

HIPAA Notice of Privacy Practices for PHI

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. THIS NOTICE IS FOR YOUR INFORMATION. NO RESPONSE IS REQUIRED.

This is your Health Information Privacy Notice from District Council Iron Workers Welfare Fund of Northern New Jersey ("Plan") You have received this notice because of your enrollment in the "Plan" medical plan coverage. The "Plan" and each member of the "Plan" family of companies strongly believe in protecting the confidentiality and security of information we collect about you. This notice refers to the "Plan" by using the terms "us," "we," or "our."

This notice describes how we protect the personal health information we have about you which relates to your medical insurance coverage ("Personal Health Information" or "PHI"), and how we may use and disclose this information. PHI includes individually identifiable information which relates to your past, present or future health, treatment or payment for health care services. This notice also describes your rights with respect to the PHI and how you can exercise those rights.

You may request a copy of this notice of privacy practices at any time by contacting

District Council Iron Workers Welfare Fund of Northern New Jersey
Privacy Office
12 Edison Place
Springfield, NJ 07081

We are required by law to:

- maintain the privacy of your PHI;
- provide you this notice of our legal duties and privacy practices with respect to your PHI; and
- follow the terms of this notice.

We protect your PHI from inappropriate use or disclosure. Our employees, and those of companies that help us service your medical Insurance, are required to comply with our requirements that protect the confidentiality of PHI. They may look at your PHI only when there is an appropriate reason to do so, such as to administer eligibility, utilization review, or claims and appeals services. We may also designate certain "Plan"

associates, such as human resources representatives, to assist associates and retirees with group health plan matters. Explanation of Benefits will be mailed to the participant of the “Plan”.

We will not disclose your PHI to any other company for their use in marketing their products or services to you. However, as described below, we will use and disclose PHI about you for business purposes relating to your medical Insurance coverage.

Permitted Disclosure Situations

Your medical information may be used and disclosed for treatment, payment and health care operations, for example:

For Payment. We may use and disclose PHI to pay for benefits under your medical and dental plan coverage. For example, we may review PHI contained on claims to reimburse providers for services rendered.

We may also disclose PHI to other insurance carriers to coordinate benefits with respect to a particular claim. Additionally, we may disclose PHI to a health plan or an administrator of an employee welfare benefit plan for various payment related functions, such as eligibility determination, audit and review or to assist you with your inquiries or disputes.

For Health Care Operations. We may also use and disclose PHI for our insurance operations. These purposes include evaluating a request for medical insurance, administering the plan, and processing transactions requested by you. We may also disclose PHI to business associates outside of the “Plan” if they need to receive PHI to provide a service to us or you and have agreed to abide by specific HIPAA rules relating to the protection of PHI. Examples of business associates are: billing companies, data processing companies, medical providers, or companies that provide general administrative services. PHI may be disclosed to reinsurers for underwriting, audit or claim review reasons. PHI may also be disclosed as part of a potential merger or acquisition involving our business in order to make an informed business decision regarding any such prospective transaction.

Where Required by Law or for Public Health Activities. We disclose PHI when required by federal, state or local law. Examples of such mandatory disclosures include notifying state or local health authorities regarding particular communicable diseases, or providing PHI to a governmental agency or regulator with health care oversight responsibilities. We may also release PHI to a coroner or medical examiner to assist in identifying a deceased individual or to determine the cause of death.

To Avert a Serious Threat to Health or Safety. We may disclose PHI to avert a serious threat to someone's health or safety. We may also disclose PHI to federal, state or local agencies engaged in disaster relief as well as to private disaster relief or

disaster assistance agencies to allow such entities to carry out their responsibilities in specific disaster situations.

For Health-Related Benefits or Services. We may use PHI to provide you with information about benefits available to you under your current coverage or policy and, in limited situations, about health-related products or services that may be of interest to you.

For Law Enforcement or Specific Government Functions: We may disclose PHI in response to a request by a law enforcement official made through a court order, subpoena, warrant, summons or similar process. We may disclose PHI about you to federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

When Requested as Part of a Regulatory or Legal Proceeding. If you or your estate are involved in a lawsuit or a dispute, we may disclose PHI about you in response to a court or administrative order. We may also disclose PHI about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to require the person seeking your PHI to obtain a court order to obtain the PHI requested. We may disclose PHI to any governmental agency or regulator with whom you have filed a complaint or as part of a regulatory agency examination.

