

July 26, 2016

## **NOTICE OF PRIVACY PRACTICES**

The Sheet Metal Workers Local 36 Welfare Plan (the Welfare Fund) has a duty under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) as amended by Health Information Technology for Economic and Clinical Health Act (HITECH), Title XIII of Division A of the American Recovery and Reinvestment Act (ARRA), to outline our legal obligations regarding your private medical information. In general, the Welfare Fund is required by this law to maintain the privacy of your health information. The Welfare Fund must also provide you with a Notice of its legal duties and its current privacy practices.

The Welfare Fund has the legal obligation to abide by the terms of this Notice, but retains the right to change the terms of this notice. Any changes may be effective for any current health information about you and any information that may be obtained in the future. Such changes will be appropriately reflected in this Notice of Privacy Practices. The most recent version of the Notice will always be available to you through the Fund Office.

### **A. HOW THE WELFARE FUND USES AND DISCLOSES YOUR PROTECTED HEALTH INFORMATION**

The Welfare Fund will use your Protected Health Information (PHI) to the extent and in accordance with the uses and disclosures permitted by HIPAA. Specifically, the Welfare Fund will use and disclose PHI for purposes related to health care Treatment, Payment for health care, and Health Care Operations.

The Welfare Fund will use and disclose PHI as required by law and as permitted by authorization of the Participant or beneficiary. With an authorization, the Plan will disclose PHI to reciprocal benefit plans or workers' compensation insurers for purposes related to administration of these plans.

### **B. DEFINITION OF PAYMENT**

"Payment" includes activities undertaken by the Plan to obtain premiums, or activities to determine or fulfill its responsibility for coverage and provision of Welfare Fund benefits that relate to an individual to whom health care is provided. For example, we may disclose information to determine your eligibility, coverage, and cost sharing amounts (e.g. cost of a benefit, benefit maximums, and co-payments as determined for an individual's claim), or for adjudication of health benefit claims (including appeals and other payment disputes). We may also disclose PHI in connection with claims management and related health care data processing, billing, and collection activities.

### **C. DEFINITION OF HEALTH CARE OPERATIONS**

Health Care Operations include, but are not limited to, quality assessment, case management, performance evaluations, and training. They may also include conducting or arranging for medical

review, legal services and auditing functions, including fraud and abuse detection and compliance programs.

#### **D. DEFINITION OF TREATMENT**

Treatment includes, but is not limited to, the exchange of information necessary for providing health care treatment. For example, we may disclose the identity of your primary care physician to emergency medical staff if requested for treatment purposes.

#### **E. THE WELFARE FUND'S DISCLOSURE OF PHI TO THE BOARD OF TRUSTEES**

For purposes of this section the Board of Trustees of the Sheet Metal Workers Local 36 Welfare Plan is the Plan Sponsor. In the course of business practices, the Welfare Fund may disclose PHI to the Plan Sponsor for reviewing and making determinations regarding an appeal or for monitoring benefit claims or analyzing benefit structure and claim experience including those that may or do involve stop-loss insurance. Generally, the Welfare Fund will disclose PHI to the Plan Sponsor only if necessary for the Welfare Fund's Health Care Operations.

Welfare Fund's Plan Documents have been amended to provide that with respect to PHI, the Plan Sponsor agrees to:

1. Not use or further disclose the information other than as permitted or required by the Plan Documents or as required by law;
2. Ensure that any agents, including a subcontractor, to whom the Plan Sponsor provides PHI received from the Welfare Fund agree to the same restrictions and conditions that apply to the Plan Sponsor with respect to such information;
3. Not use or disclose the information for employment-related actions and decisions unless authorized by the individual;
4. Not use or disclose the information in connection with any other benefit or employee benefit plan of the Plan Sponsor unless authorized by the individual;
5. Report to the Welfare Fund any use or disclosure of the information that is inconsistent with the uses or disclosures provided for of which it becomes aware;
6. Make PHI available to the individual in accordance with the access requirements of HIPAA;
7. Make PHI available for amendment and incorporate any amendments to PHI in accordance with HIPAA;
8. Make available the information required to provide an accounting of disclosures;

components that are covered by the privacy rules include only health benefits and not other plan functions or benefits.

#### **F. THE WELFARE FUND'S DISCLOSURE OF PHI TO BUSINESS ASSOCIATES**

The Welfare Fund may contract with individuals and entities to perform various functions on behalf of the Welfare Fund or to provide certain types of services. These individuals and entities are Business Associates of the Welfare Fund. In performing these functions and providing these services the Business Associates may receive, create, maintain, use, or disclose PHI. For example, the Welfare Fund may disclose your PHI to a Business Associate to provide utilization management, subrogation, or pharmacy benefit management services. The Welfare Fund will require its Business Associates to agree in writing to safeguard your PHI in a manner consistent with HIPAA, as amended by HITECH.

#### **G. THE WELFARE FUND'S USE AND DISCLOSURE OF PHI REQUIRING AUTHORIZATION**

Certain uses and disclosures of PHI require an authorization from the subject individual, specifically psychotherapy notes, PHI for marketing purposes, and PHI in instances constituting the sale of PHI. If you authorize the disclosure, the Welfare Fund may provide relevant portions of your PHI to a family member, friend or other person. An authorization is also required for all other uses and disclosures not addresses in this Notice of Privacy Practices. You may revoke an authorization by sending a written request to the Welfare Fund's Privacy Officer, but not with respect to any actions the Welfare Fund has already taken.

