

**NOTICE OF PRIVACY PRACTICES FOR INTERNATIONAL UNION OF OPERATING ENGINEERS OF EASTERN PENNSYLVANIA AND DELAWARE HEALTH AND WELFARE FUND**

**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.**

Effective April 14, 2003, protected health information that is created, received or maintained by the International Union of Operating Engineers of Eastern Pennsylvania and Delaware Health & Welfare Fund ("Fund") when it provides health, dental, vision, prescription drug and employee assistance benefits is protected by federal health privacy law. Protected health information is information that identifies you and relates to your physical or mental condition, to the provision of health services to you or to the payment for your health services. Protected health information is referred to as "health information" in this Notice.

This Notice informs you how the Fund uses and discloses your health information and explains the rights that you have with regard to your health information created, received or maintained by the Fund. This Notice is required by federal health privacy laws. This Notice is effective as of April 14, 2003, and will remain in effect unless and until the Fund publishes a revised Notice.

By this Notice of Fund's Privacy Practices ("Notice"), the Fund informs you that it has the following legal obligations under the federal health privacy provisions contained in the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and the related regulations ("federal health privacy law"):

- to maintain the privacy of your health information;
- to provide you with this Notice of its legal duties and privacy practices with respect to your health information; and
- to follow the terms of this Notice.

This Notice also informs you how the Fund uses and discloses your health information and explains the rights that you have with regard to your health information maintained by the Fund.

**INFORMATION SUBJECT TO THIS NOTICE**

The Fund creates, collects and maintains certain health information to help provide health benefits to you and your eligible dependents, as well as to fulfill legal requirements. The Fund collects this health information, which may identify you or your eligible dependent, from applications and other forms that you complete, through conversations you may have with the Fund's administrative staff and health care

providers, and from reports and data provided to the Fund by health care providers, insurance companies, other employee benefit plans or other third parties. The health information the Fund has about you includes, among other things, your name, address, phone number, birth date, social security number, employment information, and claims information. This is the information that is subject to the privacy practices described in this Notice.

## **INFORMATION NOT SUBJECT TO THIS NOTICE**

The Fund provides other benefits that are not related to health benefits, such as death, supplemental unemployment and pension benefits. The Fund's administrative staff and the Fund sponsor request, receive, store and disclose your medical information so they can administer these non-health benefits.

The Funds administrative staff and the Fund sponsor receive this medical information either voluntarily from you or from your health care provider. After April 14, 2003, you will need to provide your written consent to your health care provider if you want your health care provider to communicate directly with the Fund's administrative staff or the Fund sponsor. After medical information is disclosed by you or your health care provider for these purposes, it is not health information and it is not subject to the privacy practices described in this Notice. This means that this medical information may be used or shared with your employer and third parties, subject to other applicable law.

## **SUMMARY OF THE FUND'S PRIVACY PRACTICES**

### ***The Fund's Uses and Disclosures of Your Health Information***

The Fund uses your health information to determine your eligibility for benefits, to process and pay your health benefits claims, and to administer its operations. The Fund discloses your health information to insurers, third party administrators, and health care providers for treatment, payment and health care operations purposes. The Fund also discloses your health information to third parties that assist the Fund in its operations, to government and law enforcement agencies, to your family members, and to certain other persons. The Fund uses and discloses your health information pursuant to your written authorization. The details of the Fund's uses and disclosures of your health information are described below.

### ***Your Rights Related to Your Health Information***

The federal health privacy law provides you with access to your health information and with certain rights related to your health information. Specifically, you have the right to:

- Inspect and/or copy your health information;
- Request to receive your health information through confidential communications;
- Request that your health information be amended;
- Request an accounting of the disclosures of your health information;

- Request certain restrictions related to the use and disclosure of your health information;
- File a complaint with the Fund or the Secretary of the Department of Health and Human Services if you believe that your privacy rights have been violated; and
- Receive a paper copy of this Notice.

