

## HIPAA PRIVACY NOTICE

### Plumbers Local No. 68 Welfare Fund

468 Link Road,  
Houston, Texas 77009

**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.**

Pursuant to the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and regulations promulgated thereunder by the U.S. Department of Health and Human Services (the "Privacy Rules"), the Plumbers Local No. 68 Welfare Fund (the "Fund") is required to take reasonable steps to ensure the privacy of your health information ("Protected Health Information" or "PHI") and to inform you about:

1. The Fund's uses and disclosures of Protected Health Information,
2. Your rights to privacy with respect to your Protected Health Information,
3. The Fund's duties with respect to your Protected Health Information,
4. Your right to file a complaint with the Fund and with the Secretary of the U.S. Department of Health and Human Services ("HHS"), and
5. The person you should contact for further information about the Fund's privacy practices.

The Fund is required to maintain the privacy of your PHI, provide you with this Notice of its legal duties and privacy practices, and to follow the terms of this Notice, which is effective as of April 14, 2003. The Fund, however, reserves the right to change its privacy practices and/or the terms of this Notice at any time and to make new provisions effective for all Protected Health Information that it maintains. You will receive written notice of any changes that are made to the Fund's privacy practices and/or the terms of this Notice. You will also receive a revised Notice within 60 days after any material changes are made.

**Please note that the Fund prepared this Notice so any references to "we," "our," or "us" means the Fund.**

### Section 1: Your Protected Health Information

#### Important Definitions

**Protected Health Information.** The term "Protected Health Information" or "PHI" includes all individually identifiable health information related to your past, present or future physical or mental health condition or to payment for health care. PHI includes information maintained by the Fund in oral, written, or electronic form.

**Business Associates.** Business Associates are individuals and companies who need access to your PHI in order to act on our behalf or to provide us with services. Examples of business associates include third party administrators, managed care networks, preferred provider organizations ("PPOs"), health maintenance organizations ("HMOs"), mental health insurers, pharmacy benefits managers, attorneys, consultants and auditors. We may disclose your health information to our business associates, and we may authorize them to use or disclose your health information for any or all of the same purposes for which we are permitted to use or disclose it ourselves, as well as for their own administrative purposes. Our business associates are contractually required not to use or disclose your health information for any other purposes.

#### When the Fund May Disclose Your PHI

The Privacy Rules provide that the Fund may not use or disclose your PHI without your consent, unless expressly permitted by the Privacy Rules and/or HIPAA. The following is a brief description of some of the situations where the Fund may use or disclose your PHI without your consent. Please note that when using or disclosing your PHI or when requesting your PHI from another entity covered by the Privacy Rules, the Fund 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 limitations.

- A. **As required by law.** The Fund may use or disclose your PHI as expressly permitted or required by HIPAA, the Privacy Rules, a valid court order, or other statutory or governmental rule or regulation.
- B. **As required by HHS.** The HHS Secretary may require the disclosure of your PHI to investigate or determine the Fund's compliance with the Privacy Rules.
- C. **For treatment, payment or health care operations.** The Fund may use or disclose your PHI in order to carry out "Treatment," "Payment," or "Health Care Operations." For each of these purposes we list below examples of these kinds of uses and disclosures. These are only examples and are not intended to be a complete list of all the ways we may use or disclosure of your health information within each of these two categories.

**Treatment** 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. For example, the Fund may disclose the name of your treating dentist to your orthodontist so that the orthodontist may ask for your dental x-rays from your dentist.

