

# United Food and Commercial Workers Union Local 1529 and Employers Health and Welfare Plan and Trust

## ADMINISTRATIVE OFFICE

Administrative Consulting Services of Tennessee  
1680 Bonnie Lane #101  
Cordova, TN 38016-1529  
Telephone 901/758-3000  
1-800-874-8499

## BOARD OF TRUSTEES

Leon E. Sheppard  
Kathy Miller  
Rufus Wilson  
Rick Slayton

January 2006

Dear Eligible Participant;

RE: Notice of Privacy Practices for HIPAA Protected Health Information (PHI)

Your health information is personal and private. It is also known as Protected Health information (PHI). Recently the federal government put in place new privacy rules that impact how this Plan handles your PHI. These rules are part of the Health Insurance Portability and Accountability Act of 1996, better known as HIPAA. Be assured that this Plan has always handled and will continue to handle your health information in a secure fashion. The new HIPAA laws provide greater protection of your health information and give you rights with regard to this information.

**Although the attached Notice of Privacy Practices is very detailed in nature, we are legally required to advise you in this very specific manner of these practices.**

The policies in the attached Notice of Privacy Practices will go into effect April 14, 2003. We ask that you take a few moments to read this notice very carefully because it explains how the Plan;

- \* Uses your health care information.
- \* How the Plan may, use and disclose health care information about you as part of your treatment, for claim payments and to improve the benefits and services you receive.

After reading this notice, be sure to file it away with your important papers. You may want to refer to it again at a later date. If you have any questions you may contact the Privacy Office as listed on the attached notice.

**For more information on this and other related HIPAA requirements, you may go to the web sites for Department of Health and Human Services ([www.hhs.gov](http://www.hhs.gov)) or Center for Medicare & Medicaid Services ([www.cms.gov](http://www.cms.gov)).**

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## 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.

**Effective Date of Notice: April 14, 2003**

The United Food and Commercial Workers Local Union No. 1529 and Employers Health and Welfare Plan and Trust (the "Plan") is required by law to take reasonable steps to ensure the privacy of your personally identifiable health information and to inform you about:

- the Plan's uses and disclosures of **Protected Health Information ("PHI")**
- your rights with respect to your PHI
- the Plan's duties with respect to your PHI
- your right to file a complaint with the Plan and the Secretary of the U.S. Department of Health and Human Services
- the person or office you should contact for additional information about the Plan's privacy practices.

PHI includes all individually identifiable health information that is transmitted or maintained by the Plan, or on behalf of the Plan, related to your past, present or future physical or mental health or to payment for health care. Information can be PHI regardless of whether the information is transmitted or maintained orally, on paper or through electronic medium (such as e-mail).

## **THE PLAN'S USES AND DISCLOSURES OF PHI**

The Plan uses PHI to determine your eligibility for benefits, to process and pay your health benefit claims, and to administer its operations. The Plan may disclose your PHI to insurers, third party administrators, and health providers for treatment, payment or other health care operations purposes. The Plan may also disclose your PHI to other third parties that assist the Plan in its operations, to government and law enforcement agencies, to your family members, and to certain other persons or entities. In some cases, the Plan will only use or disclose your PHI pursuant to your written authorization. In other cases, your authorization is not needed. How the Plan can use and disclose your PHI is described below.

## **Uses and Disclosures of PHI That May Be Made Without Your Consent**

**For Treatment.** While the Plan does not anticipate making disclosures of PHI for your health care treatment, such disclosures may be made. For example, the Plan may disclose to a treating physician the name of your treating radiologist to assist your treating physician in obtaining copies of your X-rays from the radiologist.

**For Payment.** The Plan may use and disclose PHI so that your claims for health care treatment, services and supplies can be paid in accordance with the Plan's schedule of benefits. For example, the Plan may tell a hospital whether you are eligible for coverage or what portion of your medical bill will be paid by the Plan.

**For Health Care Operations.** The Plan may use and disclose PHI to enable it to operate efficiently, which operations may include quality assessment and improvement, review of competence or qualifications of health care professionals, case management, conducting or arranging for medical review, legal services and auditing functions, business planning and general administrative activities. For example, the Plan may disclose PHI to its actuaries and accountants for health care cost projection purposes.

