

## Appendix E

### HIPAA – 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

This Notice is given by the Carpenters' Health and Welfare Trust Fund of St. Louis, referred to herein as the "Plan".

Under federal law, group health care plans are required to notify participants and beneficiaries about how the Plan will use and disclose "individually identifiable health information" (described below). The federal requirements are set forth in the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and regulations issued under HIPAA.

"Individually identifiable health information" is also referred to in the law as "protected health information" (PHI). PHI is information about an individual's health, health care or health benefits that enables the individual to be identified.

The use of the word "you" in this Notice refers to individual participants and covered dependents in the Plan. Occasionally a reference is made to a specific section in the applicable HIPAA regulations; the full text of these sections may be obtained from the Fund Office.

HIPAA requires your Health and Welfare Plan to maintain the privacy of PHI in accordance with federal regulations. HIPAA also requires the Plan to notify participants and beneficiaries about their privacy rights, and the Plan's privacy practices, with respect to PHI. The effective date of this Notice is May 1, 2013.

#### **Use or Disclosure of PHI Without Your Permission**

Under the HIPAA regulations, the Plan is permitted to use and disclose your PHI without your consent or authorization for the following purposes: (1) your treatment; (2) processing and payment of your claims; and (3) health care operations. Examples of use and disclosure of PHI for these purposes follow.

#### **Treatment**

A doctor or hospital may need to check with the Plan to make sure you are eligible for coverage or, may need to know from the Plan who has treated you previously, what the earlier diagnosis was, and what treatment was prescribed.

#### **Claims Processing and Payment**

The Plan usually receives a bill from each service provider (e.g. hospital, physician, lab, clinic, etc.) containing PHI such as a diagnosis code and a treatment code for a specific patient. The Plan uses this information to process the claim on the computer and to generate a check for the appropriate payment of the service provider in accordance with the Plan's rules.

#### **Health Care Operations**

The Plan uses PHI for care management of specific patients (such as trauma, diabetics, heart patients, cancer patients, etc.), for providing insurance carriers with data needed to quote premiums to the Plan, for reviewing the competence or qualifications of various health care providers, for utilization review where alternative treatment options are available, and for detection of fraud or abuse.

The Plan may disclose your PHI to the Fund's Board of Trustees if necessary to permit the Board to perform its functions with respect to the Plan.

In appropriate cases, the Plan may use your PHI to contact you to provide information about treatment alternatives.

When the Plan uses or discloses PHI, the Plan will make reasonable efforts to limit the PHI to the "minimum necessary" to accomplish the intended purpose, in accordance with section 164.502(b) of the HIPAA regulations.

### **Other Purposes for Which Your PHI May Be Used or Disclosed Without Your Permission**

In addition to the purposes described above, there are a number of other purposes for which the HIPAA regulations permit or require the Plan to use or disclose your PHI without obtaining consent or authorization from you, including:

- Uses and disclosures required by law.
- Responding to public health agencies authorized to collect or receive health information for the purposes of preventing or controlling disease, injuries, or disabilities.
- Responding to public health agencies or social service agencies or protective services agencies authorized by law to receive reports of child abuse, neglect, or domestic violence.
- Responding to a court order, or other legal compulsion in a judicial or administrative proceeding.
- Responding to a request from a health oversight agency authorized by law to conduct: audits; civil, administrative, or criminal investigations; inspections; licensure of or actions against health care providers; or other activities designed to protect the health care system.
- Responding to inquiries from law enforcement agencies that require reporting of certain kinds of wounds or physical injuries or to assist with the identification or location of a suspect, fugitive, material witness, victim or missing person.
- Reporting about deceased persons to medical examiners, funeral directors or organ procurement organizations to assist in carrying out their respective duties.
- Responding to requests from health research agencies provided that approvals and waivers prescribed in the HIPAA regulation have been obtained.
- When believed necessary to avert a serious and imminent threat to health or safety of a person or the public, or to assist in apprehension of a criminal suspect.
- To assist in the performance of specialized government functions authorized by law, including activities of the armed forces, national security and intelligence agencies, the Secret Service, the State Department and correctional institutions.
- To the extent necessary to comply with workers' compensation laws.