**Payment** includes but is not limited to the following:

- **Determining your eligibility for benefits.** For example, we may use information obtained from your employer to determine whether you have satisfied the Fund's requirements for active eligibility.
- **Obtaining contributions from you or your employer.** For example, we may send your employer a request for payment of contributions on your behalf, and we may send you information about premiums for COBRA continuation coverage.
- **Pre-certifying or pre-authorizing health care services.** For example, we may consider a request from you or your physician to verify coverage for a specific hospital admission or surgical procedure.
- **Determining and fulfilling the Fund's responsibility for benefits.** For example, we may review health care claims to determine if specific services that were provided by your physician are covered by the Fund.
- **Providing reimbursement for the treatment and services you received from health care providers.** For example, we may send your physician a payment with an explanation of how the amount for the payment was determined. Similarly, a detailed bill or an "Explanation of Benefits" ("EOB") may also be sent to you or to the primary insured that will typically include information that identifies you, your diagnosis, and the procedures you received.
- **Subrogation health claim benefits for which a third party is liable.** For example, we may exchange information about an accidental injury with your attorney who is pursuing reimbursement from another party.
- **Coordinating benefits with other plans under which you have health coverage.** For example, we may disclose information about your benefits to another group health plan in which you participate.

**Health Care Operations** includes, but are not limited to, the following:

- **Business Management and Administration.** This includes business planning and development, cost management, and customer service.
- **Conducting quality assessment and improvement activities.** For example, a supervisor or quality specialist may review health care claims to determine the accuracy of a processor's work.
- **Case management and care coordination.** For example, a case manager may contact home health agencies to determine their ability to provide the specific services you need.
- **Contacting you regarding treatment alternative or other benefits and services that may be of interest to you.** For example, a case manager may contact you to give you information about alternative treatments which are neither included nor excluded in the Fund's plan of benefits but which may nevertheless be available in your situation.
- **Contacting health care providers with information about treatment alternatives.** For example, a case manager may contact your physician to discuss moving you from an acute care facility to a more appropriate care setting.
- **Employee training.** For example, training of new claims processors may include processing of claims for health benefits under close supervision.
- **Accreditation, certification, licensing, or credentialing activities.** For example, a company that provides professional services to the Fund may disclose your health information to an auditor that is determining or verifying its compliance with standards for professional accreditation.
- **Securing or placing a contract for reinsurance of risk relating to claims for health care.** For example, your demographic information (such as age and sex) may be disclosed to carriers of stop-loss insurance to obtain premium quotes.
- **Conducting or arranging for legal and auditing services.** For example, your health information may be disclosed to an auditor who is auditing the accuracy of claim adjudications.
- **Formulary development.** For example, benefit utilization information may be used to develop the formulary list of prescription drugs covered by the Fund.
- **Management activities relating to compliance with privacy regulations.** For example, the Privacy Official may use your health information while investigating a complaint regarding a reported or suspected violation of your privacy.
- **Resolution of internal grievances.** For example, your health information may be used in the process of settling a dispute about whether or not a violation of our privacy policies and procedures actually occurred.
- **Sale, transfer, merger, or consolidation.** For example, your health information may be disclosed if the Fund merges with another health plan.
- **De-identification of Health Information.** We may use or disclose your health information for the purpose of creating health information that is no longer identifiable as pertaining to you. Such de-identified health data may then be used for purposes that are not described in this notice as either permitted or required.

