

## NOTICE OF PRIVACY PRACTICES

**THIS NOTICE OF PRIVACY PRACTICES DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

**Effective Date: This Notice is effective September 23, 2013.**

The Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) and the Health Information Technology for Economic and Clinical Health Act (“HITECH Act”) require the IBEW Local 347 Electrical Workers Health and Welfare Fund (“Plan”) to maintain the privacy of your protected health information and provide you this Notice of Privacy Practices (“Notice”).

In general, protected health information is individually identifiable health information, including demographic information that is created or received by the Plan and relates to:

- your past, present, or future physical or mental health or condition;
- the provision of health care to you; or
- the past, present, or future payment for the provision of health care to you.

This Notice provides a complete description of your rights and the Plan’s legal duties with respect to your protected health information. This Notice is divided into the following sections:

- The Plan’s duties and obligations with respect to your protected health information;
- How the Plan may use or disclose your protected health information without your authorization;
- When the Plan is not allowed to use and disclose your protected health information without your authorization;
- How the Plan may disclose your protected health information to you, your personal representative or your authorized representative;
- Your health information privacy rights;
- Where you can file complaints; and
- Who you should contact if you have questions.

If you have any questions about this Notice or about the Plan’s privacy practices, please contact the Privacy Officer at CompuSys of Utah, 2156 West 2200 South, Salt Lake City, Utah, 84119 or toll free at (844)347-4239.

## THE PLAN'S DUTIES AND OBLIGATIONS WITH RESPECT TO YOUR PROTECTED HEALTH INFORMATION

This Section explains the Plan's duties and obligations concerning your protected health information. The Plan is required by law to:

- maintain the privacy of your protected health information;
- provide you with certain rights with respect to your protected health information;
- provide you with a copy of this Notice of the Plan's legal duties and privacy practices with respect to your protected health information; and
- follow the terms of the Notice that is currently in effect.

The Plan reserves the right to change the terms of this Notice and to make new provisions regarding your protected health information that the Plan maintains, as allowed or required by law. If the Plan makes any material changes to this Notice, the Fund Office will mail a copy of the revised Notice to your last-known address.

## HOW THE PLAN MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION WITHOUT YOUR AUTHORIZATION

This Section explains how the Plan may use and/or disclose your protected health information without your authorization. The first part of this Section explains how the Plan may use and/or disclose your protected health information for treatment, payment, and health care operations. The second part of this Section explains the circumstances under which the Plan may use and/or disclose your protected health information for reasons other than treatment, payment, and health care operations.

### **1. The Plan is legally permitted to use and/or disclose your protected health information for treatment, payment, and health care operations without your authorization.**

The main purposes for which the Plan will use and disclose your protected health information are to conduct payment activities and health care operations. As explained in greater detail on page 4 of this Notice these are also the only purposes for which the Plan may disclose your protected health information to the Plan's Board of Trustees.

Below are definitions of the terms treatment, payment, and health care operations and explanations of how the Plan can use and/or disclose your protected health information for these purposes. Each of these explanations includes an example of how the Plan may use and/or disclose your protected health information. These are only examples and are not intended to provide an exhaustive list of how the Plan may use and/or disclose your protected health information.

## **Treatment**

Treatment generally means the provision, coordination or management of health care and related services. It also includes but is not limited to consultations and referrals between one or more of your providers. The Plan does not perform any direct treatment activities, but the Plan may disclose your protected health information to your health care provider in order to facilitate the medical treatment you receive from your provider. Treatment may include but is not limited to the following:

*Example:* The Plan may disclose to a treating physician the name of your treating radiologist so that the physician may ask for your X-rays from the treating radiologist.

## **Payment**

Payment generally means the activities of the Plan to collect contributions, premiums, and self-payment amounts; to fulfill its coverage responsibilities and provide benefits under the Plan; and to obtain or provide reimbursement for the provision of health care. Payment may include but is not limited to the following:

- **Determining your eligibility and coverage for Plan benefits**

*Example:* The Plan may use information obtained from your employer to determine whether you are eligible for coverage.

- **Determining and fulfilling the Plan's responsibility to provide benefits**

*Example:* The Plan may use your healthcare claims to determine if services provided by your physician are covered by the Plan.

- **Enforcing the Plan's rights to recovery, reimbursement and/or subrogation**

*Example:* If you are in an auto accident due to another driver's fault and the Plan pays expenses for the treatment of your injuries, the Plan may use and disclose information regarding the accident, expenses and treatment in order to enforce the Plan's subrogation rights.

