

SUMMARY OF NOTICE OF PRIVACY PRACTICES

This summary is provided to assist you in understanding the attached Notice of Privacy Practices

The attached Notice of Privacy Practices contains a detailed description of how our company benefits plan will protect your health information, your rights as a plan participant and our common practices in dealing with your health information. Please refer to that Notice for further information.

Uses and Disclosures of Health Information. We will use and disclose your health information in order to assist health care providers in treating you. We will also use and disclose your health information in order to make payment for health care services or to allow insurance companies to process insurance claims for services rendered to you. Finally, we may disclose your health information for certain limited operational activities such as quality assessment, utilization review and claim review.

Uses and Disclosures Based on Your Authorization. Except as stated in more detail in the Notice of Privacy Practices, we will not use or disclose your health information without your written authorization.

Uses and Disclosures Not Requiring Your Authorization. In the following circumstances, we may disclose your health information without your written authorization:

- To family members or close friends who are involved in your health care;
- For certain limited research purposes;
- For purposes of public health and safety;
- To government agencies for purposes of their audits, investigations and other oversight activities;
- To government authorities to prevent child abuse or domestic violence;
- To the FDA to report product defects or incidents;
- To law enforcement authorities to protect public safety or to assist in apprehending criminal offenders;
- When required by court orders, search warrants, subpoenas and as otherwise required by the law.

Plan Participant Rights. As a plan participant, you have the following rights:

- To have access to and/or a copy of your health information;
- To receive an accounting of certain disclosures we have made of your health information;
- To request restrictions as to how your health information is used or disclosed;
- To request that we communicate with you in confidence;
- To request that we amend your health information;
- To receive notice of our privacy practices.

If you have a question, concern or complaint regarding our privacy practices, please refer to the attached Notice of Privacy Practices for the person or persons whom you may contact.

Coldwater Creek Inc.

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. THE PRIVACY OF YOUR MEDICAL INFORMATION IS IMPORTANT TO US.

Our Legal Duty

We are required by applicable federal and state laws to maintain the privacy of your protected health information. We are also required to give you this notice about our privacy practices, our legal duties, and your rights concerning your protected health information. We must follow the privacy practices that are described in this notice while it is in effect. This notice takes effect November 1, 2008, and will remain in effect until we replace it.

We reserve the right to change our privacy practices and the terms of this notice at any time, provided that such changes are permitted by applicable law. We reserve the right to make the changes in our privacy practices and the new terms of our notice effective for all protected health information that we maintain, including medical information we created or received before we made the changes.

You may request a copy of our notice (or any subsequent revised notice) at any time. For more information about our privacy practices, or for additional copies of this notice, please contact us using the information listed at the end of this notice.

Uses and Disclosures of Protected Health Information: We will use and disclose your protected health information about you for treatment, payment, and health care operations.

Following are examples of the types of uses and disclosures of your protected health care information that may occur. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures that may be made by our office.

Treatment: We may disclose your medical information to a doctor or a hospital which asks us for it to assist in your treatment.

Payment: We may use and disclose your medical information to pay claims from doctors, hospitals and other providers for services provided to you that are covered by your health plan, to determine your eligibility for benefits, to coordinate benefits, to examine medical necessity, to obtain premiums, to issue explanations of benefits to the person who subscribes to the health plan in which you participate, and the like.

Health Care Operations: We may use and disclose your medical information to rate our risk, to conduct quality assessment and improvement activities, to engage in care coordination or case management, to manage our business, and the like.

We will share your protected health information with third party “business associates” that perform various activities (e.g., billing, transcription services) for the Company. Whenever an arrangement between our office and a business associate involves the use or disclosure of your protected health information, we will have a written contract that contains terms that will protect the privacy of your protected health information.

We may use or disclose your protected health information, as necessary, to provide you with information about treatment alternatives or other health-related benefits and services that may be of interest to you. We may also use and disclose your protected health information for other marketing activities. For example, your name and address may be used to send you a newsletter about benefits available to you under the Company benefits plan. We may also send you information about products or services that we believe may be beneficial to you. You may contact us to request that these materials not be sent to you.

Uses and Disclosures Based On Your Written Authorization: Other uses and disclosures of your protected health information will be made only with your authorization, unless otherwise permitted or required by law as described below.

You may give us written authorization to use your protected health information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Without your written authorization, we will not disclose your health care information except as described in this notice.

