

## HIPAA NOTICE OF PRIVACY PRACTICES FOR PERSONAL HEALTH INFORMATION

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. WE ARE REQUIRED TO PROVIDE THIS NOTICE TO YOU BY THE FEDERAL LEGISLATION ENTITLED *HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT* ("*HIPAA*"). PLEASE REVIEW IT CAREFULLY.**

### **Effective Date of Notice:**

The effective date of this Notice is April 14, 2003. The Steamfitters' Industry Welfare Fund and the Steamfitters' Industry Security Benefit Fund (hereafter referred to as the "Funds") are required by law to take reasonable steps to ensure the privacy of your personally identifiable health information and to inform you about:

- the Funds' uses and disclosures of Protected Health Information ("PHI");
- your privacy rights with respect to your PHI;
- the Funds' duties with respect to your PHI;
- your right to file a complaint with the Funds and to the Secretary of the U.S. Department of Health and Human Services, and
- the person or office to contact for further information about the Fund's privacy practices.

The term "Protected Health Information" (PHI) includes all individually identifiable health information transmitted or maintained by the Funds regardless of form (oral, written, electronic).

## **Protected Health Information (“PHI”):**

In its normal course of business, the Funds receive, use, and disclose personal health information about you and your eligible dependents, if any. The purpose of this notice is to inform you of how the Funds receive and protect your personal health information as well as under what circumstances the Funds use and disclose that information. It should be noted that the Funds are required to protect your health information as well as provide you with a notice of the Funds privacy policies and procedures with regard to your personal health information. The Funds are required to abide by the terms of this notice. The Funds will continue to comply with the privacy policy in order to protect your personal health information. The Funds will not change these policies unless you are given notice of the change.

## **Uses and Disclosures:**

The Funds use and disclose your PHI. Most of the time, those uses and disclosures of your PHI fall under a category of use and disclosure known as treatment, payment and health care operations (“TPO”). It is acceptable for the Funds to use and/or disclose your personal health information without your prior authorization provided it falls into one of the allowable reasons. The types of uses and disclosure that fall under this category are as follows:

1. the use of your PHI for health care operations, including paying benefits, coordinating claim payments, developing and supplying benefit eligibility, providing customer service, and assisting you with your inquiries or disputes,
2. the disclosure of your PHI by a provider to your health plan, or
3. the disclosure of your PHI by your health plan when processing a claim for payment, or
4. the use of your PHI by a direct treatment provider who is treating you.
5. the use of your PHI for business management and general administrative activities including training programs, quality assessment reviews and planning and development activities.

## **Other Uses and Disclosures:**

There are other uses and disclosures of your PHI that may occur without your authorization. Following is a description of these possibilities:

1. a disclosure pursuant to regulatory or legal proceeding;
2. a disclosure in response to a requirement of the government as authorized by law or law enforcement agencies made through a

court order, subpoena, warrant, summons, or similar legal process;

3. to detect or prevent fraud;
4. to review either Funds utilization;
5. to conduct an audit of the claims and/or the claims operations;
6. to conduct an actuarial study;
7. for other uses relating to plan administration which are approved in writing by the Fund Administrator or Privacy Officer.

### **Authorization Regarding Uses and/or Disclosures of PHI:**

From time to time, there may arise the need for one of the Funds to seek your authorization before disclosing your PHI. Before a release of your PHI occurs, outside of the allowable reasons, the Funds will need to obtain your written authorization. You may give us written authorizations to disclose your PHI to any person or entity for any purpose. We cannot use or disclose your PHI except as described in this notice unless you give us written authorization. However, in the event of your incapacity or an emergency we will use our professional judgement to decide whether the disclosure would be in your best interest subject to any applicable laws or court orders.

### **Right to Revoke:**

You have a right to revoke this authorization at any time, in writing. There are two (2) exceptions as follows:

- a. If the information you authorized to be released has already been released.
- b. If your authorization was required as a condition of obtaining the coverage.

To revoke this authorization you may either complete a new authorization form stating someone else is authorized or that no one is authorized to use and/or disclose your PHI. Alternatively, you may submit a letter stating your intentions to revoke this authorization. In either case, the written revocation must be in an original document signed by you.

### **More Stringent Standard:**

When comparing this law to the State Law, if the State Law restricts the use and/or disclosure of PHI in an area not restricted under the Health Insurance Portability and Accountability Act of 1996 then the Funds must abide by State

Law and restrict the disclosure of PHI in those cases. There are two (2) exceptions to this as follows:

1. If the PHI is required to be released by the Secretary of the Department of Health and Human Services in order to verify that the Funds are in compliance with the law and
2. the information may be released to the individual who is the subject of the PHI.

### **Your Rights:**

You have the right to request, in writing, to inspect and copy your personal health information. You also have the right to request that the Funds amend any information about you that may be incorrect. You may also request that the Funds restrict uses and/or disclosures of your PHI. The Funds have a right to deny your request for a restriction. You also have a right to receive communications of PHI by alternative means or at alternative locations. You have the right to receive certain disclosures of PHI provided they fall outside of the allowable reasons.

If you believe that your privacy rights have been violated, you may complain to the Funds' Privacy Officer c/o Steamfitters' Industry Fund Office, 5 Penn Plaza, 19<sup>th</sup> Floor, New York, NY 10001-1887. All complaints must be submitted in writing. In addition, you may file a complaint with the Secretary of the U.S. Department of Health and Human Services, Hubert H. Humphrey Building, 200 Independence Avenue, SW, Washington, DC 20201.

### **Whom to Contact at the Plan for More Information:**

If you have any questions regarding this notice or the subjects addressed in it, you may contact either of the Funds by mail at: Steamfitters' Industry Welfare Fund or Steamfitters' Industry Security Benefit Fund, 5 Penn Plaza, 19<sup>th</sup> floor, New York, NY 10001-1887 or by telephone (212) 465-8888, Ext. 242.

### **Additional Information:**

The Funds reserve the right to change any of the information or procedures regarding your Personal Health Information at any time. You will be notified of any such changes.

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