- **Providing Prior Authorization**

*Example:* If you are scheduled to have surgery and prior to your surgery your provider contacts the Plan to obtain prior approval for your surgery, the Plan may disclose to your provider whether the surgery will be covered.

- **Coordinating benefits with other plans under which you have health coverage**

*Example:* The Plan may use information about your benefits from another group health plan to determine the benefits that this Plan will pay for a specific claim.

## **Health Care Operations**

Health care operations generally means certain administrative, financial, legal and quality improvement activities of the Plan that are necessary to run its business and to support the functions

of treatment and payment. The Plan's health care operations may include but are not limited to the following:

- **Conducting quality assessment and improvement activities, case management and care coordination, and contacting health care providers and patients with information about treatment alternatives**

*Example:* A case manager may contact you or your providers to discuss treatment alternatives.

- **Underwriting and other activities related to securing or placing a contract for reinsurance of risk relating to health care claims** (however, as prohibited by law, the Plan will not use your genetic information for underwriting purposes).

*Example:* The Plan may disclose your demographic information (such as your age) to carriers to obtain quotes for stop-loss insurance.

- **Reviewing the competence or qualifications of health care professionals, evaluating provider and Plan performance and training employees**

*Example:* The Plan may train new claims processors by having them process health claims under close supervision.

- **Conducting or arranging for medical review, legal services, audit services, and fraud and abuse detection programs**

*Example:* The Plan's auditor may review your health care claims to determine if they were paid correctly.

- **Business planning and development such as cost management and planning analysis related to managing and operating the Plan**

*Example:* The Plan's consultant may review protected health information to project future benefit costs.

- **Business management and general Plan administrative activities**

*Example:* The Plan may use your protected health information to create de-identified information.

### **Disclosures to the Board of Trustees for certain payment activities and health care operations**

The Plan may also disclose protected health information to the Trustees of the IBEW Local 347 Electrical Workers Health and Welfare Fund (the Plan Sponsor), for certain payment activities and health care operations. The Plan may only disclose protected health information to the Trustees in the following situations:

- **Coverage information.** The Plan may disclose information about whether you are covered by the Plan to the Trustees.
  - **Summary health information.** The Plan may disclose summary health information to the Trustees in accordance with the rules in this paragraph. Summary health information is information that summarizes your claims history, claims expenses, or type of claims without any identifying information except your zip code. The Plan may disclose summary health information to the Trustees for the following purposes:
    - To obtain premium bids from insurance providers; or
    - To modify, amend, or terminate the Plan.
  - **Protected health information for administration functions.** The Plan may disclose protected health information to the Trustees for the Plan administrative functions that the Board of Trustees performs for the Plan. The Board of Trustees has delegated the daily responsibility for administering the Plan to entities referred to as “business associates.” The Plan’s business associates will carry out their administrative duties on behalf of the Plan, such as claims processing and regular administration, without disclosing protected health information to the Board of Trustees unless such disclosure is necessary, and then will disclose only the minimum information necessary to carry out the purpose of the disclosure to the Board of Trustees. The Plan and its business associates may only disclose the minimum necessary protected health information to the Board of Trustees for the following Plan administrative functions that the Board of Trustees performs for the Plan:
    - **Payment.** The Plan and its business associates may disclose the minimum necessary protected health information to the Board of Trustees in order for the Trustees to perform payment activities that the Trustees have not delegated to a business associate (in other words, payment activities that the Trustees perform for the Plan). *Example:* If your claim is denied and you submit an appeal, the Plan and its business associates may disclose the minimum amount of your protected health information necessary for the Trustees to determine whether to grant your appeal.
    - **Health care operations.** The Plan and its business associates may disclose the minimum necessary protected health information to the Board of Trustees in order for the Trustees to perform health care operations that the Trustees have not delegated to a business associate (in other words, health care operations that the Trustees perform for the Plan). *Example:* The Plan and its business associates may disclose the minimum protected health information necessary for the Trustees to determine whether the Plan’s claims payor is paying claims correctly.
2. **The Plan is legally permitted to use and/or disclose your protected health information without your authorization for the following purposes, subject to limitations imposed by HIPAA or other applicable law** (in other words, this is a list of the circumstances under which the Plan may use and/or disclose your protected health information without your authorization for reasons other than treatment, payment, or health care operations):

### **Required by Law**

The Plan may use or disclose your protected health information to the extent that such use or disclosure is required by law and the use or disclosure complies with and is limited to the relevant requirements of such law.