- **Creation of a Limited Data Set.** We may use your health information to create a "limited data set" which excludes most identifiers but may include partial addresses (city, state, and zip code), dates of birth and death, and other dates that pertain to your health care treatment. Such a "limited data set" may be disclosed for purposes of research, public health, or health care operations.
- D. **Public health purposes.** The Fund may disclose your PHI to an authorized public health authority if required by law or for public health and safety purposes. Your 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.
- E. **Domestic violence or abuse situations.** The Fund may disclose your PHI when authorized by law to report information about abuse, neglect or domestic violence to public authorities if a reasonable belief exists that you may be a victim of abuse, neglect or domestic violence. In such case, the Fund will promptly inform you that such a disclosure has been or will be made unless that notice would cause a risk of serious harm.
- F. **Health oversight activities.** The Fund may disclose your PHI to a health oversight agency for oversight activities authorized by law. These activities include civil, administrative or criminal investigations, inspections, licensure or disciplinary actions (for example, to investigate complaints against health care providers) and other activities necessary for appropriate oversight of government benefit programs.
- G. **Legal proceedings.** The Fund may disclose your PHI when required for judicial or administrative proceedings. For example, your PHI may be disclosed in response to a valid court order or a subpoena or discovery request that meets the Privacy Rule's requirements. In certain situations, the Fund may be required to make reasonable efforts to notify you about a request or to obtain a court order protecting your PHI.
- H. **Law enforcement purposes.** The Fund may disclose your PHI when required for law enforcement purposes. For example, the Fund may disclose PHI about you to law enforcement officials if there is suspicion that your death may have resulted from criminal activity.
- I. **Determining cause of death and funeral purposes.** The Fund may disclose your PHI when it is required to be given to a coroner or medical examiner to identify a deceased person, determine cause of death or other authorized duties. The Fund may also disclose PHI to funeral directors, consistent with applicable law, as necessary for them to carry out their duties with respect to decedents.
- J. **Organ donation.** The Fund may disclose your PHI for cadaveric organ, eye or tissue donation purposes.
- K. **Research.** The Fund may disclose your PHI for certain research, provided that certain restrictions set forth in the Privacy Rules are met.
- L. **Health or safety threats.** The Fund may disclose your PHI when, consistent with applicable law and standards of ethical conduct, the Fund 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.
- M. **Specialized government functions.** The Fund may disclose your PHI when, consistent with applicable law, the disclosure is required for military purposes, national security, and other specialized governmental functions.
- N. **Workers' compensation programs.** The Fund may disclose your PHI when authorized by and to the extent necessary to comply with workers' compensation or other similar programs established by law that provide benefits for work-related injuries or illness without regard to fault.
- O. **Disclosure to the Fund's Board of Trustees.** The Fund will also disclose PHI to the Fund's Board of Trustee for purposes related to Treatment, Payment, and Health Care Operations, and has amended the Fund's plan documents to permit this use and disclosure as required by the Privacy Rules. For example, we may disclose information to the Board of Trustees to allow them to decide an appeal or review a subrogation claim.

The Fund may also disclose to the Board of Trustees "summary health information," which includes claims totals without any personal identification except your zip code so the Trustees may obtain health insurance premium bids or in connection with their consideration of making amendments to the Fund's plan of benefits.

The Board will not disclose your Protected Health Information to your employer for general employment purposes.

- P. **Health-Related Services That May Be of Interest.** The Fund or its business associates may contact you to provide you information about treatment alternatives or other health-related benefits and services that may be of interest to you. For example, you may be contacted by a case management coordinator if you suffer a serious injury or illness.
- Q. **Disclosures to Your Family and Friends.** The Fund and/or its business associates may, in certain limited situations, disclose your PHI to your family members or friends to the extent that the disclosure is directly relevant to such persons' involvement in your care or payment for your care. Such disclosures will be made only if either of the following conditions is satisfied: (i) if you are present when the disclosure is made, you agree or do not object to the disclosure; or (ii) if you are not present or, as a practicable matter, are unable to consent at the time your PHI is disclosed, such disclosure is

in your best interest as determined in the Fund's or its business associates' professional judgment based on common practice, their experience, and the circumstances surrounding the disclosure.

### ***Use or Disclosure of Your PHI That Requires You Be Given an Opportunity to Agree or Disagree Before the Use or Release***

Disclosure of your PHI to family members, other relatives and your close personal friends is allowed under federal law if:

- The information is directly relevant to the family or friend's involvement with your care or payment for that care, and
- You have either agreed to the disclosure or have been given an opportunity to object and have not objected.

**All other uses and disclosures not expressly authorized by HIPAA, the Privacy Rules and/or other applicable law will not be made without your written authorization, which you may revoke at anytime as long as you do so in writing. Written notice of your revocation must be sent to the Fund's Privacy Official at the following address:**

Plumbers Local 68  
468 Link Road  
Houston, Texas 77009

## **Section 2: Your Individual Privacy Rights**

### ***You May Request Restrictions on PHI Uses and Disclosures***

You may request the Fund to:

1. Restrict the uses and disclosures of your PHI to carry out Treatment, Payment or Health Care Operations, or
2. Restrict uses and disclosures to family members, relatives, friends or other persons identified by you who are involved in your care.