**Board of Trustees.** The Plan may disclose PHI to the Board of Trustees in connection with the administration of the Plan. The Plan's governing documents have been amended to reflect the Trustees' obligations to protect the privacy of your PHI, and the Board of Trustees has certified that it will protect any PHI it receives in accordance with the law.

**Business Associates.** The Plan may disclose PHI to its business associates for treatment, payment and health care operations. Business associates are third parties that assist the Plan in its operations. The Plan is required to enter into agreements with its business associates to ensure that the business associates protect the privacy of PHI disclosed to them. A business associate must have any agent to whom the business associates provides your PHI agree to the same restrictions and conditions that apply to the business associate.

**When Required by Law.** PHI may be used or disclosed when required by applicable law. For example, PHI may be used or disclosed in judicial and administrative proceedings pursuant to court or administrative order or other legal process, to report information related to victims of abuse, neglect or domestic violence, or to assist law enforcement officials with their law enforcement duties.

**Health and Safety.** PHI may be disclosed to avert a serious threat to the health or safety of you or any other person. PHI may also be disclosed for public health activities. For example, PHI may be disclosed to meet the reporting requirements of government agencies (*e.g.*, the Food and Drug Administration) and to prevent or control disease, injury or disability.

**Government Functions.** PHI may be disclosed to the government for specialized government functions such as intelligence, national security activities, security clearance activities and protection of public officials. PHI may also be disclosed to health oversight agencies for audits, investigations, licensure and other activities.

**Military Service.** PHI may be used or disclosed to comply with laws and regulations related to military service or veterans' affairs.

**Workers' Compensation.** PHI may be used or disclosed to comply with laws and regulations related to Workers' Compensation benefits.

**Research.** Under certain circumstances, PHI may be used or disclosed for research purposes. PHI used or disclosed for research purposes is subject to additional legal restrictions designed to protect the privacy of research data.

**Organ Donation.** If you are an organ donor, your PHI may be used or disclosed to an organ donor or procurement organization to facilitate an organ or tissue donation or transplant.

**Information Related to Deceased Individuals.** PHI of a deceased individual may be disclosed to coroners, medical examiners and funeral directors in connection with the performance of their duties.

**Treatment Alternatives and Health Related Services.** The Plan may contact you to provide information about treatment alternatives or other health-related benefits and services that may be of interest to you.

**Legal Guardians and Parents of Unemancipated Minors.** The Plan may disclose your PHI to an individual who has a legal right to act on your behalf. For example, the Plan may disclose PHI to the parent of an unemancipated minor or to the guardian of a disabled individual.

**Emergency Situation.** In the event of an emergency, PHI may be used or disclosed to a family member or close personal friend directly involved in your care. In the event of a disaster, your PHI may be disclosed to a disaster relief agency.

### **Use and Disclosures of PHI With Your Consent**

**Personal Representatives.** Your PHI may be disclosed to people that you have been appropriately authorized to act on your behalf. For example, the Plan may disclose your PHI to an individual who has your power of attorney.

**Others Involved in Your Care.** Under limited circumstances, your PHI may be used or disclosed to a family member, close personal friend, or other person as necessary to help with your health care or with payment of your health care. You must agree that the Plan may do so as described in the first paragraph under the heading of **“Your Rights With Respect To Your PHI”**, in the form of written verification. If you do not want this type of information to be disclosed, please notify the Privacy Office identified below in writing.

**Other Uses.** Uses and disclosures other than those described above will be made only with your express written authorization, subject to your right to revoke your authorization.

