oversight Agencies: The Plan may disclose PHI to a health oversight agency for 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 disclose PHI about you to the correctional institution or law enforcement official if necessary for the institution to provide you with health care, to protect your health and safety or the health and safety of others or for the safety and security of the correctional institution.

Law Enforcement: The Plan may disclose PHI if asked to do so by law enforcement official(s):

- In response to a court order, subpoena, warrant, summons, or similar process;
- To identify or locate a suspect, fugitive, material witness, or missing person;
- Regarding the victim of a crime, if under certain limited circumstances, the Plan is unable to obtain the victim's agreement;
- Regarding a death that may be the result of criminal conduct;
- In emergency circumstances to report a crime, its location, the victim's or perpetrator's location, or the perpetrator's identity or description.

Lawsuits and Disputes: The Plan may disclose PHI about you in response to a court or administrative order. The Plan may disclose PHI about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only after efforts have been made to tell you about the request or to obtain an order protecting the requested information.

Military: If you are a member of the armed forces, the Plan may release PHI about you as required by military command authorities.

National Security and Intelligence Activities: The Plan may disclose PHI about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

Organ and Tissue Donation: If you are an organ donor, the Plan may release PHI to organizations that handle organ procurement, transplantation, or organ donation bank to facilitate organ or tissue donation and transplantations.

Public Health Risks: The Plan may disclose PHI about you for public health activities such as:

- Preventing or controlling disease, injury, or disability;
- Reporting births or deaths;
- Reporting child abuse or neglect;
- Reporting reactions to medications or problems with products;
- Notifying people of recalls of products;
- Notifying people who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- Notifying the appropriate government authority if the Plan believes a patient has been the victim of abuse, neglect, or domestic violence. This disclosure will only be made if you agree or when required or as authorized by law.

Workers' Compensation: The Plan may release PHI about you to the extent necessary to comply with laws relating to workers' compensation or similar no-fault programs.

Purposes To Which You Have Not Objected: In limited circumstances, the Plan may use or disclose your PHI after you have been given an opportunity to object and you have not objected. For example, if you do not object, the Plan may use limited information about you to notify family members or any other person identified by you regarding issues directly related to such person's involvement with your care or payment for that care, or in emergency circumstances.

4. Your Rights Regarding PHI

In addition to your right to know how the Plan may use and disclose your PHI, you have the following rights:

Right to Access, Inspect and Copy: You have the right to access, inspect and copy your PHI that may be used to make decisions about your Plan benefits for as long as the Plan maintains the PHI. To request a copy of your PHI, submit a written request to the appropriate contact person identified on the first page of this notice. A fee may be charged for the copying, mailing, or other administrative costs associated with your request.

Right to Amend: As long as the Plan keeps PHI that may be used to make decisions about your Plan benefits, you have the right to request an amendment of incorrect or incomplete PHI about you. To request an amendment, submit a request form and documentation supporting your request to the appropriate contact person identified on the first page of this notice. The Plan may deny your request if it is not in writing, does not include support for the request, or requests to amend information that is accurate and complete or was not created by the Plan (unless the creating entity is no longer available to make the amendment).

Right to an Accounting of Disclosures: You have the right to request an accounting of your PHI disclosures made for purposes other than activities related to treatment, payment, or other health care operations made by the Plan or its business associates. The accounting of disclosures will also not include:

- Disclosures to individuals regarding their own PHI;
- Disclosures incident to an otherwise permitted use or disclosure;
- Disclosures pursuant to an authorization;
- Disclosures for purposes of creation of a facility directory to persons involved in the patient's care or other notification purposes;
- Disclosures for specific national security or intelligence purposes;
- Disclosures to correctional institutions or law enforcement when the disclosure was permitted without authorization;
- Disclosures made as part of a limited data set.

To request an accounting of disclosures, submit a request in writing to the appropriate contact person identified on the first page of this notice. Your request must state a time period of six years or less, beginning after April 14, 2003. If you request more than one accounting in a 12-month period, you may be notified that a charge will apply. You may choose to withdraw or modify your request prior to incurring costs.

Right to Request Restrictions on Uses and Disclosures: You have the right to request a restriction or limitation on the PHI 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 PHI the Plan discloses about you to someone who is involved in your care or the payment for your care, such as a family member, but the Plan is not required to comply with your request.

To request restrictions, deliver your written request to the appropriate contact person identified on the first page of this notice detailing the information you want to limit; to whom the limit would apply; and whether you want the limit to apply to the Plan's use, disclosure, or both.

Right to Request Confidential Communications: If disclosure (all or in part) could endanger you, you have the right to request that the Plan communicate with you about health matters in a

specific way or location. For example, you may request that the Plan only contact you at work or by mail.

To request confidential communications, you must submit your request in writing the appropriate contact person identified on the first page of this notice. You are not required to provide a reason for your request. The Plan will accommodate all reasonable requests. Your request must specify how or where you would prefer to be contacted.

Right to Notice Upon Breach of Unsecured PHI: If there is a “breach” of unsecured PHI maintained by the Plan within the meaning of the breach notification requirements of the HIPAA Privacy Rule, the Plan will provide the required notifications to those individuals who have been affected by the breach and to any other necessary parties in accordance with HIPAA.

Right to Receive Electronic PHI in a Designated Record Set: If the Plan maintains electronic PHI in a designated record set, you have the right to request a copy of such information. The Plan will provide you with a copy of your electronic PHI in the electronic form and format that you request if it is readily producible, or if not, in a readable electronic form and format that is agreed upon by you and the Plan (e.g., excel, pdf, etc.). The Plan may charge a reasonable fee for responding to such a request for electronic PHI in a designated record set.

How To Obtain a Copy of This Notice or a Revised Notice: If this notice has been provided electronically, you also have the right to a paper copy of this notice. You may request a paper copy at any time, even if you have previously agreed to receive this notice electronically.

To request a copy of the Notice, contact the Plan’s Privacy Officer, Kerstin Aiello, Synopsys, Inc., 690 E. Middlefield Road, Mountain View, CA 94043, Phone: 650-584-2932.

5. Compliance with the Genetic Information Nondiscrimination Act

Genetic information is PHI. In accordance with the Genetic Information Nondiscrimination Act of 2008, the Plan will not use or disclose genetic information for underwriting purposes, which includes eligibility determinations, premium computations, applications of any pre-existing condition exclusions, and any other activities related to the creation, renewal or replacement of a contract of health insurance or health benefits.

6. Changes to This Notice

The Plan reserves the right to change this notice effective for current PHI as well as any information received in the future.

7. Practices Regarding Confidentiality

The Plan restricts access to PHI about you to those who need the information in order to provide products or services to you. The Plan maintains physical, electronic, and procedural safeguards to comply with federal regulations to guard PHI.