### **To Avert a Serious Threat to Health or Safety**

The Plan may, consistent with all applicable law(s) and standards of ethical conduct, use or disclose your protected health information if the Plan in good faith believes 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. The Plan may only disclose your protected health information for this purpose if the disclosure is to a person reasonably able to prevent or reduce the threat, including the target of the threat.

### **To Notify Individuals Involved in your Care**

The Plan may disclose your protected health information to a family member, or other relative, close personal friend or other person that you identify, to the extent the Plan determines the disclosure is in your best interest if you are unavailable or incapacitated and the protected health information is directly relevant to such person's involvement with your care or the payment is related to your care. The Plan may also disclose your protected health information to notify (or assist in the notification of, including identifying or locating), a family member, your personal representative or another person responsible for your care of your location, general condition or death.

### **Organ and Tissue Donation**

The Plan may disclose your protected health information to organ procurement organizations or other entities engaged in the procurement, banking or transplantation of cadaveric organs, eyes or tissue for the purpose of facilitating organ, eye or tissue donation and transplantation.

### **Public Health Activities**

The Plan may disclose your protected health information to individuals or entities for the following public health activities and purposes:

- **Preventing or controlling disease, injury or disability.** The Plan may disclose your protected health information to a public health entity that is authorized by law to collect or receive information for the purpose of preventing or controlling disease, injury, or disability, such as the reporting of disease, injury or vital events (e.g. birth or death) and conducting public health surveillance, public health investigations and public health interventions.
- **Reporting child abuse or neglect.** The Plan may disclose your PHI to a public health authority that is authorized by law to receive reports of child abuse or neglect.

- **Ensuring the quality, safety, or effectiveness of an FDA-regulated product.** The Plan may disclose your protected health information to a person who has responsibility to the Food and Drug Administration (“FDA”) regarding the quality, safety, or effectiveness of an FDA-regulated product or activity.
- **Preventing the spread of disease.** The Plan may disclose your protected health information to a person who may have been exposed to a communicable disease or who may otherwise be at risk of contracting or spreading a disease or condition so long as the Plan is authorized by law to notify such person.

### **Health Oversight Activities**

The Plan may disclose your protected health information to a health oversight agency for activities authorized by law, including: audits; civil, administrative, or criminal investigations; inspections; licensure or disciplinary actions; civil, administrative, or criminal proceedings or actions; or other appropriate oversight activities. However, this permission to disclose your protected health information does not apply if you are the subject of an investigation or other activity that is not directly related to your health.

### **Judicial and Administrative Proceedings**

The Plan may disclose your protected health information in the course of any judicial or administrative proceedings in response to any of the following:

- An order of a court or administrative tribunal; or
- A subpoena, discovery request, or other lawful process.

### **Law Enforcement Purposes**

The Plan may disclose your protected health information to a law enforcement official for a law enforcement purpose. The following are examples of disclosures for law enforcement purposes:

- A disclosure required by law, including laws that require the reporting of certain types of wounds or other physical injuries.
- A disclosure made in compliance with a court order, a court-ordered warrant, a subpoena or summons, or an investigative demand or similar process.
- A disclosure made in response to a law enforcement official’s request for the information for the purpose of identifying or locating a suspect, fugitive, material witness, or missing person.
- A disclosure made in response to a law enforcement official’s request for the information if you are (or are suspected to be) a victim of a crime and you agree to the disclosure or the Plan is unable to obtain your agreement because of your incapacity or an emergency, and the law enforcement officer demonstrates a need for the disclosure.

- A disclosure made after your death for the purpose of alerting law enforcement officials of your death if the Plan has a suspicion that your death may have resulted from criminal conduct.
- A disclosure of information that the Plan in good faith believes is evidence of criminal conduct that occurred on the Plan's premises.

### **Coroners, Medical Examiners, and Funeral Directors**

The Plan may disclose your protected health information to a coroner or medical examiner after your death for the purpose of identifying you or determining your cause of death. The Plan may also disclose your protected health information to funeral directors either upon your death or before and in reasonable anticipation of your death so that the funeral director can carry out his or her duties related to your death.

### **Specialized Government Functions**

The Plan may disclose your protected health information if you are in the Armed Forces and your protected health information is deemed necessary by the appropriate military command authorities. The Plan may also disclose your protected health information to authorized federal officials for the conduct of national security activities and the protection of the President, and to a correctional institution where you are being held.

