

TEAMSTERS LOCAL 710 HEALTH & WELFARE FUND

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.

We are providing this Notice from the Teamsters Local 710 Health & Welfare Fund (referred to in this Notice as the “Fund”) in order to inform you about the way that your health information may be used by the Fund. A federal law, the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”), provides your health information with important protection.

The Fund is required by federal law to maintain the privacy of your protected health information (“PHI”). The Fund is also required by federal law to provide you with this description of the privacy policies and practices adopted by the Fund. The Fund must follow these policies and practices, but as permitted by law, the Fund reserves the right to amend or modify these privacy policies and practices.

Changes in our policies and practices may be required by changes in federal and state laws and regulations and the Trustees reserve the right to make changes to this Notice to reflect these required changes and as well as other changes, provided that the changes are consistent with applicable federal law.. Regardless of the reason for the change, we will provide you with notice of any material changes within 60 days of the date the change is adopted.

Under HIPAA, how can the Fund use my protected health information (“PHI”)? The Fund can use your PHI to facilitate your treatment, to make or obtain payment for your treatment and for health plan operations, including administration, oversight, and other legal purposes.

How may the Fund use my protected health information (“PHI”) with respect to payment for my treatment? The Fund may use your PHI for the broad range of actions needed to make sure that the Fund can make payment for the services received by you and your family. The Fund may use your PHI for making payment to providers for services or treatment you received, for making arrangements for payment through one of the Networks of providers through which the Fund provides Benefits to you, as well as for coordinating payment to providers through other health plans under the Fund’s coordination of Benefits rule. For example, the Fund provides participants with access to a Network of providers outside of this immediate geographic area. The Fund may provide your PHI to the Network and directly to the provider in order to ensure that the provider receives the appropriate payment for the services that have been provided to you.

How does HIPAA permit the Fund to use my protected health information (“PHI”) with respect to “health care operations”? The Fund may use your PHI for a broad range of actions required to assess the quality of the Fund’s plan of Benefits as well as for its administration and operations. These activities include, but are not limited to, ensuring that participants or their beneficiaries are Eligible for Benefits prior to making payment; taking corrective action to recoup overpayments and assessing health plan performance; reviewing the Fund’s plan of Benefits and determining whether a reduction in costs is possible; continuing case management and coordination of care; commissioning and reviewing actuarial studies relating to the cost of Benefits and management studies relating to the operation and administration of the plan; resolving internal grievances; and undertaking medical review, legal, and auditing functions. For example, the Fund may use PHI to determine the most cost-effective manner of providing vision Benefits to its participants and beneficiaries.

May the Fund use my protected health information (“PHI”) for purposes besides payment and health care operations? Yes. HIPAA permits the Fund to use your PHI for a number of other purposes, including informing you of treatment alternatives or other health-related Benefits that may be of interest to you.

Because I am always on the road, my Spouse often calls to find out the status of my health claims and to get other information about me or my Benefits. Can the Fund release information relating to payment of my claims to my Spouse? The Fund will provide claims payment and other information to your Spouse after receiving an authorization from you.

May I call the Fund to get information about my Children’s health claims? The Fund will provide a minor Child’s parent, guardian (or person standing *in loco parentis* with respect to the Child) with payment information about the Child’s claim. The Fund will carefully consider your written request for information other than claims payment information and will respond as permitted by these privacy policies and applicable state law.

IMPORTANT NOTE: If your Child is not a minor, the Fund generally cannot provide you with the Child’s PHI, even if the Child is still covered under this Fund as your Dependent.

Does HIPAA permit the Fund to disclose my protected health information (“PHI”) to my Employer or insurer? Under HIPAA, the Fund generally cannot disclose your PHI to your Employer without your written authorization. It is important to note, however, that HIPAA does permit that the Fund disclose your PHI without your authorization to workers’ compensation insurers, state administrators, or others involved in the workers’ compensation systems to the extent the disclosure is required by state or other law.

May the Fund release my protected health information (“PHI”) to the Fund’s plan sponsor? HIPAA does permit the Fund to disclose information to the “plan sponsor” for administrative functions. Here, the “plan sponsor” is the Fund’s Board of Trustees. The Fund may provide

summary health information to the plan sponsor so that the plan sponsor may solicit premium bids or modify, amend, or terminate the plan.

May the Fund release my protected health information (“PHI”) to law enforcement or other governmental entities? Your PHI may be disclosed to law enforcement agencies, without your authorization or permission, to support government audits and inspections, to facilitate law-enforcement investigations, and to comply with government-mandated reporting. The Fund may not disclose your PHI if you are the subject of an investigation that does not arise out of or is directly related to your receipt of health care or public Benefits. In addition, the Fund may disclose your PHI in the course of a judicial or administrative proceeding if the Fund receives a court order, subpoena, discovery request or other lawful process. Before releasing this information, the Fund will make reasonable efforts either to notify you or to obtain an order protecting your PHI.

