

Central States Joint Board Health & Welfare Fund

Notice of Privacy Practices

Section 1: Purpose of This Notice and Effective Date

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.

The federal Health Insurance Portability and Accountability Act, known as HIPAA, regulate PHI use and disclosure by the Central States Joint Board Health & Welfare Fund. You may find these rules at 45 *Code of Federal Regulations* Parts 160 and 164. This notice attempts to summarize the regulations. The regulations will supersede this notice if there is any discrepancy between the information in this notice and the regulations.

The effective date of this Notice is August 13, 2013. The Central States Joint Board Health & Welfare Fund is required by law to take reasonable steps to ensure the privacy of your personally identifiable health information and to inform you about:

1. The Central States Joint Board Health & Welfare Fund uses and disclosures of Protected Health Information (PHI),
2. Your rights to privacy with respect to your PHI,
3. The Central States Joint Board Health & Welfare Fund's duties with respect to your PHI,
4. The person or office you should contact for further information about the Central States Joint Board Health & Welfare Fund's privacy practices.

Section 2: Your Protected Health Information

Protected Health Information (PHI) Defined The term "Protected Health Information" (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 Central States Joint Board Health & Welfare Fund in oral, written, or electronic form.

When the Plan May Disclose Your PHI Under the law, the Central States Joint Board Health & Welfare Fund may disclose your PHI either (1) at your request in order to inspect or copy your information or (2) without your consent or authorization for treatment, payment or health care operations and several other reasons as discussed below.

Payment includes but is not limited to actions to make coverage determinations and payment (including billing, claims management, subrogation, plan reimbursement, reviews for medical necessity and appropriateness of care and utilization review and preauthorizations).

For example, the Central States Joint Board Health & Welfare Fund may tell a doctor whether you are eligible for coverage or what percentage of the bill will be paid by the Central States Joint Board Health & Welfare Fund. If we contract with third parties to help us with payment operations, such as a

physician that reviews medical claims, we will also disclose information to them. These third parties are known as “business associates.”

Health care operations includes but is not limited to quality assessment and improvement, reviewing competence or qualifications of health care professionals, underwriting, premium rating and other insurance activities relating to creating or renewing insurance contracts. However, we will not use or disclose your genetic information for underwriting purposes. It also includes disease management, case management, conducting or arranging for medical review, legal services, and auditing functions including fraud and abuse compliance programs, business planning and development, business management and general administrative activities.

For example the Central States Joint Board Health & Welfare Fund may use information about your claims to refer to into a disease management program, a well-pregnancy program, project future benefit costs or audit the accuracy of its claims processing functions.

Treatment is 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 Central States Joint Board Health & Welfare Fund may disclose to a treating orthodontist the name of your treating dentist so that the orthodontist may ask for your dental x-rays from the treating dentist.

Disclosure to the Central States Joint Board Health & Welfare Fund’s Trustees. The Central States Joint Board Health & Welfare Fund will also disclose PHI to the Plan Sponsor (the Board of Trustees) of the Central States Joint Board Health & Welfare Fund for purposes related to treatment, payment, and health care operations, and has amended the Plan Documents to permit this use and disclosure as required by federal law. For example, we may disclose information to the Board of Trustees to allow them to decide an appeal or review a subrogation claim.

Patient Not the Enrollee or Personal Representative. The Central States Joint Board Health & Welfare Fund may give information about you to the enrollee or other individuals involved in your care, unless you inform us otherwise. In most cases, the information shared will be limited to whether a claim or claims have been paid on your behalf. Inquiries beyond specific claim payment information may require an authorization from the patient, and sometimes from a patient who is a minor.

If you have a personal representative, you may authorize this individual to act on your behalf for all aspects of your business with us. We will require proper documentation that the individual is authorized to act on your behalf or we must receive a signed authorization from you.

Judicial and Administrative Proceeding. The Central States Joint Board Health & Welfare Fund may disclose personal health information about you in response to a court or administrative order. The Central States Joint Board Health & Welfare Fund may disclose personal health information about you in response to a subpoena, discovery request, or other lawful processes for a judicial or administrative proceeding.

Law Enforcement. The Central States Joint Board Health & Welfare Fund may release personal health information about you to law enforcement officials. The Central States Joint Board Health & Welfare Fund will disclose personal health information about you when required or permitted to do so by law.

