

DRESSER-RAND COMPANY WELFARE BENEFIT PLAN
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.

Dresser-Rand Company (the “Company”) has established the Dresser-Rand Company Welfare Benefit Plan (the “Plan”) to provide health care benefits to or for the benefit of the eligible employees of the Company and its affiliates participating in the Plan.

The purpose of this Notice is to provide information to you as a Plan participant about the Plan’s privacy practices and your privacy rights. The Plan is required by law to:

- take certain steps to maintain the privacy of certain health care information associated with the administration of the Plan;
- provide you with this Notice of the Plan’s legal duties and privacy practices; and
- abide by the terms of this Notice.

The privacy practices described in this Notice will apply to (i) the Plan and its fiduciaries, (ii) the Company, its affiliates and their employees to the extent they are involved in the administration of the Plan and (iii) certain entities and consultants that provide services to the Plan or have access to Plan health information (such as claims administrators, COBRA vendors, case management or utilization review companies and stop-loss insurance companies).

PROTECTED HEALTH INFORMATION

Information about you and your health is personal. The Plan is committed to protecting health information about you that is obtained in connection with the administration of the Plan. Protected health information (“PHI”) is information that may identify you and that relates to your physical or mental health or the health care services provided to you (including the payments made for the health care services provided to you). The privacy practices described in this Notice apply to all PHI provided to or created by the Plan.

USE AND DISCLOSURE OF PHI BY THE PLAN

The various ways that the Plan may use or disclose your PHI are described in the categories set forth below. This Notice will explain the general meaning of each category and try to give some examples, but not every use or disclosure in a category will be described. However, all of the ways the Plan is permitted to use and disclose PHI will fall within one of these categories.

- **For Treatment.** The Plan may receive, use and disclose PHI about you to provide you with or help you obtain health treatment or services. Treatment is the provision, coordination or management of health care and related services by one or more health care providers, and includes consultations or referrals between your providers. For example, if you are unable to provide your medical history in the event of an emergency, the Plan may advise the emergency room physician treating you about any prescription drugs you currently take. The Plan also may disclose to a treating specialist the name of your primary care physician so that the specialist may ask for medical records relevant to your treatment from your primary care physician.

- **For Payment.** The Plan may receive, use and disclose PHI about you to pay or arrange for the payment of the portion of the costs of the health care services and supplies provided to you that are covered by the Plan. The Plan's payment activities include eligibility and coverage determinations, billing, claims management, collection activities, subrogation, reviews for medical necessity and appropriateness of care, utilization review and pre-authorizations. For example, the Plan may need to have information about a surgery you had in order to determine if the charges for the surgery are covered by the Plan. The Plan also may need to receive information about a health condition you have in order to approve a health care procedure for that condition if such approval is required to qualify for payment by the Plan. The Plan also may receive, use and disclose PHI to Plan fiduciaries to enable them to process claims for Plan benefits and review appeals of claims for Plan benefits that have been denied.
- **For Health Care Operations.** The Plan may receive, use and disclose PHI about you to enable the Plan to operate more efficiently or make certain that all Plan participants receive their health benefits. PHI may be used for purposes of underwriting, premium rating or other activities related to the creation, renewal or replacement of a health care insurance contract or arrangement. For example, the Plan may ask an insurer providing benefits under the Plan for information related to health procedures and treatments provided to Plan participants in order to provide other insurers with information to make knowledgeable bids with respect to providing such benefits in the future. The Plan also may use your PHI to refer you to a disease management program, project future benefit costs or audit the accuracy of the Plan's claims processing. In addition, the Plan may use or disclose PHI to conduct compliance reviews, actuarial studies or fraud and abuse detection. Your PHI may be shared among the separate health plans covered by this Notice for each plan's health care operations since these health plans are sponsored and maintained by the Company.
- **Plan Administrator and Plan Sponsor Information.** The Plan may disclose PHI to the Company, its affiliates and their employees to enable them to perform their duties associated with the administration of the Plan. Your PHI will not be used by the Company or its affiliates for any employment-related actions and decisions or in connection with any other employee benefit provided by the Company or its affiliates. The Plan may also disclose summary health information (information that summarizes the claims history and expenses of the Plan without specifically identifying the Plan participants involved) to the Company to assist the Company in obtaining premium bids for Plan health insurance coverage or to decide whether to amend or terminate the Plan. The Plan documents have been amended to specify the restrictions applicable to the disclosure of PHI to the Company, its affiliates and their employees. Additional information pertaining to these restrictions on the Plan's uses and disclosures of PHI is contained in the Plan's summary plan description.
- **Business Associates.** The Plan works with many persons and organizations that perform a wide variety of services for the Plan. These persons and organizations are "business associates" of the Plan. For example, the Plan works with outside vendors, claims and data processors, accountants, auditors, attorneys, insurers, brokers, agents and consultants. The Plan will make arrangements with its business associates to establish the permitted uses and disclosures of information to ensure that the business associates comply with the privacy laws and make reasonable efforts to safeguard the PHI they may receive.