These rights and how you may exercise them are detailed below.

### ***Changes in the Fund's Privacy Policies***

The Fund reserves its right to change its privacy practices and revise this Notice as described below.

### ***Contact Information***

If you have any questions or concerns about the Fund's privacy practices, or about this Notice, or you wish to obtain additional information about the Fund's privacy practices, please contact **HIPAA Privacy Officer, 1375 Virginia Drive, Suite 102, Fort Washington, PA 19034, 215.542.8211.**

## **DETAILED NOTICE OF THE FUND'S PRIVACY PRACTICES**

### **THE FUND'S USES AND DISCLOSURES**

Generally, the Fund uses and discloses your health information without your consent for the administration of the Fund and for processing claims. In unusual cases, the Fund may disclose your health information without your consent for other purposes as permitted by the federal privacy law, such as health and safety, law enforcement or emergency purposes. Generally, you must give your written consent for all other uses and disclosures of your health information.

The uses and disclosures that do not require your written consent are described below.

### ***Uses and Disclosures for Treatment, Payment, and Health Care Operations***

1. **For Treatment.** The Fund may use and disclose your health information to a health care provider, such as a hospital or physician, to assist the provider in treating you. For example, if the Fund maintains information about interactions between your prescription medications, the Fund may disclose this information to your health care provider for your treatment purposes.
2. **For Payment.** The Fund may use and disclose your health information so that your claims for health care services can be paid according to the Fund's terms. For example, if the Fund has a question about payment for health care services that you received, the Fund may contact your health care provider for additional

information.

3. **For Health Care Operations.** The Fund may use or disclose your health information so it can operate efficiently and in the best interests of its participants. For example, the Fund may disclose health information to its auditors or actuaries or other third parties to conduct an audit involving accuracy of claim payments.

### *Uses and Disclosures to Business Associates*

The Fund may disclose your health information to third parties that assist the Fund in its operations. These third parties are referred to as "business associates" of the Fund. For example, the Fund may share your health information with its business associate if the business associate is responsible for paying certain medical claims for the Fund. The Fund's business associates have the same obligation to keep your health information confidential as the Fund does. The Fund must require its business associates to ensure that your health information is protected from unauthorized use or disclosure. Additional examples of when the Fund may share your health information with a business associate include the following purposes:

1. The Fund provides health information to its legal counsel to review certain claims appeals, to defend the Fund's legal rights, and to respond to subpoenas and other court orders.
2. The Fund provides health information to its computer vendors who develop and maintain its secure computer systems so that those vendors may perform their duties.
3. The Fund provides health information to its benefit consultants to obtain certain insurance contracts and file certain tax documents.

The Fund must require its business associates to ensure that your health information is protected from unauthorized use or disclosure.

### *Uses and Disclosures to the Board of Trustees*

The Fund may disclose health and eligibility information to the Board of Trustees of International Union of Operating Engineers of Eastern Pennsylvania and Delaware Health & Welfare Fund (the "Board"), such as for obtaining premium bids for group insurance coverage or for modifying or amending the Fund or the benefits provided by the Fund. The Board, in its capacity as the Fund sponsor, has certified to the Fund that it will protect your health information and that it has amended the Fund documents to reflect its obligation to protect your health information.

### *Other Uses and Disclosures That May Be Made Without Individual's Authorization*

The federal health privacy law provides for specific uses or disclosures of your health information without your written consent.

1. **Required by Law.** The Fund may use and disclose health information about you as

required by federal, state or local law. For example, the Fund may disclose your health information for judicial and administrative proceedings pursuant to legal process and authority, to report information related to victims of abuse, neglect, or domestic violence, or to assist law enforcement officials in their law enforcement duties.