### **YOUR RIGHTS WITH RESPECT TO YOUR PHI**

**You must make a written request using a form available from the Privacy Office, to obtain access to your medical information. If you request copies of your medical information you will be charged .25 cents per page, \$12 per hour for staff time required to copy that information, and postage if you want the copies mailed to you. If you request an alternative format, the charge will be based upon the cost of providing your medical information in the requested format. The Plan Privacy office requires advance payment before copying your medical information.**

#### **Right to Inspect and Copy your PHI**

In most cases, you have the right to inspect and obtain a copy of the PHI that the Plan maintains about you. Some PHI will not be made available for inspection and copying (*e.g., psychotherapy notes*). Requests to inspect and copy your PHI should be submitted in writing to the Privacy Office identified below. If you wish to receive a copy of your PHI, the Plan may charge a reasonable fee for the costs of

copying, mailing, etc. In very limited circumstances, the Plan may deny your request to inspect and obtain a copy of your PHI. If your request is denied, you will receive written notice and be given an opportunity to request that the denial be reviewed. An individual chosen by the Plan who was not involved in the original decision to deny your request will conduct the review.

### **Right to Amend Your PHI**

You have the right to request that PHI maintained by the Plan be amended. Requests to amend your PHI should be submitted in writing to the Privacy Office identified below. The Plan may deny your request for amendment if it determines that the PHI was not created by the Plan, the PHI is not information that is available for inspection, or the PHI is accurate and complete. If your request for an amendment is denied, you have the right to have a statement of disagreement included with the PHI and the Plan has a right to include a rebuttal to your statement. A copy of any rebuttal to your statement will be provided to you.

### **Right to Request Restrictions on Uses and Disclosure of PHI**

You have the right to request that the Plan limit its uses and disclosures of PHI in relation to treatment, payment and health care operations or not use or disclose your PHI for these reasons at all. You also have the right to request that the Plan restrict the use or disclosure of your PHI to family members or personal representatives. Requests for restrictions on the use and disclosure of your PHI should be made in writing to the Privacy Office identified below. The request should state (1) the information you wish to restrict, (2) whether you wish to limit the Plan's use or disclosure or both, and (3) to whom you want the limits to apply. The Plan is not required to agree to a restriction that you request.

### **Right to Request Confidential Communications**

If you reasonably believe that sending confidential medical information to you in the normal manner will endanger you, you have the right to request that communications be provided to you at an alternate location or by an alternate means of communication. The Plan is required to accommodate any reasonable request if the normal method of disclosure would endanger you and you inform the Plan of the potential endangerment. Requests for confidential communications should be made in writing to the Privacy Office identified below.

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

You have the right to receive an accounting of disclosures by the Plan of your PHI, if any, for reasons other than disclosures for treatment, payment and health care operations, disclosures made to you, and disclosures authorized by you in writing. Your right to an accounting of disclosures applies only to PHI created by the Plan after April 14, 2003 and cannot exceed a period of six years prior to the date of your request. Requests for an accounting of your PHI should be made in writing to the Privacy Office identified below.

### **Right to Receive Paper Copy of this Notice**

You have the right to obtain a paper copy of this Notice. Such requests should be directed to the Privacy Office identified below

### **Right to File a Complaint**

If you believe that your privacy rights have been violated, you may file a complaint with the Plan. Complaints should be filed in writing with the Privacy Office identified below. You may also file a complaint with the Secretary of Health and Human Services. The Plan will not retaliate against you for filing a complaint.

### **THE PLAN'S DUTIES WITH RESPECT TO YOUR PHI**

The Plan is required by law to maintain the privacy of PHI and to provide individuals (participants and beneficiaries) with notice of its legal duties and privacy practices with respect to PHI. The Plan 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 be applied in certain situations, including disclosures to/from a health care provider as to treatment.

This Notice is effective April 14, 2003, and the Plan is required to comply with the terms of this Notice. The Plan reserves the right to change its privacy practices and to make the change effective for all PHI maintained by the Plan, including PHI created or received by the Plan prior to the effective date of the change and after the effective date of the change. If the Plan materially changes the terms of its privacy practices, the Plan will revise this Notice and provide you with a copy of the revised Notice within sixty days of the revision.

### **PRIVACY OFFICE**

If you have any questions regarding the issues set forth in this Notice, please contact the Plan's Privacy Official at the following address:

The Privacy Office

United Food and Commercial Workers Local Union No. 1529 and Employers Health and Welfare Plan

1680 Bonnie Lane, Suite 101

Cordova, TN 38016-1529

800-874-8499 or 901-758-3000