Other Uses of PHI. Other uses and disclosures of PHI not covered by this notice and permitted by the laws that apply to us will be made otherwise only with your written authorization or that of your legal representative. If we are authorized to use or disclose PHI about you, you or your legally authorized representative may revoke that authorization, in writing, at any time except to the extent that we have taken action relying on the authorization or if the authorization was obtained as a condition of obtaining your medical coverage. You should understand that we will not be able to take back any disclosures we have already made with authorization.

Your Rights Regarding PHI We Maintain About You

The following are your various rights as a consumer under HIPAA concerning your PHI. Should you have questions about a specific right, please write to the HPI Privacy Office.

Right to Inspect and Copy your PHI in a “designated record set.” A “designated record set” is (1) the medical records and billing records maintained by the “Plan” about each Participant or by a health care provider, and (2) enrollment, payment claims adjudication, and case management records maintained by the “Plan” or individual participants and dependents. Generally the “plan will not have detailed medical records per se but will have only computer coded data needed to process a claim submitted by a health care provider.

In most cases, you have the right to inspect and obtain a copy of the PHI that we maintain about you. To inspect and copy PHI, you must submit your request in writing to the "Plan" Privacy Office. To receive a copy of your PHI, you will be charged a fee for the costs of copying, mailing or other supplies associated with your request. The standard fee is \$0.50 per page and must generally be paid before or at the time we give you the copies.

We ordinarily will respond to request for copies within 30 days if the information is located in our facility and within 60 days if it is located off-site at another facility. If we need additional time to respond to a request for copies, we will notify you in writing within the time frame above to explain the reason for the delay and when you can expect to have a final answer to your request.

However, certain types of PHI will not be made available for inspection and copying. This includes psychotherapy notes and also includes PHI collected by us in connection with, or in reasonable anticipation of any claim or legal proceeding. In very limited circumstances we may deny your request to inspect and obtain a copy of your PHI. If we do, you may request that the denial be reviewed. The review will be conducted by an individual chosen by us who was not involved in the original decision to deny your request. We will comply with the outcome of that review.

Right to Amend Your PHI. If you believe that your PHI is incorrect or that an important part of it is missing, you have the right to ask us to amend your PHI while it is kept by or for us. You must provide your request and your reason for the request in writing, and submit it to the HPI Privacy Office. We may deny your request if it is not in writing or does not include a reason that supports the request. In addition, we may deny your request if you ask us to amend PHI that:

- is accurate and complete;
- was not created by us, unless the person or entity that created the PHI is no longer available to make the amendment;
- is not part of the PHI kept by or for us; or
- is not part of the PHI which you would be permitted to inspect and copy.

Right to a List of Disclosures. You have the right to request a list of the disclosures we have made of PHI about you. This list will not include disclosures made for treatment, payment, health care operations, for purposes of national security, made to law enforcement or to corrections personnel or made pursuant to your authorization or made directly to you. To request this list, you must submit your request in writing to the HPI Privacy Office. Your request must state the time period from which you want to receive a list of disclosures. The time period may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper or electronically). The first list you request within any 12-month period will be free. We may charge you for responding to any additional requests. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to Request Restrictions. You have the right to request a restriction or limitation on PHI we use or disclose about you for treatment, payment or health care operations, or that we disclose to someone who may be involved in your care or payment for your care, like a family member or friend. While we will consider your request, we are not required to agree to it. If we do agree to it, we will, comply with your request. To request a restriction, you must make your request in writing to the HPI Privacy Office. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply (for example, disclosures to your spouse or parent). We will not agree to restrictions on PHI uses or disclosures that are legally required, or which are necessary to administer our business.

Right to Request Confidential Communications. You have the right to request that we communicate with you about PHI in a certain way or at a certain location if you tell us that communication in another manner may endanger you. To request confidential communications, you must make your request in writing to the “Plan” Privacy Office, specify how or where you wish to be contacted and the reasons you would be endangered unless we communicate with you in an alternative way.

Right to file a Complaint. If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the Department of Health and Human Services. To file a complaint with us, please contact the “Plan” Privacy Office. All complaints must be submitted in writing. You will not be penalized for filing a complaint. If you have any questions as how to file a complaint please contact the “Plan” Privacy Office.

Additional Information

We reserve the right to change the terms of this notice at any time. We reserve the right to make the revised or changed notice effective for PHI we already have about you as well as any PHI we receive in the future. The effective date of this notice and any revised or changed notice may be found on the last page, on the bottom right hand corner of the notice. You will receive a copy of any revised notice from the Plan by mail.

You may have additional rights under other applicable laws. For additional information regarding our HIPAA Privacy Policy, please contact the “Plan” Privacy Office.

Effective April 14, 2003