Would the Fund release my protected health information (“PHI”) if my health or safety or public health or safety would be jeopardized if it did not? If the Fund has a good faith belief that your health or safety or public health or safety would be jeopardized if it did not disclose the information, the Fund will do so, after consideration of appropriate legal and ethical standards.

Must the Fund have an authorization to release my protected health information (“PHI”)? Yes, in many circumstances. For example, the following uses and disclosures of your PHI will be made only with your written authorization:

- Uses and disclosures for marketing purposes;
- Uses and disclosures that constitute the sale of PHI;

Any other disclosure or use of your PHI for any other purpose not described in this notice requires your written authorization. This means that if you want your friend, relative, or union representative to check on the status of a claim you submitted or to advise when or if payment will be made, you must sign an authorization form and submit it to the Fund Office. If you change your mind after authorizing a use or disclosure of your PHI, you may submit a written revocation of the authorization. However, your decision to revoke the authorization will not affect or undo any use or disclosure of information that occurred before you provided written notice to the Fund of your decision to revoke the authorization.

Under what other circumstances may the Fund release my PHI without my authorization?

The Fund may release your PHI without your authorization under the following circumstances, in addition to the other reasons set forth in this Notice:

- When required by law.
- When permitted for purposes or public health activities, including when necessary to report product defects, to permit product recalls and to conduct post-marketing surveillance. PHI may also be used or disclosed if you have been exposed to a

communicable disease or are at risk of spreading a disease or condition, if authorized by law.

- When authorized by law to report information about abuse, neglect or domestic violence to public authorities if there exists a reasonable belief that you may be a victim of abuse, neglect or domestic violence. In such 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 PHI.
- To a public health oversight agency for oversight activities authorized by law. This includes uses or disclosures in civil, administrative or criminal investigation; inspections; licensure or disciplinary actions (for example, to investigate complaints against providers); and other activities necessary for appropriate oversight of government benefit programs (for example, to investigate Medicare or Medicaid fraud.).
- To organ procurement organizations for cadaveric organ, eye, or tissue donation purposes.
- If you are in the Armed Forces and your PHI is needed by military command authorities. The Fund may also disclose your PHI for the conduct of national security and intelligence activities and for other specialized government functions such as protective services for the President, Medical suitability determinations, correctional institutions and other law enforcement custodial situations.
- When required to be given to a coroner or medical examiner for the purpose of identifying a deceased person, determining a cause of death or other duties as authorized by law. Also, disclosure is permitted to funeral directors, consistent with applicable law, as necessary to carry out their duties with respect to the decedent.
- For medical research subject to conditions.
- When consistent with applicable law and standards of ethical conduct if the Plan, in good faith believes 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 and the disclosure is to a person reasonably able to prevent or lessen the threat, including the target of the threat.
- To disclose proof of immunization to schools in States that have school entry or similar laws.

May the Fund use or disclose my genetic information for underwriting purposes? No. The Fund is prohibited from using or disclosing genetic information for underwriting purposes.

Do I have the rights under the federal privacy standards? Your rights to information under HIPAA include:

- the right to request restrictions on the use and disclosure of your PHI. The Fund will carefully consider, although is not required to honor, your request for restrictions;

- the right to restrict confidential communications concerning your medical conditions or treatment if you believe that disclosure of this information could endanger you (this means, for example, that you can make a written request that the Fund send information about your medical treatment to a post office box or an address different from your home address in order to ensure that your PHI remains confidential). The Fund will attempt to honor reasonable requests;
- the right to opt out of receiving fundraising communications prepared the Fund;
- the right to inspect and copy your PHI. The Fund may charge a reasonable fee for copying, assembling and postage;
- the right to an electronic copy of electronic medical records. The Fund will make every effort to provide access to PHI in the form or format you request, if it is readily producible in such form or format;
- the right to get notice of a breach of any of your unsecured PHI;
- the right to amend or submit corrections to your PHI. If you believe that the information in your records is inaccurate or incomplete, you may submit a written request to correct these records. The Fund may deny your request if, for example, you do not include the reason you wish to correct your records or if the records were not created by the Fund;
- the right to receive an accounting of how and to whom your PHI has been disclosed if it was disclosed for reasons other than payment or health care operations. Your written request for information must be submitted to the Fund and should state the period of time for which you are requesting an accounting;
- the right to file a complaint that your privacy rights have been violated to the Fund and to the Secretary of U.S. Department of Health & Human Services.

IMPORTANT NOTE: you will not be penalized or otherwise retaliated against for filing a complaint;

- the right to receive a printed copy of this notice.

Complaints? Comments? Requests? The Fund has designated Michael O'Malley, Administrator as the Privacy Officer. If you wish to request information that you have a right to receive, want to file a complaint with the Fund or if you have any comments or questions regarding this notice, contact Mr. O'Malley. The Fund can assess reasonable charges for copying and assembling documents you request as well as for postage.