- **Individuals Involved in Your Care or Payment for Your Care.** The Plan may disclose PHI about you to a friend or family member if:
 - the information is directly relevant to the family member's or friend's involvement with your care or payment for that care; and
 - you either have agreed to the disclosure or have been given an opportunity to object and have not objected.

As a general rule, parents and other legal guardians have the right to access the PHI of a minor child (under the age of 18).

- **Treatment Alternatives.** The Plan may use and disclose your PHI to tell you about possible treatment options or alternatives that may be of interest to you.
- **Health-Related Benefits and Services.** The Plan may use and disclose your PHI to tell you about health-related benefits or services that may be of interest to you.
- **Compliance Investigations.** The Plan will disclose PHI about you when requested by the Secretary of the U.S. Department of Health and Human Services to investigate or determine the Plan's compliance with the privacy laws.
- **As Required By Law.** The Plan and the Company will disclose PHI about you when required to do so by applicable law.
- **Pursuant to Your Authorization.** Uses and disclosures of PHI that are not covered by this Notice or otherwise authorized by applicable law will be made by the Plan only with your written permission. Furthermore, your written permission is required for the Plan to use or disclose any psychotherapy notes relating to you. If you give the Plan permission to use or disclose PHI about you, you may revoke that permission, in writing, at any time. If you revoke your permission, the Plan will no longer use or disclose PHI about you for the reasons covered by your previous permission. You should understand that the Plan is unable to take back any disclosures already made with your permission, and that the Plan is required to retain records of your PHI.

SPECIAL SITUATIONS

- **To 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 another person or the public. Such a disclosure will be made only to someone who can help prevent the threat.
- **Military and Veterans.** If you are or become a member of the U.S. armed forces, the Plan may release PHI about you as required by military command authorities. The Plan may also release PHI about foreign military personnel to the appropriate foreign military authority.
- **Workers' Compensation.** The Plan may release PHI about you to the extent authorized by and to the extent necessary to comply with workers' compensation or similar laws. These laws relate to the provision of benefits for work related injuries or illness.
- **Lawsuits and Disputes.** If you are involved in a lawsuit or other legal action, the Plan may disclose PHI about you in response to a court or administrative order. The Plan may also

disclose PHI about you in response to a subpoena, discovery request or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

- **Law Enforcement.** The Plan may release certain PHI if asked to do so by a law enforcement official in the following circumstances:
 - in response to a court order, subpoena, warrant, summons or similar process;
 - to identify or locate a suspect, fugitive, material witness or missing person;
 - to provide information about the victim of a crime, but only if the victim agrees to the disclosure or the Plan is unable to obtain the victim's agreement because of emergency circumstances;
 - to assist the investigation of a death that may be the result of criminal conduct; or
 - in emergency circumstances to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime.

