

BYRON BANK NOTICE OF PRIVACY PRACTICES

Effective Date of this Notice: April 14, 2004

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.

Byron Bank is required by law to maintain the privacy of your health information and to provide you with this Notice of our legal duties and privacy practices with respect to your health information. We are required to abide by the terms of this Notice. We are committed to protecting your health information.

HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

The following categories describe different ways that we may use and disclose health information.

For Treatment

We may use or disclose health information to facilitate medical treatment by healthcare providers. For example, if you are being treated for a knee injury, we may give your health information to the people who are providing your physical therapy.

For Payment

We may use or disclose health information about you to determine eligibility for plan benefits, obtain payment for benefits, process and pay your claims, and coordinate benefits. For example, payment functions may include reviewing submitted claims or determining whether a particular treatment is covered under your plan.

For Health Care Operations

We may use and disclose health information about you to administer necessary activities related to your coverage. For example, setting rates, conducting assessment and improvement activities, reviewing your treatment, performing fraud and abuse detection, and handling general administration.

By Health Plans and Insurers

The various health plans we sponsor, and the health insurance issuers that provide the health coverage for these plans, may share health information with one another.

To Personal Representatives

We may use or disclose health information about you when dealing with individuals involved in your care or the payment for your care. For example, we may disclose health information to an individual who has legal authority to make health care decisions on your behalf.

Other categories describing how we may use and disclose your health information are listed below, along with an example. Not every use or disclosure in a category will be listed.

As Required By Law

For example, when required in a litigation proceeding such as a malpractice law suit and/or as required by federal or state statute or regulation.

To Avert A Serious Threat To Health Or Safety

For example, to prevent or lessen a serious and imminent threat to the health or safety of a person or the general public.

Military And Veterans

For example, if required by military command authorities.

Workers' Compensation

For example, to comply with workers' compensation or similar laws.

Public Health Risks

For example, to prevent or control disease, or to report child abuse and domestic violence.

Health Oversight Activities

For example, to help health agencies during audits, investigations or inspections.

Lawsuits And Disputes

For example, in the course of an administrative or judicial proceeding.

Law Enforcement

For example, to identify or locate a suspect or to comply with a court order, a court-ordered warrant or a subpoena or summons issued by a court.

National Security And Intelligence Activities

For example, for military, national security, prisoner and government benefit purposes.

Disclosures To Plan Sponsors

For example, to help the sponsor of your group health plan administer your benefits.

WHEN THE COMPANY MAY NOT USE OR DISCLOSE YOUR HEALTH INFORMATION

Byron Bank will use or disclose your health information only as described in this Notice. It is not necessary for you to do anything to allow us to disclose your health information as described here. If you want us to use or disclose your health information for another purpose, you must authorize us to do so; you may revoke your authorization in writing at any time. If you revoke your authorization, we will no longer be able to use or disclose health information about you for the reasons covered by your written authorization, though we will be unable to take back any disclosures we have already made with your permission.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

You have several rights regarding your health information that we maintain and we will respect your right to exercise them. If you wish to exercise your rights, you must submit a written request on a standard form we will provide to you. You can obtain this form by calling 1-800-747-5004 or by writing to: 2445 84th St. S.W., Byron Center, MI 49315, Attn: SVP Human Resources.

Your Right To Inspect And Copy Your Health Information

You have the right to inspect and copy your health information that we maintain. If you request a copy of the information, we may charge you a reasonable fee to cover expenses associated with your request. We may deny your request to inspect and copy in very limited circumstances. If we deny your request, we will explain why the request was denied and whether you have the right to a further review of the denial.

Your Right To Amend Incorrect Or Incomplete Health Information

You may request that we correct your health information. You must provide a reason for your request. If we agree to your request for correction, we will take reasonable steps to inform others of the correction. If your request is denied, we will provide you with information about our denial and how you can disagree with the denial.

Your Right To An Accounting Of Disclosures

You may request an accounting of disclosures. This is a list of certain disclosures of your health information that we have made to third parties. Your request should specify a time period of up to six years and may not include dates before April 14, 2004. We will provide one list per 12-month period free of charge; we may charge you for additional lists.

Your Right To Request Restrictions On Uses And Disclosures

You have the right to request a restriction on how we use or disclose your health

information to third parties for your medical treatment, payment of your medical claims, or management of our health care operations. We are not required to agree to the restrictions that you request.

Your Right To Request Confidential Communications

We communicate to you information about your health care treatment and payment. If you feel that our communicating with you may endanger you, you may request that we communicate with you using a reasonable alternative means or location. For instance, you could request that we send correspondence to a P.O. box rather than your home address. We will accommodate all reasonable requests.

Your Right To A Paper Copy Of This Notice

To obtain a paper copy of this Notice, send us a written request. Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy.

CHANGES TO THIS NOTICE

We can amend this Notice at any time in the future and make the new Notice provisions effective for all health information that we maintain. We will promptly revise our Notice and distribute it to you whenever we make significant changes. Until then, we are required by law to comply with the current version of this Notice.

COMPLAINTS

You may file a complaint with us if you believe your privacy rights have been violated. You may also file a complaint with the Department of Health and Human Services. We will not retaliate against you in any way for filing a complaint.

Send All Complaints Or Written Requests You Wish To File With Byron Bank To: 2445 84th St. S.W., Byron Center, MI 49315, Attn: SVP Human Resources.