### **Secretary of Health and Human Services**

The Plan is required to and will disclose your protected health information to the Secretary of Health and Human Services ("Secretary") or its designee when such protected health information is required by the Secretary to investigate or determine the Plan's Compliance with the HIPAA Privacy Rule.

### **Workers' Compensation**

The Plan may disclose your protected health information as authorized by and to the extent necessary to comply with laws relating to workers' compensation or other similar programs, established by law, that provide benefits for work-related injuries or illnesses without regard to fault.

### **Research**

The Plan may disclose your protected health information to researchers when:

- the individual identifiers have been removed; or
- when an institutional review board or privacy board has reviewed the research proposal and established protocols to ensure the privacy of the requested information, and approves the research.



## **WHEN IS THE PLAN NOT ALLOWED TO USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION WITHOUT YOUR WRITTEN AUTHORIZATION**

This Section explains when the Plan needs your written authorization prior to using and/or disclosing your protected health information. Except as described in this Notice the Plan may not use or disclose your protected health information without your written authorization. You may revoke your written authorization at any time by sending a written request for revocation to the Fund Office. A request for revocation will become effective on the date it is received by the Fund Office.

The Plan is legally required to inform you of the following:

- The Plan will not use or disclose your psychotherapy notes without your written authorization.
- The Plan will not use or disclose your protected health information for marketing without your written authorization; and
- The Plan will not sell your protected health information without your written authorization.

## **HOW THE PLAN MAY DISCLOSE YOUR PROTECTED HEALTH INFORMATION TO YOU, YOUR PERSONAL REPRESENTATIVE, OR YOUR AUTHORIZED REPRESENTATIVE**

This Section explains how the Plan may disclose your protected health information to you, your personal representative, and/or your authorized representative. The first part of this Section explains the Plan's disclosure of protected health information to you or your personal representative. The second part of this Section explains the Plan's disclosure of your protected health information to your authorized representative.

### **1. The Plan is required to and will disclose your protected health information to you or your personal representative upon request.**

You (or your personal representative) may request your protected health information by sending a written request to the Fund Office. If your personal representative is requesting your protected health information, (s)he must also submit written documentation demonstrating that (s)he has the ability to act on your behalf (*Example*: a power of attorney).

An individual is considered your personal representative if under applicable law, (s)he has the authority to act on your behalf in making decisions related to health care. *Example*: State law will determine the extent to which a parent may act on behalf of a minor child with regards to the child's protected health information.

The Plan will provide your personal representative with access to your protected health information in the same manner as it would provide you with access unless, in the exercise of professional judgment, the Plan decides that treating an individual as your personal representative would not be in your best interest and the Plan has a reasonable belief that:

- You have been or may be subjected to domestic violence, abuse, or neglect by the person seeking to be treated as your personal representative; or
- Treating the individual as your personal representative could endanger you.

**2. The Plan will disclose your protected health information to your authorized representative upon receipt of a completed written Protected Health Information Authorization Form.**

To designate an individual as your authorized representative (i.e. to authorize the Plan to disclose your protected health information to an individual or entity), you need to send a completed Protected Health Information Authorization Form to the Fund Office. Protected Health Information Authorization Forms are available at the Fund Office or at the website [www.ibew347benefits.com](http://www.ibew347benefits.com).

The Plan will provide your authorized representative protected health information in accordance with the Protected Health Information Authorization Form, HIPAA, and all other applicable law. You can revoke a Protected Health Information Authorization Form at any time by sending a written request for revocation to the Fund Office. A request for revocation will become effective on the date that it is received by the Fund Office.

## **YOUR HEALTH INFORMATION PRIVACY RIGHTS**

This Section explains your rights with respect to your protected health information.

### **Right to Inspect and Copy**

You have the right to inspect and copy certain protected health information that may be used to make decisions about your Plan benefits. If the information you request is maintained electronically, and you request an electronic copy, the Plan will provide a copy in the electronic form and format you request, if the information can be readily produced in that form and format. If the information cannot be readily produced in that form and format, the Plan will work with you to come to an agreement on form and format. If you and the Plan cannot agree on an electronic form and format, the Plan will provide you with a paper copy.

The requested information will be provided within 30 days if the information is maintained onsite or within 60 days if the information is maintained offsite. A single 30-day extension is allowed if the Plan is unable to comply with the deadline

To inspect and copy your protected health information, you must submit your request in writing to the Privacy Officer at the address provided at the end of this Notice. If you request a copy of the information, the Plan may charge a reasonable fee for the costs of copying, mailing, or other supplies associated with your request.