- **National Security, Intelligence Activities, and Protective Services.** The Plan may release your PHI to authorized federal officials (i) for conduct of lawful intelligence, counterintelligence, and other national security activities authorized by law and (ii) to enable them to provide protection to the members of the U. S. government or foreign heads of state, or to conduct special investigations.

- **Coroners, Medical Examiners, and Funeral Directors.** The Plan may release your PHI to a coroner or medical examiner for purposes of identifying the deceased person, determining the cause of death or other duties as authorized by law. The Plan also may release your PHI to a funeral director, as necessary, to carry out his or her duties.

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

- **Research.** Under certain circumstances, the Plan may use and disclose your PHI for medical research purposes.

- **Health Oversight Activities.** The Plan may disclose your PHI to a health oversight agency for oversight activities authorized by law, including any audits, investigations and inspections necessary for the government to monitor the health care system and government programs.

- **Public Health Risks.** The Plan may disclose PHI about you for public health activities. These activities include (i) preventing or controlling disease, injury or disability, (ii) reporting births and deaths, (iii) reporting child abuse or neglect, or (iv) reporting reactions to medication or problems with medical products or to notify people of recalls of products they have been using.

- **Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, the Plan may release PHI about you to the correctional institution or law enforcement official if the release would be necessary (i) for the institution to provide you with health care, (ii) to protect your health and safety or the health and safety of others or (iii) for the safety and security of the correctional institution.

YOUR PRIVACY RIGHTS

You have the following rights regarding PHI the Plan maintains about you:

- **Right to Inspect and Copy.** You have the right to inspect and copy PHI that may be used to make decisions about your care. Generally, this includes health and billing records, but does not include psychotherapy notes. To inspect and copy your PHI, you must submit your request in writing to the Plan at the address indicated below in the section entitled “Contact Information.” The Plan may charge you a reasonable cost-based fee to comply with your request.

The Plan will act upon your written request for the information within 30 days after it receives your request. If the PHI is not maintained by or accessible to the Plan on its premises, the Plan will respond no later than 60 days after the receipt of your request. If these time frames cannot be met, the Plan is entitled to a 30-day extension and you will be notified of such extension.

The Plan may deny your request to inspect and copy PHI in certain circumstances. If you are denied access to PHI, the Plan will provide a written explanation of the denial and your rights regarding the denial.

- **Right to Amend.** If you feel that PHI the Plan has about you is incorrect or incomplete, you may ask the Plan to amend such PHI. You have the right to request an amendment for as long as the PHI is kept by or for the Plan. Any request for an amendment must be made in writing and submitted to the Plan at the address indicated below in the section entitled “Contact Information.” In addition, you must provide a reason that supports your request. The Plan may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, the Plan may deny your request if you ask the Plan to amend PHI that:
 - was not created by the Plan, unless the person or entity that created the information is no longer available to make the amendment;
 - is not part of the PHI kept by or for the Plan;
 - is not part of the information which you would be permitted to inspect and copy; or
 - is accurate and complete.

The Plan will act on your request for an amendment within 60 days after receiving your written request. If the Plan cannot respond to your request within 60 days, an additional 30 days is allowed if you are given a written statement of the reason for the delay and the date by which the response will be provided.

If the Plan accepts your request for an amendment, the Plan will notify you and take the appropriate steps to amend the PHI the Plan maintains and inform others whom the Plan knows to have such PHI of the amendment. If the Plan denies your requested amendment, the Plan will provide a written explanation of the denial and your rights regarding the denial.