If the Fund agrees to your request, except in certain situations such as an emergency, the Fund may not use or disclose your PHI in violation of the restriction. The Fund, however, is not required to agree to your request.

**To make such a request, you must do so in writing, on a form provided by the Administrative Office, and send it to the Fund's Privacy Official, whose address is noted above.**

### ***You May Request Confidential Communications***

The Fund will accommodate your reasonable requests to receive communications of PHI **by alternative means or at alternative locations**. For certain requests, the Fund may require your request to include a statement that absent such change in delivery method or location, such disclosure could endanger you.

All requests must be submitted in writing to the Fund's Privacy Official, whose address is noted above.

### ***You May Inspect and Copy PHI***

You have the right to inspect and obtain copies of your PHI contained in a "designated record set" for as long as such information is maintained in a designated record set. In certain situations, however, the Fund may deny you access to your PHI. In such case, the Fund will provide you a written notice of the denial that includes the reason(s) for the denial, whether or not the decision is reviewable, a description of the review procedures if the decision is reviewable, and a description of how you may complain to the Fund or the HHS Secretary about the denial.

In most situations, the Fund must provide the PHI you request in both the form and the format you request. In certain situations, with your approval, the Fund may provide you with an explanation or summary of your PHI provided that you agree in advance to the fee that may be imposed by the Fund for such summary. If you request copies of your PHI, the Fund may impose reasonable fees for such copies covering the cost of the copies, labor, and postage.

The Fund must provide the requested access or its notice of denial within 30 days if the information you request access to is maintained on site or within 60 days if the information is maintained offsite. A single 30-day extension is allowed if the Fund is unable to comply with the deadline provided that the Fund notifies you in writing of the reason for the extension and the date which the Fund will complete its action within the applicable initial 30 or 60-day period.

To request access to your PHI that is maintained in a designated record set, you must do so in writing and submit it to the Fund's Privacy Official, whose address is noted above.

A **Designated Record Set** includes enrollment, payment, billing, claims adjudication and case or medical management record systems maintained by or for the Fund or other information used in whole or in part by or for the Fund to make decisions about you.

### ***You Have the Right to Request Amendment of Your PHI***

You have the right to request that the Fund amend your PHI or a record about you that is maintained in a designated record set for as long as the PHI is maintained in a designated record set.

The Fund has 60 days after receiving your request to act on it by either making the amendment or denying your request. The Fund is allowed a single 30-day extension if the Fund is unable to comply with the 60-day deadline. If the Fund denies your request to amend your PHI in whole or in part, the Fund will provide you with a written notice that provides (i) an explanation of the basis for the decision, (ii) a statement of your right to submit a written statement disagreeing with the denial and how you may file this statement, (iii) a statement that if you do not submit a disagreement, you may request your initial amendment request plus the denial to be included with any future disclosures of the PHI subject to the request, and (iv) a description of how you may complain about the denial to the Fund or the HHS Secretary. If you file a written statement of disagreement (or request that your initial amendment request serve as such), the Fund has the right to issue and file a written rebuttal to your statement, in which case, a copy will be provided to you.

All requests to amend your PHI must be submitted in writing to the Fund's Privacy Official, whose address is noted above.

### ***You Have the Right to Receive an Accounting of the Fund's PHI Disclosures***

At your request, the Fund will provide you with an accounting of certain disclosures by the Fund of your PHI made after April 14, 2003, and up to 6 years prior to your request. We do not have to provide you with an accounting of disclosures related to Treatment, Payment, or Health Care Operations, disclosures made to you or authorized by you in writing, or in certain other limited situations as provided for in the Privacy Rules. Generally, the accounting will include the date of the disclosure, the name of the person or entity that received the PHI and their address, if known, a brief description of the disclosed PHI and a brief statement of the reason for the disclosure.

