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SUMMARY OF PRIVACY PRACTICES

This Summary of Privacy Practices summarizes how medical information about you may be used and disclosed by the Federal Home Loan Bank of Dallas (“Bank”) Employee Health Care Benefits Plan and the Federal Home Loan Bank of Dallas Flexible Spending and Reimbursement Account Plan (individually and collectively, the “Plan”) or others in the administration of your claims, and certain rights that you have. For a complete and detailed description of the privacy practices of the Plan and the Bank, as well as your legal right, please refer to the accompanying Notice of Privacy Practices.

Our Pledge Regarding Medical Information

We (the Plan) are committed to protecting and maintaining the confidentiality of your personal health information in accordance with applicable laws. We are required by law to (1) make sure that any medical information that identifies you is kept private; (2) provide you with certain rights with respect to your medical information; (3) give you notice of our legal duties and practices we use to ensure the privacy of your medical information; and (4) follow all privacy practices and procedures currently in effect.

How We May Use and Disclose Medical Information About You

We may use and disclose your personal health information without your permission in order to facilitate your medical treatment, for payment for any medical treatments (including payments from your Medical Flexible Spending Account), and for any other health care operation. We will disclose your medical information to certain employees of the Bank so that they may carry out Plan administration function. Those employees, however, may not share your personal health information for employment-related purposes. We may also disclose your personal health information without your permission where we are allowed or required to do so by law, for example in response to a subpoena. Otherwise, we must obtain your written authorization for any other use and disclosure of your medical information. We are not permitted to retaliate against you if you refuse to sign an authorization permitting us to disclose your medical information or if you revoke an authorization you previously gave us.