2. **Health and Safety.** Your health information may be disclosed to avert a threat to the health or safety of you, any other person, or the public, pursuant to applicable law. Your health information also may be disclosed for public health activities, such as preventing or controlling disease or disability, and meeting the reporting and tracking requirements of governmental agencies that monitor the health care system for audits, investigation, licensure, and other oversight activities.
3. **Government Functions.** Your health information may be disclosed to the government for specialized government functions, such as intelligence, national security activities and protection of public officials. Your health information also may be disclosed to health oversight agencies that monitor the health care system for audits, investigation, licensure, and other oversight activities.
4. **Active Members of the Military and Veterans.** Your health information may be used or disclosed to comply with laws related to military service or veterans' affairs.
5. **Workers Compensation.** Your health information may be used or disclosed in order to comply with laws related to workers' compensation.
6. **Emergency Situations.** Your health information may be used or disclosed to a family member or close personal friend involved in your care in the event of an emergency, or to a disaster relief entity in the event of a disaster.
7. **Others Involved In Your Care.** In limited circumstances, your health information may be used or disclosed to a family member, close personal friend, or others who the Fund has verified are involved in your care or payment for your care. For example, if you are an eligible dependent, the Fund may send your Explanation of Benefit forms to the participant, or answer the participant's questions about the payment of a claim that involves your care. Also, the Fund may advise a family member or close personal friend about your condition, location (such as in the hospital) or death. If you do not want this information to be shared, you may request that these disclosures be restricted as outlined later in this Notice.
8. **Personal Representatives.** Your health information may be disclosed to people you have authorized or people who have the right to act on your behalf. Examples of personal representatives are parents for unemancipated minors, and those who hold Powers of Attorney for adults.
9. **Treatment and Health-Related Benefits Information.** The Fund and its business associates may contact you to provide information about treatment alternatives or other health-related benefits and services that may interest you, including, for example, alternative treatment, services or medication.
10. **Research.** Under certain circumstances, the Fund may use or disclose your health information for research purposes, as long as the procedures required by law to protect the privacy of the research data are followed.
11. **Organ and Tissue Donation.** If you are an organ donor, your health information may be

used or disclosed to an organ donor or procurement organization to facilitate an organ or tissue donation or transplantation.

12. **Deceased Individuals.** The health information of a deceased individual may be disclosed to coroners, medical examiners, and funeral directors so that those professionals can perform their duties

### *Uses and Disclosure for Fundraising and Marketing Purposes*

The Fund does not use your health information for fundraising or marketing purposes.

### *Any Other Uses and Disclosures*

Uses and disclosures of your health information *other than* those described above will be made only with your express written consent. Once your health information has been disclosed pursuant to your written consent, the federal privacy protections may no longer apply to the disclosed health information, and that information may be re-disclosed by the recipient without your knowledge or consent. You may revoke your written consent in writing. If you do so, the Fund will not use or disclose the health information described in the written consent unless the Fund has already acted in reliance on that written consent.

## **YOUR RIGHTS**

You have the following rights regarding the health information that the Fund creates, collects and maintains. If you are required to submit a written request to enforce any of these rights, you should address such requests to **HIPAA Privacy Officer, 1375 Virginia Drive, Suite 102, Fort Washington, PA 19034, 215.542.8211.**

### *Right to Inspect and Copy Health Information*

Generally, you have the right to inspect and obtain a copy of the health information that is maintained by the Fund and its business associates. This includes, among other things, health information about your eligibility, coverages, claim records and billing records. To inspect and copy your health information, you must submit your request in writing. The Fund may charge you a reasonable fee that includes the cost of copying each page and mailing the health information to you. In certain limited circumstances, the Fund may deny your request to inspect and copy your health record and it will inform you of such a denial in writing. In certain instances, if you are denied access to your health information, you may request a review of the denial.