Coldwater Creek Inc. Personnel: We may disclose your medical information to Company personnel to permit them to perform plan administration functions. Please see your group health plan document for a full explanation of the limited uses and disclosures that the Company may make of your medical information in providing plan administration.

Others Involved in Your Health Care: Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify your protected health information that directly relates to that person’s involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. We may use or disclose protected health information to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care of your location, general condition or death.

Marketing: We may use your protected health information to contact you with information about treatment alternatives that may be of interest to you. We may disclose your protected health information to a business associate to assist us in these activities. Unless the information is provided to you by a general newsletter or in person or is for products or services of nominal value, you may opt out of receiving further such information by telling us using the contact information listed at the end of this notice.

Coroners or Funeral Directors: We may disclose the protected health information of a deceased person to a coroner, protected health examiner, funeral director or organ procurement organization for certain purposes.

Public Health and Safety: We may disclose your protected health information to the extent necessary to avert a serious and imminent threat to your health or safety, or the health or safety of others. We may disclose your protected health information to a government agency authorized to oversee the health care system or government programs or its contractors, and to public health authorities for public health purposes.

Health Oversight: We may disclose protected health information to a health oversight agency for activities authorized by law, such as audits, investigations and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws.

Abuse or Neglect: We may disclose your protected health information to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your protected health information if we believe that you have been a victim of abuse, neglect or domestic violence to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

Food and Drug Administration: We may disclose your protected health information to a person or company required by the Food and Drug Administration to report adverse events, product defects or problems, biologic product deviations, to track products; to enable product recalls; to make repairs or replacements; or to conduct post marketing surveillance, as required.

Criminal Activity: Consistent with applicable federal and state laws, we may disclose your protected health information, if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may also disclose protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual.

Required by Law: We may use or disclose your protected health information when we are required to do so by law. For example, we must disclose your protected health information to the U.S. Department of Health and Human Services upon request for purposes of determining whether we are in compliance with federal privacy laws. We may disclose your protected health information when authorized by workers' compensation or similar laws.

Process and Proceedings: We may disclose your protected health information in response to a court or administrative order, subpoena, discovery request or other lawful process, under certain circumstances. Under limited circumstances, such as a court order, warrant or grand jury subpoena, we may disclose your protected health information to law enforcement officials.

Law Enforcement: We may disclose limited information to a law enforcement official concerning the protected health information of a suspect, fugitive, material witness, crime victim or missing person. We may disclose the protected health information of an inmate or other person in lawful custody to a law enforcement official or correctional institution under certain circumstances. We may disclose protected health information where necessary to assist law enforcement officials to capture an individual who has admitted to participation in a crime or has escaped from lawful custody.

Plan Participant Rights

Access: You have the right to look at or get copies of your protected health information, with limited exceptions. You must make a request in writing to the contact person listed herein to obtain access to your protected health information. You may also request access by sending us a letter to the address at the end of this notice. If you request copies, we will charge you 25¢ for each page, \$15.00 per hour for staff time to locate and copy your protected health information, and postage if you want the copies mailed to you. If you prefer, we will prepare a summary or an explanation of your protected health information for a fee. Contact us using the information listed at the end of this notice for a full explanation of our fee structure.

Accounting of Disclosures: You have the right to receive a list of instances in which we or our business associates disclosed your protected health information for purposes other than treatment, payment, health care operations and certain other activities after April 14, 2003. After April 14, 2009, the accounting will be provided for the past six (6) years. We will provide you with the date on which we made the disclosure, the name of the person or entity to whom we disclosed your protected health information, a description of the protected health information we disclosed, the reason for the disclosure, and certain other information. If you request this list more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests. Contact us using the information listed at the end of this notice for a full explanation of our fee structure.

Restriction Requests: You have the right to request that we place additional restrictions on our use or disclosure of your protected health information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency). Any agreement we may make to a request for additional restrictions must be in writing signed by a person authorized to make such an agreement on our behalf. We will not be bound unless our agreement is so memorialized in writing.

Confidential Communication: You have the right to request that we communicate with you in confidence about your protected health information by alternative means or to an alternative location. You must make your request in writing. We must accommodate your request if it is reasonable, specifies the alternative means or location, and continues to permit us to bill and collect payment from you.

