

Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED OR DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY AND CONTACT THE PLAN OFFICE IF YOU HAVE ANY QUESTIONS.

The **U.A. Local 467 Health and Welfare Plan ("Plan")** is required by law, namely the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA), to maintain the privacy of your protected health information (known as "PHI") to the extent required by law. The Plan is also required to give you this Notice regarding the uses and disclosures of health information that may be made by the Plan, and your rights and the Plan's legal duties with respect to such information.

PHI Defined. The term "PHI" or "health information" in this Notice means individually identifiable medical and genetic information that relates to your physical or mental health condition, the provision of health care to you, or payment of such health care.

De-Identified PHI. This Notice does not apply to information that has been de-identified. De-identified information neither identifies nor provides a reasonable basis to identify you.

Minimum Necessary. When using or disclosing PHI, the Plan will make reasonable efforts not to use, disclose, or request more than the minimum amount of PHI necessary to accomplish the intended purpose of the use, disclosure or request, taking into consideration practical and technological factors and limitations and any applicable law requiring greater disclosure.

This Notice applies to all records containing your identifiable health information that are created, transmitted, or maintained by the Plan or Business Associates that help administer the Plan.

This Notice and its contents are intended to conform to the requirements of HIPAA.

HOW THE PLAN USES AND DISCLOSES INFORMATION

The Plan may use information that constitutes protected health information for use in making or obtaining payment for your care and for conducting health care operations. The Plan has established a policy to protect against unnecessary disclosure of your health information.

THE FOLLOWING SUMMARIZES UNDER WHAT CIRCUMSTANCES AND FOR WHAT PURPOSES YOUR HEALTH INFORMATION MAY BE USED AND DISCLOSED

For Payment Purposes. The Plan may use or disclose your health information to make payment to or collect payment from third parties, such as other health plans or providers, for the care you receive. For example, the Plan may provide information regarding your coverage to other plans to coordinate payment of benefits.

For Health Care Operations. The Plan may use or disclose health information for its own operations to administer the Plan and to provide coverage and services to Plan participants. Health care operations include the following:

- Quality assessment and improvement activities.
- Activities designed to improve health or reduce health care costs.
- Clinical guideline and protocol development, case management and care coordination.
- Contacting health care providers and participants with information about treatment alternatives and other related functions.
- Health care professional competence or qualifications review and performance evaluation.
- Accreditation, certification, licensing or credentialing activities.
- Underwriting, premium rating or related functions to create, renew or replace health insurance or health benefits.
- Review and auditing, including compliance reviews, medical reviews, legal services and compliance programs.
- Business planning and development including cost management and planning related analyses and formulary development.
- Business management and general administrative activities of the Plan, including customer service and resolution of internal grievances.

For example, the Plan may use your health information to conduct case management, quality improvement and utilization review, and provider credentialing activities, or to resolve customer service complaints.

For Treatment Alternatives. The Plan may use and disclose your health information to provide you advice on treatment options or alternatives that may be of interest to you.

For Distribution of Health-Related Benefits Services. The Plan may use or disclose your health information to provide you with information on health related services and benefits that may be of interest to you.

For Disclosure to the Plan Sponsors. The Plan may disclose your health information to the Plan Sponsors for plan administration functions performed on behalf of the Plan. The Plan may also provide summary health information to the Plan Sponsors in connection with the solicitation of premium bids from health insurers or to modify, amend or terminate the Plan's health plan. The Plan may also disclose to the Plan Sponsors information on whether you are participating in the Plan.

When Legally Required. The Plan will disclose your health information when it is required to do so by any federal, state or local law.

To Conduct Health Oversight Activities. The Plan may disclose your health information to a health oversight agency for authorized activities including audits, civil, administrative or criminal investigations, inspections, licensure or disciplinary action. The Plan, however, may not disclose your health information if you are the subject of an investigation and the investigation does not arise out of or is not directly related to your receipt of health care or public benefits.

In Connection With Judicial and Administrative Proceedings. As permitted or required by state law, the Plan may disclose your health information in the course of any judicial or administrative proceeding in response to an order of a court or administrative tribunal as expressly authorized by such order or in response to a subpoena, discovery request or other lawful process, but only when the Plan makes reasonable efforts to either notify you about the request or to obtain an order protecting your health information.

For Law Enforcement Purposes. As permitted or required by state law, the Plan may disclose your health information to a law enforcement official for certain law enforcement purposes, including, but not limited to, if the Plan has a suspicion that your death was the result of criminal conduct or in an emergency to report a crime.

In the Event of a Serious Threat to Health or Safety. The Plan may, consistent with applicable law and ethical standards of conduct, disclose your health information if the Plan, in good faith, believes that such disclosure is necessary to prevent or lessen a serious and imminent threat to your health or safety or to the health and safety of the public.

For Specified Government Functions. In certain circumstances, federal regulations require the Plan to use or disclose your health information to facilitate specified government functions related to the military and veterans, national security and intelligence activities, protective services for the President and others, and correctional institutions and inmates.

For Worker's Compensation. The Plan may release your health information to the extent necessary to comply with laws related to worker's compensation or similar programs.

For Domestic Violence or Abuse Situations. When authorized by law to report information about abuse, neglect or domestic violence to public authorities, the Plan may disclose health information if there exists a reasonable belief that you may be a victim of abuse, neglect or domestic violence. In such a case, the Plan will promptly inform you that such a disclosure has been or will be made unless that notice would cause a risk of serious harm. For the purpose of reporting child abuse or neglect, it is not necessary to inform the minor that such a disclosure has been or will be made. Disclosure may generally be made to the minor's parents or other representatives although there may be circumstances under federal or state law when the parents or other representatives may not be given access to the minor's health information.

For Appeals. The Plan may release your PHI to the Board of Trustees or an Appeals Committee if it is needed to make a decision regarding an appeal.

To Business Associates & Subcontractors. The Plan may also share your PHI with business associates, including its subcontractors or agents that perform certain administrative services for the Plan. As required by federal law, the Plan has a written contract with each of its business associates that contains provisions requiring them to protect the confidentiality of your PHI and to not use or disclose your PHI other than as permitted by the contract or as permitted by law.

For Decedent's PHI. The Plan may disclose your PHI to your family members and others who were involved in your care or payment of your care prior to your death, unless doing so is inconsistent with your prior expressed wishes that was given to the Plan. However, PHI of persons who are deceased for more than 50 years is not protected under the HIPAA privacy and security rules.

For Child Immunization Proof to Schools. The Plan may disclose proof of immunization of a student to the School, prior to admitting the student, where State or other law requires such information, upon obtaining the consent of the parent, guardian, or student of consenting age. Consent may be given by e-mail, in writing, over the phone, or in person.