

NOTICE OF PRIVACY PRACTICES

NORFOLK SOUTHERN CORPORATION DRUG AND ALCOHOL REHABILITATION SERVICE PROGRAM AND MEDICAL CASE MANAGEMENT PLAN

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.

“We” refers to the Norfolk Southern Corporation Drug and Alcohol Rehabilitation Service Program (DARS) and the Norfolk Southern Corporation Medical Case Management Plan, also referred to as the “Plans.” “You” or “yours” refers to individual participants in the Plans.

Use and Disclosure of Protected Health Information. Pursuant to the provisions of the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”), we are required to take certain steps to protect the privacy of individually identifiable health information (referred to in this notice as “Protected Health Information”). We are also required to provide you with this notice regarding our policies and procedures regarding your Protected Health Information, and to abide by the terms of this notice, as it may be updated from time to time.

Under applicable law, we are permitted to make certain types of uses and disclosures of your Protected Health Information, without your authorization, for treatment, payment, and health care purposes.

For treatment purposes, use and disclosure may take place in the course of providing, coordinating, or managing health care and its related services by one or more of your providers, such as when the Plans consult with a physician or facility regarding your condition.

For payment purposes, use and disclosure may take place to determine responsibility for coverage and benefits, such as when the Plans undertake activities to determine or fulfill their responsibility related to payment or reimbursement for outside health care provided to you.

For health care operations purposes, use and disclosure may take place in a number of ways involving Plan administration, including for quality assessment and improvement, and business planning. Your information could be used, for example, to assist in the evaluation of Plan performance, and to explore alternatives for improving Plan costs. We also may contact you to provide reminders or information about treatment plans, alternatives or requirements under the Plans.

We may also disclose your Protected Health Information to Norfolk Southern Corporation (the Plan's Sponsor) in connection with these activities. Norfolk Southern Corporation has designated a limited number of employees who are the only ones permitted to access and use your Protected Health Information for Plan operations and administration. When appropriate, we may share two types of Protected Health Information with other Norfolk Southern Corporation employees:

- Enrollment/disenrollment data – information on whether you have enrolled or disenrolled from the Plan.
- Summary Health Information – summaries of claims from which names and other identifying information have been removed.

Norfolk Southern Corporation agrees not to use or disclose your Protected Health Information for employment-related actions, such as hiring, termination or return to work determinations, or for any other purposes not authorized by the HIPAA privacy regulations unless you authorize such use or disclosure. Under HIPAA, an authorization providing certain Medical Department representatives access to your Protected Health Information is required for a determination concerning your ability to return to work with Norfolk Southern Corporation. The Plans may not condition treatment, payment, enrollment, or eligibility for Plan benefits on whether you sign this authorization, and you have the right to refuse to sign the authorization. If you do not execute the authorization, you may continue participation in the Plans, but will not be eligible at any time for re-employment by Norfolk Southern Corporation.

In addition, we may use or disclose your Protected Health Information without your authorization under conditions specified in federal regulations, including:

- as required by law, including but not limited to U.S. Department of Transportation regulations found in 49 C.F.R. Parts 40; 219; and 382, provided the use or disclosure complies with and is limited to the relevant requirements of such law,
- for public health activities,
- 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), and
- for workers' compensation or other similar programs established by law that provide benefits for work-related injuries or illness without regard to fault.

We may disclose to one of your family members, to a relative, to a close personal friend, or to any other person identified by you, Protected Health Information that is directly relevant to the person's involvement with your care or payment related to your care. In addition, we may use or disclose the Protected Health Information 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, we will do what in our judgment is in your best interest regarding such disclosure and will disclose only the information that is directly relevant to the person's involvement with your health care.

Other uses and disclosures will be made only with your written authorization, and you may revoke your authorization in writing at any time.

You may ask us to restrict uses and disclosures of your Protected Health Information 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, we are not required to agree to your request. You may exercise this right by contacting the individual or office identified at the end of this notice. They will provide you with additional information.

You have the right to request the following with respect to your Protected Health Information: (i) inspection and copying of certain information; (ii) amendment or correction of certain information; (iii) an accounting of certain disclosures of your PHI by us (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); and (iv) the right to receive a paper copy of this notice upon request.

You have the right to request in writing that you receive your Protected Health Information by alternative means or at an alternative location if you reasonably believe that disclosure could pose a danger to you.

We reserve the right to change the terms of this notice and to make the new notice provisions effective for all Protected Health Information we maintain. If we change this notice you will receive a new notice either by mail or by distribution to active employees in the workplace. A copy of this and any amended version of

this Notice of Privacy Practices also will be posted to the “Employees” section of the Norfolk Southern Corporation website www.nscorp.com.

If you believe that your privacy rights have been violated, you may file a complaint with us in writing at the location described below under “Contacting Us” 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 against for filing a complaint.

Contacting Us. You may exercise the rights described in this notice by contacting the office identified below. They will provide you with additional information. The contact is:

Assistant Vice President – Human Resource Services
Norfolk Southern Corporation
Three Commercial Place
Norfolk, Virginia 23510-2191
(757) 664-2004

Effective date of notice: April 14, 2004