Amendment: You have the right to request that we amend your protected health information. Your request must be in writing, and it must explain why the information should be amended. We may deny your request if we did not create the information you want amended or for certain other reasons. If we deny your request, we will provide you a written explanation. You may respond with a statement of disagreement to be appended to the information you wanted amended. If we accept your request to amend the information, we will make reasonable efforts to inform others, including people or entities you name, of the amendment and to include the changes in any future disclosures of that information.

Electronic Notice: If you receive this notice on our website or by electronic mail (e-mail), you are entitled to receive this notice in written form. Please contact us using the information listed at the end of this notice to obtain this notice in written form.

Questions and Complaints

If you want more information about our privacy practices or have questions or concerns, please contact us using the information below.

If you believe that we may have violated your privacy rights, or you disagree with a decision we made about access to your protected health information or in response to a request you made, you may complain to us using the contact information below. You also may submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon request.

We support your right to protect the privacy of your protected health information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

Name of Contact Person: Nathlie White

Telephone: 208.265.7079 Fax: 208.255.3583

Email: nathlie.white@thecreek.com

Address: One Coldwater Creek Drive, Sandpoint, Idaho 83864

ADDENDUM FOR: WASHINGTON

Under Washington State Law, you have these additional rights and restrictions:

No Charges for Copies of Your Health Records. If you request a copy of your health record as maintained by the company benefits department, we will not charge you for the first set of such copies. In the alternative, we can provide you with the records and ask that you copy them at your own expense. For additional sets of copies, we may charge you for the actual cost of copying the records, including labor, and postage if you ask us to mail the records to you. These charges will not exceed 65¢ for pages 1 through 30, and 50¢ per page for pages 31 and over. The labor fee will not exceed \$15.00 per request. (The above charges may be adjusted biennially pursuant to the Consumer Price Index.)

Expiration of Authorization. Any authorization you sign for the release of your health information will expire automatically within ninety (90) days if you have not put a different expiration date on the authorization form.

Access to Your Health Information. We will provide you with access to your health information within fifteen (15) working days from the date of your written request, unless we are prevented from doing so by extenuating and unusual circumstances. If you so request, we will also allow access to your designated representative pursuant to your written request.

ADDENDUM FOR: CALIFORNIA

Under California State Law, you have these additional rights and restrictions:

No Re-Disclosure of Your Health Information. We will not re-disclose your health information which we have received by means of your written authorization except as authorized by you in writing, or except as allowed by state and federal law.

Communication of Limitations in Your Authorization to Release Records. If we disclose your health information pursuant to your written authorization which includes some limitation upon the recipient's use or disclosure of that information, we will communicate that limitation to the recipient of your health information.

No Discrimination for Refusing to Sign an Authorization. We will not discriminate against you for refusing to sign an authorization for release of your health information.

Disclosure of Employee Health Information. We will not use or disclose your health information without your written authorization except where: (a) we are compelled to do so by a court order or administrative process; (b) the health information is relevant to a lawsuit, arbitration or grievance to which you and the company are parties and in which you have put your mental or physical condition at issue; in such event, your health information may be disclosed only in connection with that proceeding; (c) your health information must be used to administer the company's employee benefit plan; and (d) your health information is necessary to be disclosed to a health care provider, health care professional or health care facility to aid in your diagnosis or treatment and you are unable to authorize the disclosure. Otherwise, we will not disclose your health information except pursuant to a valid authorization.

Charges for Copies of Your Records. If you request a copy of your medical records, we may charge for the cost of the copies, including labor to make the copies. These charges will not exceed 25¢ per page for copies, and actual labor costs for clerical assistance.

ADDENDUM FOR NEVADA

Under Nevada State Law, you have these additional rights and restrictions:

Access to Your Health Information. Upon your request, we will make your health information available for your inspection within ten (10) business days from the date of your request.

Communicable Diseases. We will not disclose any information or records showing you have a communicable disease except as required by state or federal law.

ADDENDUM FOR: OREGON

Under Oregon State Law, you have these additional rights and restrictions:

Access to Your Health Records. Upon your request, we will provide you access to your health records. However, if we believe disclosure of your health records, or any part thereof, would be harmful to your life or physical safety, we may withhold your health records or provide an accurate and representative summary of the factual information contained in your health records. Should we choose to withhold your health records or provide a summary thereof, we will give you notice of that decision.

HIV/AIDS Status. Should we obtain information regarding your HIV/AIDS status, we will not disclose your identity without your consent except as permitted by federal law, state law or regulation.