

Iron Workers' Local No. 25 Fringe Benefit Funds

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NOTICE OF THE PRIVACY PRACTICES OF THE IRON WORKERS' HEALTH FUND OF EASTERN MICHIGAN

November 2013

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 and Contact the Plan Office If You Have Any Questions.

We are required by law, namely the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA), to make sure that medical information that identifies you is kept private to the extent required by law. We are also required to give you this notice regarding (1) the uses and disclosures of medical information that may be made by the Plan, and (2) your rights and the Plan's legal duties with respect to such information. This Notice and its contents are intended to conform to the requirements of HIPAA. Further, in compliance with HIPAA, we are required to notify affected individuals following a breach of unsecured medical information. In addition, we must abide by the terms of the Notice of Privacy Practices currently in effect. This Notice of Privacy Practices is effective November 22, 2013.

We reserve the right to change the terms of this Notice and to make new provisions regarding your protected health information (PHI), as required or allowed by law. If we make a material change to this Notice, we will provide you with a copy of our revised Notice of Privacy Practices within 60 days of the material revision.

How We May Use and Disclose Medical Information About You

The following categories describe different ways that we use and disclose medical information. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories. **We are prohibited from using or disclosing genetic information, for underwriting purposes.**

For Payment. We may use and disclose medical information about you to determine eligibility for Plan benefits, to facilitate payment for the treatment and services you receive from health care providers, to determine benefit responsibility under the Plan, or to coordinate Plan coverage. For example, we may tell your health care provider about your eligibility for benefits to confirm whether payment will be made for a particular service. We may also share medical information with a utilization review or precertification service provider. Likewise, we may share medical information with another entity to assist with the coordination of benefit payments.

For Health Care Operations. We may use and disclose medical information about you for Plan operations. These uses and disclosures are necessary to run the Plan. For example, we may use medical information in connection with conducting quality assessment and improvement activities; underwriting, premium rating, and other activities relating to Plan coverage; reviewing and responding to appeals; conducting or arranging for medical review, legal services, audit services, and fraud and abuse detection programs; and general Plan administrative activities.

As Required By Law. We will disclose medical information about you when required to do so by federal, state or local law. For example, we may disclose medical information when required by a court order in a litigation proceeding such as a malpractice action.

To Avert a Serious Threat to Health or Safety. We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

To Inform You About Treatment Alternatives or Other Health Related Benefits. We may use PHI to identify whether you may benefit from communications from the Plan regarding (1) available provider networks or available products or services under the Plan, (2) your treatment, (3) case management or care coordination for you, or (4) recommended alternative treatments, therapies, health care providers, or settings of care for you. For instance, we may forward a communication to a participant who is a smoker regarding an effective smoking-cessation program.

Disclosure to Health Plan Sponsor. Medical information may be disclosed to the Plan Sponsors, i.e. the Union and the Association, or Plan Trustees, solely for purposes of administering benefits under the Plan.

Disclosure to Family Members or Others Involved in Healthcare or Payment for Care: Unless you have objected in compliance with the applicable HIPAA provision, your medical information may be released to family members and others involved in your healthcare or payment for care. Although the Plan must comply with HIPAA's Privacy Rule with regard to a deceased individual, disclosures of PHI may be made to family members who were involved in the care or payment for care of the decedent prior to death, unless doing so is inconsistent with any prior express preference of the individual.

Organ and Tissue Donation. If you are an organ donor, we may release medical information to organizations that handle organ procurement or transplantation.

Military and Veterans. If you are a member of the armed forces, we may release medical information about you as required by military command authorities.

Workers' Compensation. We may release medical information about you for workers' compensation or similar programs.

Public Health Risks. We may disclose medical information about you for public health activities to a public authority. These disclosures will be made for the purpose of controlling disease, injury or disability.

Health Oversight Activities. We may disclose medical information to a health oversight agency for activities authorized by law, such as audits, investigations, inspections, and licensure.

Lawsuits and Disputes. We may disclose medical information in response to a court order or administrative tribunal. We may also disclose medical information in response to a subpoena, discovery request, or other lawful process, that is not accompanied by an order of a court or administrative tribunal, if we receive satisfactory assurance from the party seeking the information that reasonable efforts have been made to notify you of the request or, if such assurance is not forthcoming, if we have made a reasonable effort to notify you about the request.

Law Enforcement. We may release medical information if asked to do so by a law enforcement agency, for law enforcement purposes, so long as applicable legal requirements have been met.

Coroners, Medical Examiners and Funeral Directors. We may release medical information to a coroner or medical examiner.

National Security and Intelligence Activities. We may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

Inmates. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official.

Business Associates. We contract with service providers- called business associates- to perform various functions on our behalf. To perform these functions or to provide the services, business associates will receive, create, maintain, transmit, use or disclose PHI, but only after the Plan and the business associate agree in writing with us to implement appropriate safeguards regarding your PHI. This is done by having the Business Associate enter into a Business Associate contract with us.