The Plan may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to your medical information, you may request that the denial be reviewed by submitting a written request to the Privacy Officer at the address provide at the end of this Notice.

### **Right to Amend**

If you feel that the protected health information the Plan has about you is incorrect or incomplete, you may ask the Plan to amend the information. You have the right to request an amendment for as long as the information is kept by or for the Plan.

The Plan has 60 days after the request is made to act on the request. A single 30-day extension is allowed if the Plan is unable to comply with the deadline.

To request an amendment, your request must be made in writing and submitted to the Privacy Officer at the address provided at the end of this Notice. 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 information that:

- is not part of the medical information kept by or for the Plan;
- 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 information that you would be permitted to inspect and copy; or
- is already accurate and complete.

If the Plan denies your request, you have the right to file a statement of disagreement and any future disclosures of the disputed information will include your statement.

### **Right to an Accounting of Disclosures**

You have the right to request an "accounting" of certain disclosures of your protected health information. The accounting will not include the following:

- disclosures for purposes of treatment, payment, or health care operations;
- disclosures made to you;
- disclosures made pursuant to your authorization;
- disclosures made to friends or family in your presence or because of an emergency;
- disclosures for national security purposes; and
- disclosures incidental to otherwise permissible disclosures.

To request this list or accounting of disclosures, you must submit your request in writing to the Privacy Officer at the address provide at the end of this Notice. Your request must state the time period you want the accounting to cover, which may not be longer than six years before the date of the request. Your request should indicate in what form you want the list (*Example:* paper or electronic). The first list you request within a 12-month period will be provided free of charge. For additional lists, the Plan may charge you for the costs of providing the list. The Plan will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

### **Right to Request Restrictions**

You have the right to request a restriction or limitation on your protected health information that the Plan uses or discloses for treatment, payment, or health care operations. You also have the right to request a limit on your protected health information that the Plan discloses to someone who is involved in your care or the payment for your care, such as a family member or friend. (*Example:* If you have a surgery that you do not want your family to know about, you could ask the Plan not to disclose information about the surgery.)

The Plan is not required to agree to your request. However, if the Plan does agree to the request, the Plan will honor the restriction until you revoke it or the Plan notifies you.

To request restrictions, you must make your request in writing to the Privacy Officer at the address provided at the end of this Notice. In your request, you must tell the Plan what information you want to limit; whether you want to limit the Plan's use, disclosure, or both; and to whom you want the limits to apply-for example, disclosures to your spouse.

### **Right to Request Confidential Communications**

You have the right to request that the Plan communicate with you about medical matters in a certain way or at a certain location. *Example:* You can ask that the Plan only contact you at work or by mail.

To request confidential communications, you must make your request in writing to the Privacy Officer at the address provided at the end of this Notice. The Plan will not ask you the reason for your request. Your request must specify how or where you wish to be contacted. The Plan will accommodate all reasonable requests.

With only limited exceptions, the Plan will send all mail to the Participant (i.e. the Covered Employee or Retiree). This includes mail relating to the Participant's Dependents who are covered by the Plan. This means that the Plan will send mail with information regarding a Dependent's claims for benefits from the Plan to the Participant rather than the Dependent. If a person covered under the Plan has requested Restrictions or Confidential Communications, and if the Plan has agreed to the request, the Plan will send mail as provided by the request for Restrictions or Confidential Communications.

### **Right to Be Notified of a Breach**

You have the right to be notified in the event that the Plan discovers a breach of unsecured protected health information.

**Right to a Paper Copy of This Notice**

You have the right to a paper copy of this Notice. You may request a copy of this Notice at any time.

To obtain a paper copy of this Notice, contact the Privacy Officer at the address provided at the end of this Notice.

**WHERE YOU CAN FILE COMPLAINTS**

If you believe that your privacy rights have been violated, you may file a complaint with the Plan or with the Office for Civil Rights of the United States Department of Health and Human Services. To file a complaint with the Plan, submit a list of the alleged violations to the Privacy Officer at the address below. All complaints must be submitted in writing.

You will not be penalized, or in any other way retaliated against, for filing a complaint with the Office for Civil Rights or with us.

**WHO YOU SHOULD CONTACT IF YOU HAVE QUESTIONS**

If you have any questions regarding this Notice or the subjects addressed in it, you may contact the Privacy Officer at CompuSys of Utah, 2156 West 2200 South, Salt Lake City, Utah, 84119 or toll free at (844)347-4239.