Enforcement by the Secretary of Health and Human Services. The Central States Joint Board Health & Welfare Fund may release personal health information about you to the Secretary of Health and Human Services as required by law and/or to demonstrate our compliance with the law.

Other Disclosures Allowed by Law. As permitted in the Health Insurance Portability and Accountability Act, the Central States Joint Board Health & Welfare Fund may release personal health information about you as allowed by law. Examples of this are disaster relief efforts; to public health authorities; health oversight activities; to avert a serious threat to health or safety; internal grievance proceedings; for military and veterans activities; national security and intelligence activities; protective services for the President and others; for medical suitability determinations; to correctional and other law enforcement custodial situations; or for Worker's Compensation.

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.

Section 3: Your Individual Privacy Rights

You may request the Central States Joint Board Health & Welfare Fund to Restrict its Use and Disclosure of PHI:

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.

The Central States Joint Board Health & Welfare Fund, however, is not required to agree to your request.

You should make such requests to the Privacy Officer.

You May Request Confidential Communications The Central States Joint Board Health & Welfare Fund will accommodate an individual's reasonable request to receive communications of PHI by alternative means or at alternative locations where the request includes a statement that disclosure could endanger the individual.

You or your personal representative will be required to complete a form to request restrictions on uses and disclosures of your PHI. You should make such requests to the Privacy Officer.

You May Inspect and Copy PHI You have a right to inspect and obtain a copy of your PHI contained in a “designated record set,” for as long as the Central States Joint Board Health & Welfare Fund maintains the PHI.

The Central States Joint Board Health & Welfare Fund must provide the requested information within 30 days if the information is maintained on site or within 60 days if the information is maintained offsite. A single 30-day extension is allowed if the Central States Joint Board Health & Welfare Fund is unable to comply with the deadline.

You or your personal representative will be required to complete a form to request access to the PHI in your designated record set. A reasonable fee may be charged. Requests for access to PHI should be made to the Privacy Officer.

If access is denied, you or your personal representative will be provided with a written denial setting forth the basis for the denial, a description of how you may exercise your review rights and a description of how you may complain to the Central States Joint Board Health & Welfare Fund and HHS.

Designated Record Set Includes your medical records and billing records that are maintained by or for a covered health care provider. Records include enrollment, payment, billing, claims adjudication and case or medical management record systems maintained by or for a health plan or other information used in whole or in part by or for the covered entity to make decisions about you. Information used for quality control or peer review analyses and not used to make decisions about you is not included.

You Have the Right to Amend Your PHI You have the right to request that the Central States Joint Board Health & Welfare Fund amend your PHI or a record about you in a designated record set for as long as the PHI is maintained in the designated record set subject to certain exceptions. See the Central States Joint Board Health & Welfare Fund’s Right to Amend Policy for a list of exceptions.

The Central States Joint Board Health & Welfare Fund has 60 days after receiving your request to act on it. The Central States Joint Board Health & Welfare Fund is allowed a single 30-day extension if the Central States Joint Board Health & Welfare Fund is unable to comply with the 60-day deadline. If the Central States Joint Board Health & Welfare Fund denied your request in whole or part, the Central States Joint Board Health & Welfare Fund must provide you with a written denial that explains the basis for the decision. You or your personal representative may then submit a written statement disagreeing with the denial and have that statement included with any future disclosures of that PHI.

You should make your request to amend PHI to the Privacy Officer

You or your personal representative will be required to complete a form to request amendment of the PHI.

You Have the Right to Receive an Accounting of the Plan’s PHI Disclosures At your request, the Central States Joint Board Health & Welfare Fund will also provide you with an accounting of certain disclosures by the Central States Joint Board Health & Welfare Fund of your PHI. We do not have to provide you with an accounting of disclosures related to treatment, payment, or health care operations, or disclosures made to you or authorized by you in writing. The Central States Joint Board Health & Welfare Fund has 60 days to provide the accounting. The Central States Joint Board Health & Welfare Fund is allowed an additional 30 days if the Central States Joint Board Health & Welfare Fund gives

you a written statement of the reasons for the delay and the date by which the accounting will be provided.

If you request more than one accounting within a 12-month period, the Central States Joint Board Health & Welfare 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 Privacy Officer

.Right to Notification of Breaches. You have the right to, or will receive, notifications of breaches of your unsecured PHI.

Your Personal Representative You may exercise your rights through a personal representative. Your personal representative will 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. Proof of such authority will be a completed, signed and approved Appointment of Personal Representative form. You may obtain this form by calling the Central States Joint Board Health & Welfare Fund Office.