In addition to the foregoing, the HIPAA regulations permit or require the Plan to use or disclose PHI without obtaining your consent or authorization in order to respond to an investigation of the Plan by the U.S. Department of Health and Human Services; or in circumstances in which you have been informed of the use or disclosure in advance and did not object; or to transmit the PHI to an entity that provides services to the Plan and has agreed by contract to protect the privacy of PHI received from the Plan.

When necessary to comply with section 164.514(e) of the HIPAA regulations, the Plan will use, disclose or request your PHI in the form of a "limited data set," which does not contain direct identifiers such as names, addresses and Social Security numbers.

### **Use or Disclosure of PHI Requiring Your Permission**

Uses and disclosures of your PHI other than those described above will be made only with your written authorization. As examples, your authorization is required with very limited exceptions, for use or disclosure of psychotherapy notes, or other PHI for purposes of marketing or sale. You may revoke any such authorization at any time as provided by section 164.508(b)(5) of the HIPAA regulations.

If you wish to authorize the use or disclosure of any PHI requiring your permission, contact the Fund Office for an Authorization Form. The Form will ask you what PHI may be used or disclosed, who may receive designated PHI, when the Authorization expires, and indicate your right to revoke the Authorization.

### **YOUR RIGHTS REGARDING YOUR OWN PHI**

- You may request that restrictions be placed on the Plan's uses and disclosures of your PHI for treatment, payment of claims, health care operations or to persons involved in your health care, in accordance with Section 164.522(a) of the HIPAA regulations. Your request must be submitted to the Fund Office in writing.

However, the Plan is NOT required to agree to a requested restriction except in the case of a disclosure protected under section 164.522(a)(1)(vi) of the HIPAA regulations. If the Plan agrees to your restriction, the Plan may still be required to release such information for emergency treatment, law enforcement, or other purposes specified by law.

- You may request that the Plan take special measures to protect the confidentiality of PHI sent to you by the Plan by using alternative means, or alternative locations, specified by you, for any communication to you that contains your PHI. The Plan will accommodate such a request if it is reasonable, is made to the Plan in writing, and includes your statement that disclosure of all or part of the PHI covered by the request could endanger you. The Plan may condition compliance with such a request on information as to how you will handle the payment of any additional costs incurred by compliance.
- You may ask to inspect or to copy your PHI found in a "designated record set" under the conditions set forth in Section 164.524 of the HIPAA regulations. A "designated record set" is: (1) enrollment, payment, claims adjudication, and care management records maintained by the Plan on individual participants and beneficiaries; and (2) any other records of the Plan used to make decisions about participants and beneficiaries. Generally the Plan will not have detailed medical records but will have only computer coded data needed to process a claim submitted by a health care provider.
  - If you wish to examine or copy a designated record set, the request must be in writing. If the request is granted the Plan will arrange a convenient time and place for you to inspect and/or copy the PHI requested. The Plan will discuss with you in advance the scope, format, and other aspects of the request in order to facilitate the timely provision of the requested PHI. Access will be provided when possible within 30 days after the request is first received by the Fund Office.
  - If the Plan denies you access to your PHI, you will receive a written denial explaining the reason(s) for the denial and the procedures to be followed if you wish the denial to be reviewed.
  - If you want copies of the PHI, there will be a charge based on the cost of reproduction and for postage if you want the copies mailed. The Plan will tell you what these charges are before copying begins.
- You have the right to request the Plan to amend your own PHI contained in a designated record set, if you believe it is inaccurate or incomplete, in accordance with the procedures set forth in Section 164.526 of the HIPAA regulations.