- **Right to an Accounting of Disclosures.** You have the right to request an accounting of the Plan’s disclosures of your PHI. This is a list of certain disclosures the Plan has made of PHI about you. To request an accounting of disclosures, you must submit a request in writing to the Plan at the address indicated below in the section entitled “Contact Information.” Your request must state a time period for the accounting that may not be longer than six years prior to the date of your request and may not include dates before April 14, 2003. Your request should indicate in

what form you want the list (for example, on paper or electronically). This accounting does not need to include PHI disclosures made (i) to carry out treatment, payment or health care operations, (ii) to individuals about their own PHI, (iii) pursuant to your written authorization, (iv) to a person involved in your care, (v) for national security, intelligence activities and protective services, (vi) to correctional institutions or law enforcement officials or (vii) incident to permitted or required uses and disclosures of PHI.

The Plan will act on your request for an accounting within 60 days after receiving your written request. If the accounting cannot be provided within 60 days, an additional 30 days is allowed if you are given a written statement of the reason for the delay and the date by which the accounting will be provided. If you request more than one accounting within a 12-month period, the Plan may charge a reasonable, cost-based fee for responding to any additional requests. The Plan will notify you of the cost involved and you may choose to withdraw or modify your request before any costs are incurred.

- **Right to Request Restrictions.** 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, like a family member or friend. For example, you could ask that the Plan not use or disclose information about a surgery you had.

The Plan is not required to agree to your request and in some situations is prohibited from agreeing to certain restrictions. The Plan will not agree to requests for restrictions on uses and disclosures of PHI for treatment, payment or health care operations. If the Plan agrees, it will comply with your request unless the information is needed to provide you with emergency treatment. To request restrictions, you must make a request in writing to the Plan at the address indicated below in the section entitled "Contact Information." In your request, you must tell the Plan (i) what information you want to limit, (ii) whether you want to limit its use, disclosure or both and (iii) to whom you want the limits to apply, for example, disclosures to your spouse. The Plan will not be held to have agreed to any restriction unless the Plan's Privacy Officer agrees to the restriction in writing.

- **Right to Request Confidential Communications.** You have the right to request that the Plan communicate with you about health matters in a certain way or at a certain location. For example, you can ask the Plan to contact you only at work or by mail. To request confidential communications, you must make your request in writing to the Plan at the address indicated below in the section entitled "Contact Information." While the Plan will attempt to accommodate all reasonable requests, the Plan is not required to accommodate your request unless you specify that the disclosure of your PHI would endanger you if your request were not approved. Your request must specify how or where you wish to be contacted.

RIGHT TO A COPY OF THIS NOTICE

You have the right to receive a paper copy of this Notice upon request. Requests for a paper copy of this Notice should be directed to the Plan at the address indicated below in the section entitled "Contact Information." You may also obtain a copy of the Plan's current Notice of Privacy Practices by accessing the Benefits link on the Company intranet site.

CHANGES TO THIS NOTICE

The Plan reserves the rights to revise this Notice from time to time, and to make the revised Notice effective for PHI the Plan already has about you as well as any PHI the Plan receives in the future. If the Plan makes a material change in its privacy practices, a revised version of this Notice will be provided by mail to the employees of the Company and its affiliates then covered under the Plan.

COMPLAINTS

If you believe your PHI privacy rights have been violated, you may file a written complaint with the Plan's Privacy Officer at the address indicated below. Alternatively, you may file a complaint with the Secretary of the Department of Health and Human Services in its Office of Civil Rights, generally within 180 days of when the act or omission involved in the complaint occurred.

You will not be penalized, and no retaliatory action will be taken against you, for filing a complaint.

PRIVACY OFFICER

The name, address and telephone number of the Plan's Privacy Officer is:

Foy E. Wallace
Director, Global Employee Benefits
Dresser-Rand Company
1200 West Sam Houston Parkway North
Houston, Texas 77043
281-796-9183

CONTACT INFORMATION

If you have questions about this Notice, please contact the Company's Human Resources Shred Services department at the following address or telephone number:

Lisa D. Miller
Benefits Specialist
Dresser-Rand Company
Paul Clark Drive
Olean, NY 14760
716-375-3800

EFFECTIVE DATE OF NOTICE

This Notice is effective October 1, 2009.