The Central States Joint Board Health & Welfare 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.

The Central States Joint Board Health & Welfare Fund will recognize certain individuals as personal representatives without you having to complete an Appointment of Personal Representative form. For example, the Central States Joint Board Health & Welfare Fund will automatically consider a spouse to be the personal representative of an individual covered by the Central States Joint Board Health & Welfare Fund. In addition, the Central States Joint Board Health & Welfare Fund will consider a parent or guardian as the personal representative of an unemancipated minor unless applicable law requires otherwise. A spouse or a parent may act on an individual's behalf, including requesting access to their PHI. Spouses and unemancipated minors may, however, request that the Central States Joint Board Health & Welfare Fund restrict information that goes to family members as described above at the beginning of Section 3 of this Notice.

You should also review the Central States Joint Board Health & Welfare Fund's Policy and Procedure for the Recognition of Personal Representatives for a more complete description of the circumstances where the Central States Joint Board Health & Welfare Fund will automatically consider an individual to be a personal representative.

Section 4: The Plan's Duties

Maintaining Your Privacy The Central States Joint Board Health & Welfare Fund is required by law to maintain the privacy of your PHI and to provide you and your eligible dependents with notice of its legal duties and privacy practices.

This notice is effective beginning on August 13, 2003 and the Central States Joint Board Health & Welfare Fund is required to comply with the terms of this notice. However, the Central States Joint Board Health & Welfare Fund reserves the right to change its privacy practices and to apply the changes to any PHI received or maintained by the Central States Joint Board Health & Welfare Fund prior to that

date. If a privacy practice is changed, a revised version of this notice will be mailed to you and to all past and present participants and beneficiaries for whom the Plan still maintains PHI.

Any revised version of this notice will be distributed within 60 days of the effective date of any material change to:

- The uses or disclosures of PHI,
- Your individual rights,
- The duties of the Central States Joint Board Health & Welfare Fund, or
- Other privacy practices stated in this notice.

Disclosing Only the Minimum Necessary Protected Health Information When using or disclosing PHI or when requesting PHI from another covered entity, the Central States Joint Board Health & Welfare 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,
- Uses or disclosures required by law, and
- Uses or disclosures required for the Central States Joint Board Health & Welfare Fund's compliance with legal 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 Central States Joint Board Health & Welfare Fund may use or disclose "summary health information" to the Central States Joint Board Health & Welfare Fund's Board of Trustees for obtaining premium bids or modifying, amending or terminating the group health plan. Summary information summarizes the claims history, claims expenses or type of claims experienced by individuals for whom the Central States Joint Board Health & Welfare Fund has provided health benefits under a group health plan. Identifying information will be deleted from summary health information, in accordance with HIPAA.

Disclosures Requiring Your Written Authorization. We may not, without your written authorization, use or disclose your PHI for the purposes listed below. Note that once you give us authorization to release your PHI, we cannot guarantee that the person(s) to whom the PHI is provided will not disclose the PHI.

- **Marketing and Sale.** We may not use or disclose your PHI for most marketing purposes, or make disclosures that constitute the sale of your PHI, without your authorization.
- **Highly Confidential Information.** Certain federal and state laws may require special privacy protections for certain “highly confidential information” about you, that often includes information relating to (1) HIV/AIDS; (2) mental health; (3) genetic tests; (4) alcohol and drug abuse; (5) sexually transmitted diseases and reproductive health information; and (6) child or adult abuse or neglect, including sexual assault. Generally, we must obtain your authorization to release this type of information. However, there are limited circumstances under the law when this information may be released without your consent. For example, certain sexually transmitted diseases must be reported to the Department of Health.
- **Other Reasons.** We may not use or disclose your PHI without your written authorization for any reason other than those described and limited as set forth in this notice and in applicable law.

Section 5: Your Right to File a Complaint with the Plan

If you believe that your privacy rights have been violated, you may file a complaint with the Central States Joint Board Health & Welfare Fund in care of the Privacy Officer.

The Central States Joint Board Health & Welfare Fund will not retaliate against you for filing a complaint.

Section 6: If You Need More Information

If you have any questions regarding this notice or the subjects addressed in it, you may contact the Privacy Officer at the Central States Joint Board Health & Welfare Fund Office:

Privacy Officer
Central States Joint Board
Health & Welfare Fund
1950 W. Erie Street
Chicago, Illinois, 60622