The request must be submitted in writing, stating the reason for the request. When possible, the plan will respond to your request for correction of your PHI within 60 days after receipt of your request. If approved, the Plan will notify you and other parties you identify (such as health care providers or clearinghouses) about the corrections in your PHI.

If the change is disapproved by the Plan, you will be notified in writing about the reason(s) for denial of your request, about your right to disagree with the denial, and about the appeal procedures.

- You have the right to request an accounting of disclosures of your PHI made by the Plan in accordance with the provisions of section 164.528 of the HIPAA regulations.
 

The accounting will include: the date of the disclosure; the name and address of the entity or person to whom your PHI was disclosed; a brief description of the PHI disclosed; and the reason for the disclosure. When possible, the Plan will provide this information within 60 days after your request is received by the Fund Office. The Plan may impose a charge for more than one accounting requested in a twelve month period.
- You have the right to receive a paper copy of this Notice from the Plan on request.
- If you request an accounting of disclosures of your PHI, the accounting must include disclosures made within the past 3 years to carry out treatment, payment and healthcare operations if the Plan made such disclosures through an electronic health record.
- If the Plan maintains an electronic health record containing PHI that you are entitled to receive, the Plan must comply with your request for a copy of such PHI in electronic format, and may charge no more than the Plan's labor cost to comply with the request.
- If you request the Plan not to disclose your PHI to another health plan for purposes of carrying out payment or health care operations, and if the PHI relates solely to health care for which the provider has been paid out of pocket in full, then the Plan must comply with your request.
- If the Plan should use your PHI for underwriting purposes, the Plan is prohibited from using PHI that is genetic information for such purposes.

**Breach of PHI**

If the Plan discovers that a "breach" of your unsecured, protected health information (PHI) has occurred, the Plan is required to notify you about the breach.

**Plan's Right to Change Privacy Practices**

The plan reserves the right to change the terms of this Notice at any time and to make the provisions of the new Notice effective for all PHI that the Plan maintains.

Any revised Notice will be distributed to individuals via U.S. mail (and e-mail, if applicable) at least 30 days before the effective date of the new notice. Any revised Notice will also appear in the Cutting Edge.

A copy of the latest notice may be obtained at any time by contacting the Fund Office by letter, phone, fax, or e-mail.

The Plan is required by law to abide by the terms of the Notice currently in effect.

**MEDICARE PART D DISCLOSURE— MEDICARE MODERNIZATION ACT (MMA)**

The Plan will disclose to or on behalf of the Fund, such PHI as the Centers for Medicare and Medicaid Services may require to enable the Fund to receive payment for participating in the Medicare Part D program pursuant to 42 CFR Part 423. PHI disclosed under this provision may be used solely for the purpose of obtaining the Medicare Part D subsidies and for no other purpose.

**Need Help?**

If you have any questions concerning -this privacy notice or your privacy rights contact the Fund Office by phone at (314) 644-4802 or toll-free (877) 232-3863, by fax (314) 644-0200, or e-mail [benefits@carpdc.org](mailto:benefits@carpdc.org), or by letter addressed to:

Carpenters Health and Welfare Fund  
ATTENTION: Privacy Officer  
1419 Hampton Avenue  
St. Louis, Missouri 63139

PLEASE ADDRESS YOUR REQUEST TO THE FUND'S "PRIVACY OFFICER".

If you are not satisfied with the answer(s) received from the Fund Office, you may wish to contact the U.S. Department of Health and Human Services (HHS). Ask the Fund's Privacy Officer for the name and address of the appropriate HHS contact person.

Individuals who believe their privacy rights have been violated may complain to the Plan and to the Secretary of Health and Human Services. A complaint to the Plan may be filed with Plan's Privacy Officer. An individual may not be retaliated against for filing a complaint.

**A FINAL REMINDER**

The Fund Office staff will make every reasonable effort to protect the confidentiality of your medical data in accordance with federal laws and regulations. If you have questions or complaints, please contact the Privacy Officer at the Fund Office first.