The Fund has 60 days to provide the accounting after receipt of your request. The Fund is allowed an additional 30 days if the Fund gives you a written notice of the reasons for the delay and the date by which the accounting will be provided within the initial 60 day period.

All accounting requests must be submitted in writing to the Fund's Privacy Official, whose address is noted above. If you request more than one accounting within a 12-month period, the Fund will charge a reasonable, cost-based fee for each subsequent accounting.

### ***You Have the Right to Receive a Paper Copy of This Notice Upon Request***

To obtain a paper copy of this Notice, contact the Fund's Privacy Official at the following address:

Plumbers Local 68  
468 Link Road  
Houston, Texas 77009

### ***Your Personal Representative***

You may exercise your rights described in this Notice through a personal representative. Your personal representative will generally be required to produce evidence of authority to act on your behalf before the personal representative will be given access to your PHI or be allowed to take any action for you.

The Fund retains discretion to deny access to your PHI to a personal representative to provide protection to those vulnerable people who depend on others to exercise their rights under these rules and who may be subject to abuse or neglect.

### ***Disclosing Only the Minimum Necessary Protected Health Information***

When using or disclosing PHI or when requesting PHI from another covered entity, the Fund 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 limitations.

However, the minimum necessary standard will not apply in the following situations:

- Disclosures to or requests by a health care provider for treatment,
- Uses or disclosures made to you,
- Disclosures made to the Secretary of the United States Department of Health and Human Services pursuant to its enforcement activities under HIPAA,
- Uses or disclosures required by law, and
- Uses or disclosures required for the Fund's compliance with the HIPAA privacy regulations.

This Notice does not apply to information that has been de-identified. De-identified information is information that:

- Does not identify you, and
- With respect to which there is no reasonable basis to believe that the information can be used to identify you.

In addition, the Fund may use or disclose "summary health information" to the Board of Trustees for obtaining premium bids or modifying, amending or terminating the Fund. Summary information summarizes the claims history, claims expenses or type of claims experienced by individuals covered by the Fund. Identifying information will be deleted from summary health information, in accordance with HIPAA and the Privacy Rules.

### **Section 3: Your Right to File a Complaint with the Fund or the HHS Secretary**

If you believe that your privacy rights have been violated, you may file a complaint with the Fund in care of the Fund's Privacy Official at the address noted above. All complaints must be in writing.

You also may file a complaint with the U.S. Department of Health and Human Services at the address noted below. Your complaint must (i) be filed in writing, either on paper or electronically, (ii) include the Fund's name, (iii) contain a description of the acts or omissions you believe to be in violation of the Privacy Rules, and (iv) be filed within 180 days of when you knew or should have known that the acts or omissions giving rise to the complaint occurred. Your complaint should be filed at the following address:

Region VI  
Office for Civil Rights  
U.S. Department of Health and Human Services  
1301 Young Street, Suite 1169  
Dallas, Texas 75202

Voice Phone: (214) 767-4056  
Fax: (214) 767-0432  
TDD: (214) 767-8940

The Fund will not retaliate against you in any way for filing a complaint.

### **Section 4: If You Need More Information**

If you have any questions regarding this Notice or the subjects addressed in it, you may contact the Fund's Privacy Official at the following address:

Plumbers Local 68  
468 Link Road  
Houston, Texas 77009

### **Section 5: Conclusion**

PHI use and disclosure by the Fund is regulated by HIPAA and the Privacy Rules. You may find these rules at 45 *Code of Federal Regulations* Parts 160 and 164. This Notice is provided to you pursuant 45 CFR §164.520 and it attempts to summarize some of the Privacy Rules and the Fund's privacy policies and procedures. The Privacy Rules and HIPAA will supersede this Notice if there is any discrepancy between the information in this Notice and the Privacy Rules and/or HIPAA.