Disclosures to the Secretary of the U.S. Department of Health and Human Services. We are required to disclose your PHI to the Secretary of the U.S. Department of Health and Human Services when the Secretary is investigating or determining the Plan's compliance with the HIPAA Privacy Rule.

Disclosures When there is a Breach of Unsecured PHI. If unsecured PHI is acquired, used or disclosed in a manner that is not permitted under the Privacy Rules and in a manner that poses a significant risk of financial, reputational, or other harm to you, the Plan is required to provide appropriate notice as defined by law without unreasonable delay and in no case later than 60 days after the discovery of the breach by the Plan or the receipt of information of the breach.

Disclosures which Require Your Authorization

The following categories describe situations in which your authorization is required prior to our disclosure of your medical information. You may revoke your authorization at any time, provided that the revocation is in writing, except to the extent that: (i) we have taken action in reliance thereon; or (ii) the authorization was obtained as a condition of obtaining insurance coverage and other law provides the insurer with the right to contest a claim under the policy or the policy itself.

Psychotherapy Notes: Before disclosing psychotherapy notes your written authorization is required.

Marketing: If the marketing involves financial remuneration, then written authorization is required prior to that disclosure. Further, the authorization must state that such remuneration is involved.

Sale of Protected Health Information: We must obtain an authorization for any disclosure of your PHI which results in a sale. The authorization must state that the disclosure will result in remuneration to the covered entity.

Any other uses and disclosures not described in this notice will be made only with your written authorization.

Your Rights Regarding Medical Information About You

You have the following rights regarding medical information we maintain about you:

Right to Inspect and Copy. You have the right to inspect and copy medical information that may be used to make decisions about your Plan benefits. To inspect and copy such medical information, you must submit your request in writing to the Plan Office. If you request a copy of this information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request. We may deny your request to inspect and copy your medical information in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed.

If the Plan uses or maintains an electronic health record with respect to your PHI, you have the right to obtain the record from the Plan in an electronic format and, if you so choose, you may direct the Plan to transmit such copy directly to an entity or person designated by you, provided that you make such a request in writing to the Plan.

Right to Amend. If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the Plan. To request an amendment, your request must be made in writing and submitted to the Plan Office. In addition, you must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that (1) is not part of the medical information kept by or for the Plan, (2) was not created by us, unless the person or entity that created the information is no longer available to make the amendment, (3) is not part of the information which you would be permitted to inspect and copy, or (4) is accurate and complete.

If the Plan denies your request, you have the right to file a statement of disagreement. Your statement of disagreement will be linked with the disputed information and all future disclosures of the disputed information will include your statement.

Right to an Accounting of Disclosures. You have a right to obtain an accounting of certain disclosures of your medical information. This right to an accounting extends to disclosures, other than disclosures made (1) to carry out treatment, payment or health care operations, (2) to individuals about their own medical information, (3) incident to an otherwise permitted use or disclosure, (4) disclosures made to friends, or family in your presence or because of an emergency; (5) disclosures for national security purposes; (6) disclosures made pursuant to authorization; (6) disclosures made prior to November 22, 2013.

To request an accounting of disclosures, you must submit your request in writing to the Plan Office. Your request must specify a time period, which may not be longer than six years (three years for an electronic health record). Your request should indicate in what form you want the accounting (for example, paper or electronic). The first accounting you request within a 12-

month period will be free. For additional accountings, we may charge you for the costs of providing the accounting. 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 the medical information we use or disclose about you for treatment, payment or health care operations. We may not, however, be required to agree to your request. To request restrictions, you must make your request in writing to the Plan 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.

We must comply with your request for a restriction or limitation on medical information if (1) except as otherwise required by law, the disclosure is to a health plan for purposes of carrying out payment or health care operations (and is not for the purpose of carrying out treatment) and (2) the PHI pertains solely to a health care item or service for which the health care provider involved has been paid in full be you or another person.

Right to Request Confidential Communications. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. Such requests shall be honored if, in the sole discretion of the Plan, the requests are reasonable and can be accommodated with minimal disruption to Plan administration. However, the Plan shall accommodate such a request if the participant clearly provides information that the disclosure of all or part of that information could endanger the participant. To request confidential communications, you must make your request in writing to the Plan Office. Your request must specify how or where you wish to be contacted.

Right to a Paper Copy of This Notice. You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. To obtain a paper copy of this notice, please write the Plan Administrator at Iron Workers' Local No. 25 Fringe Benefit Funds, P.O. Box 8006, Novi, MI 48376, telephone number (248) 347-3100.

Changes to This Notice

The effective date of this Notice is November 22, 2013. We reserve the right to (1) change this notice, and (2) to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current notice on the Plan website and mail the revised Notice to participants. The Plan will comply with the terms of any such Notice currently in effect.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with the Plan or with the Secretary of the Department of Health and Human Services. To file a complaint with the Plan, contact the Plan Administrator at Iron Workers' Local No. 25 Fringe Benefit Funds, P.O. Box 8006, Novi, MI 48376, telephone number (248) 347-3100. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

Other Uses of Medical Information

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission.

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