### *Right to Request Confidential Communications or Communications by Alternative Means or at an Alternative Location*

You have the right to request that the Fund and its business associates communicate your health information to you in confidence by alternative means or in an alternative location. For example, you can

ask that the Fund and its business associates contact you only at work or by mail, or that the Fund and its business associates provide you with access to your health information at a specific, reasonable location. To request confidential communications by alternative means or at an alternative location, you must submit your request in writing. Your written request should state the reason(s) for your request and the alternative means by or location at which you would like to receive your health information. If appropriate, your request should state that the disclosure of all or part of your health information by nonconfidential communications could endanger you. The Fund will make its best effort to accommodate reasonable requests, and will respond to your request appropriately.

### ***Right to Request That Your Health Information Be Amended***

You have the right to request that the Fund amend your health information if you believe the information is incorrect or incomplete. To request an amendment, you must submit a detailed written request that provides the reason(s) that support your request. The Fund may deny your request if it is not in writing, it does not provide a reason in support of the request, or if you have asked to **amend information that was not created by the Fund**, unless the person or entity that created the information is no longer available to make the amendment; is not part of the health information maintained by or for the Fund; is not part of the information which you would be permitted to inspect and copy; or is accurate and complete. The Fund will notify you in writing as to whether it accepts or denies your request for an amendment to your health information. If the Fund denies your request, it will explain the reason(s) for the denial, and describe how you can continue to pursue the denied amendment.

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

You have the right to receive a written accounting of the disclosures of your health information by the Fund and its business associates. The accounting is a list of disclosures of your health information by the Fund and its business associates to others. Generally, the following disclosures are not part of an accounting: disclosures that occur before April 14, 2003, disclosures for treatment, payment or health care operations, disclosures made to you, disclosures for which you gave the Fund written consent. An accounting includes the disclosures that have occurred during the 6-year period before your request (but not before April 14, 2003). To request an accounting of disclosures, you must submit your request in writing. If you want an accounting that covers a period of less than six years, please state that in your request. The first accounting that you request during a twelve month period is provided at no charge. For any additional accountings in the same twelve month period, the Fund will charge you for the cost of providing the accounting. In this case, the Fund will notify you of the cost involved before processing the accounting so that you can decide whether to withdraw your request before any costs are incurred.

### ***Right to Request Restrictions***

You have the right to request restrictions on the health information that the Fund uses or discloses about you to carry out treatment, payment or health care operations. Also, you have the right to request restrictions on your health information that the Fund discloses to someone who is involved in your care

or the payment for your care, such as a family member or friend. The Fund is not required to agree to your request for such restrictions, and the Fund may terminate its agreement to the restrictions you request. To request restrictions, you must submit your request in writing, and advise the Fund as to what information you seek to limit, and how and/or to whom you would like the limit(s) to apply. The Fund will notify you in writing as to whether it agrees to your request.

### ***Right to Complain***

You have the right to complain to the Fund if you believe the Fund or its business associate has not complied with the federal privacy laws in any way. To file a complaint with the Fund, you must submit your complaint in writing to **HIPAA Privacy Officer, 1375 Virginia Drive, Suite 102, Fort Washington, PA 19034, 215.542.8211**. Alternatively, you may file a complaint with the Department of Health and Human Services. You will not be retaliated or discriminated against and no services, payment, or privileges will be withheld from you because you file a complaint with the Fund or with the Department of Health and Human Services.

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

You have the right to request a paper copy of this Notice. You must submit a written request to **HIPAA Privacy Officer, 1375 Virginia Drive, Suite 102, Fort Washington, PA 19034, 215.542.8211**. You may also obtain a copy of this Notice at the Funds website at [www.IUOE542funds.com](http://www.IUOE542funds.com)

## **CHANGES IN THE FUND'S PRIVACY PRACTICES**

The Fund reserves the right to change its privacy practices, by action of the Fund's Privacy Officer, and to make the new practices effective for all health information that it creates, collects and maintains, including your health information that it created, collected or received before the effective date of the change. If the Fund materially changes any of the privacy practices that are described in this Notice, it will notify you of the change no later than 60 days after the change is made. Additional copies of the notification will be made available to you upon your written request, and will also be available on the Fund's website.