If you are not capable of agreeing or objecting to a disclosure because of an emergency or similar situation then the Welfare Fund will disclose PHI as it determines is in your best interest. When you are again capable of agreeing or objecting the Welfare Fund will give you the opportunity to object to further disclosures.

#### **H. ADDITIONAL USES AND DISCLOSURES**

In addition to the general uses and disclosures of your information mentioned above, there may be some more specific and extremely rare situations when it is necessary, and permissible, for the Welfare Fund to use or disclose of your medical information without your permission:

1. Your PHI may be used and disclosed to comply with the law,
2. Your PHI may be disclosed when the Welfare Fund reports to a public health authority for purposes such as public health surveillance, public health investigations or suspected child abuse,
3. Your PHI may be disclosed in reports about victims of abuse, neglect or domestic violence only if it is required or authorized by law to do so, or if you otherwise agree,

4. Your PHI may be disclosed as requested to government agencies that have the authority to audit or investigate the Welfare Fund operations,
5. If you are involved in a lawsuit or dispute, the Welfare Fund may disclose your PHI in response to a subpoena or other lawful request, but only if efforts have been made to tell you about the request or obtain a court order that protects the PHI requested,
6. The Welfare Fund may disclose your PHI to law enforcement officials for law enforcement purposes (such as to report suspicion of criminal conduct),
7. Your PHI may be disclosed to facilitate the duties of coroners, medical examiners and funeral directors these individuals,
8. Your PHI may be disclosed to facilitate organ donation and transplantation,
9. Your PHI may be disclosed for medical research projects, subject to strict legal restrictions,
10. Your PHI may be disclosed to someone who can help prevent a serious threat to your health and safety or the health and safety of another person or the general public,
11. Your PHI may be disclosed when necessary to comply with worker's compensation laws; and
12. Your PHI may be disclosed in special government circumstances involving: military or veterans activities; national security and intelligence activities; protective services for the President; law enforcement custodial situations, etc.

## **I. YOUR RIGHTS**

The federal law (HIPAA) that protects the privacy of your health information provides you with several individual rights. It is important to recognize that the majority of PHI in the possession of the Welfare Fund is contained in copies of records owned by the covered entity that provided the information. Therefore, to invoke some of the following rights you may need to contact the owner of the records.

You have the right to have a copy of our notice of privacy practices. A copy of this notice can be obtained by contacting the Welfare Fund office.

1. You have the right to inspect and copy information in the permanent health care record that the Welfare Fund maintains. For the Welfare Fund to be able to process your request, you must use the form provided by the Welfare Fund. Under limited circumstances, the Welfare Fund may deny your request. If your request is denied, you will be informed, in writing, of the reasons for the denial with an explanation of your right to a review. If you request copies, the Welfare Fund may charge you

a reasonable fee to cover copying and mailing costs. You also have a right to receive a copy of your PHI in electronic format, if so requested.

2. You may also request changes to the information contained in your record, which the Welfare Fund may approve or deny. For the Welfare Fund to be able to process your request, you must use the form provided by the Welfare Fund. Under limited circumstances, the Welfare Fund may deny your request. If your request is denied, you will be informed, in writing, of the reasons for the denial with an explanation of your right to a review and how to submit a statement of disagreement or complaint or request inclusion of your original amendment request in your PHI.
3. You have the right to request that restrictions be placed on the use and disclosure of your health information. While the Welfare Fund will consider all requests carefully, the Welfare Fund is not required to agree to a requested restriction. However, the Welfare Fund must comply with any request to restrict a disclosure of your PHI for Payment or Health Care Operations if you paid for these services in full, out of pocket.
4. You also have the right to receive an accounting of the uses and disclosures of your PHI. Upon request, you may obtain an accounting of certain disclosures of your PHI made by the Welfare Fund during the six (6) years prior the date of your request. If you request an accounting more than once during a twelve (12) month period, the Welfare Fund has the right to charge you for the requested accounting.
5. You have the right to receive communications from the Fund regarding your PHI in a confidential manner. The Welfare Fund will accommodate any reasonable request for you to receive your PHI by alternative means of communication or at alternative locations.
6. You have the right to receive notification of any "Breach" of your PHI. A Breach occurs when there has been an acquisition, access, use, or disclosure of your PHI in a manner not permitted under HIPAA and which compromises the security or privacy of the PHI. In the event of a Breach, the Welfare Fund will abide by Breach notification requirements under HITECH and the Welfare Fund's HIPAA Privacy Policies and Procedures.

## **J. COMPLAINTS**

If you believe that your privacy rights have been violated, you may complain to the organization you believe is at fault. You may also complain to the Department of Health and Human Services, though they have advised that initial complaints should be handled internally and they should be contacted only as a last resort. You are protected from retaliation for any and all complaints you make. For additional information on the complaints process or for any questions related to this document, contact the Welfare Fund at:

Sheet Metal Workers Local 36 Welfare Plan  
Attn: Privacy Officer  
2319 Chouteau Avenue, Suite 300  
St. Louis, MO 63103,  
Telephone: (314) 652-8175 or 1-800-741-9411  
Facsimile: (314) 652-8494

## **K. FUTURE CHANGES TO WELFARE FUND PRACTICES AND THIS NOTICE**

The Welfare Fund is required to follow the terms of the Notice of Privacy Practices currently in effect. However, the Welfare Fund reserves the right to change its privacy practices and make any such change applicable to the PHI obtained about you before the change. If a change in the Welfare Fund's practices is material, the Fund will revise this Notice of Privacy Practices to reflect the change. The Welfare Fund will send or provide you a copy of the revised Notice of Privacy Practices. You may also obtain a copy of any revised Notice of Privacy Practices by contacting the Fund Office.