



**PIPEFITTERS LOCAL 636**  
**FRINGE BENEFIT FUNDS**  
P.O. BOX 278  
TROY, MICHIGAN 48099-0278  
(248) 641-4936 (888) 646-8920

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**NOTICE OF THE PRIVACY PRACTICES OF THE  
PIPEFITTERS LOCAL 636 FRINGE BENEFIT FUNDS**

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY AND CONTACT THE FUND'S PRIVACY OFFICER IF YOU HAVE ANY QUESTIONS.

We are required by the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA), to make sure that health 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 health information that may be made by the Plan of the Pipefitters Local 636 Fringe Benefit Funds, 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. Please be advised that Blue Cross Blue Shield of Michigan and/or Blue Care Network HMO have issued or may issue separate Notices regarding disclosure of health information that is maintained on the Plan's behalf by those entities.

**How We May Use and Disclose Health Information About You**

The following categories describe different ways that we use and disclose health 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.

**For Payment.** We may use and disclose health 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 health information with a utilization review or precertification service provider. Likewise, we may share health information with another entity to assist with the coordination of benefit payments.

**For Health Care Operations.** We may use and disclose health information about you for Plan operations. These uses and disclosures are necessary to run the Plan. For example, we may use health 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.

**To Inform You About Treatment Alternatives or Other Health Related Benefits.** We may use your health information 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.

**For Disclosure to the Fund's Trustees.** We may disclose your health information to the Fund's Trustees for plan administration functions performed by the plan sponsor on behalf of the Fund including, but not limited to, reviewing appeals. We may provide summary health information to the plan sponsor so that the plan sponsor may solicit premium bids from health insurers or modify, amend or terminate the plan. We also may disclose to the plan sponsor information on whether you are participating in the Fund.

**When Legally Required.** We will disclose your health information when it is required to do so by any federal, state or local law.

**For Public Health Activities.** We may disclose your health information for public health activities such as the reporting of vital events such as birth or death or the tracking of products regulated by the Food and Drug Administration.

**To Conduct Health Oversight Activities.** We may disclose your health information to a health oversight agency for authorized activities including audits, civil administrative or criminal investigations, inspections, licensure or disciplinary action. However, we may not disclose your health information if you are the subject of an investigation and the investigation does not arise out of or is not directly related to your receipt of health care or public benefits.

**In Connection With Judicial and Administrative Proceedings.** As permitted or required by state law, we may disclose your health information in the course of any judicial or administrative proceeding in response to an order of a court or administrative tribunal as expressly authorized by such order or in response to a subpoena, discovery request or other lawful process, but only when we receive satisfactory assurance from the party seeking the information that reasonable efforts have been made to you of the request or, if such assurance is not forthcoming, if we have made a reasonable effort to notify you about the request or to obtain an order protecting your health information.

**For Law Enforcement Purposes.** As permitted or required by state law, we may disclose your health information to a law enforcement official for certain law enforcement purposes, including, in an emergency to report a crime.

**To Coroners, Medical Examiners and Funeral Directors.** We may release health information to coroners or medical examiners for duties authorized by law or to funeral directors consistent with applicable law.

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

**In the Event of a Serious Threat to Health or Safety.** We may disclose your health information if necessary to prevent or lessen a serious and imminent threat to your health or safety or to the health and safety of the public or another person.

**For Specified Government Functions.** In certain circumstances, federal regulations may require us to use or disclose your health information to facilitate specified government functions related to the military and veterans, national security and intelligence activities, protective services for the president and others, and correctional institutions and inmates.

**For Workers' Compensation.** We may release your health information to the extent necessary to comply with laws related to worker's compensation or similar programs.

**For Other Purposes.** Other uses and disclosures of your health information not covered by this Notice or the laws that apply to us will be made only if you provide a written authorization. If

you provide us with written authorization to use or disclose your health information, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose health information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures that we have already made with your permission.

We may use or disclose your health information for other purposes not set forth in this Notice which we are permitted to do so without your written authorization or consent.

## **YOUR RIGHTS REGARDING THE PRIVACY OF YOUR PERSONAL HEALTH INFORMATION**

You have the following rights:

**The right to request restrictions or limitations** on the health information we use or disclose about you for treatment, payment or health care operations. We are not, however, required to agree to your request. To request restrictions, you must make your request in writing to the Fund's Privacy Officer. 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 the limits apply.

**The right to request to receive confidential communication** of your health information by an alternative means or at an alternative location if a disclosure of your health information could endanger you. The request must be made in writing to the Fund's Privacy Officer and must specify the alternative location or other method of communication that you prefer (for example, using an alternate address). Your request must include a statement that the restriction is necessary to prevent a disclosure that could endanger you. We do not refuse to accommodate such a request unless the request imposes an unreasonable administrative burden. If the request is granted, the documentation of your request will be placed in your record.

**The right to access documents regarding your eligibility, payment of claims, appeals** or other similar documents for inspection and/or copying. Your request for access to documents with your health information must be in writing to the Fund's Privacy Officer. When a request for access is accepted (in whole or in part), you will be notified of the decisions and you may then inspect the health information, copy it, or both, in the form or format requested at a time and place convenient to you and us. If you would like, you may receive a summary of the requested health information instead of your entire record, for a reasonable fee. You may also receive a copy of your health information by mail if you prefer. (We charge a reasonable, cost-based fee for copying, including labor and supplies [for instance, paper, computer disks] and for postage if you request that the information be mailed. No fee is charged for retrieving or handling the health information or for processing the participant's request for access.) When a request for access is denied (in whole or in part), we will grant access to health information for which there are no grounds to deny access. We will also inform you why your request for access was denied, how to appeal the denial (if the denial is reviewable), and how to file complaints with us and/or the U.S. Department of Health and Human Services. If you request a review and the denial is reviewable, we will designate a licensed health care professional, not involved in the original denial decision, to serve as a reviewing official, and will notify you in writing of the reviewing official's determination.

**The right to request to amend your health information if it is inaccurate or incomplete.** You may request that your health information be amended. That request must be in writing to the Fund's Privacy Officer and include a reason why your health information should be amended. If you do not include a reason, we will not act on the request. When a request for amendment is accepted (in whole or in part), we will inform you that your request for amendment has been accepted. We will request from you permission to contact other individuals or health care entities

that you identify that need to be informed of the amendment(s), and will inform them and other entities with whom the Fund does business who may rely on the disputed health information to your detriment. We will identify the record(s) that are the subject of the amendment request and will append the amendment to the record. When a request for amendment is denied, you will be notified why the request was denied (e.g., the information requested was not created by the Fund, is accurate and complete, is not part of the record, or may not legally be changed such as information compiled in anticipation of a civil, criminal or administrative proceeding), how to file a statement of disagreement or a request that we provide the request for amendment and the denial in any future release of the disputed health information, and how to file a complaint with us or the U.S. Department of Health and Human Services. If you choose to write a statement of disagreement with the denial decision, we may write a rebuttal statement and will provide a copy to the participant, and we will include the request for amendment, denial letter, statement of disagreement, and rebuttal (if any), with any future disclosures of the disputed health information. If you do not choose to write a statement of disagreement with the denial decision, we are not required to include the request for amendment and denial decision letter with future disclosures of the disputed health information unless you request we to do so. Receipt of notification of amendment: When we receive notification from that your health information has been amended, we will ensure that the amendment is appended to your records, and will inform entities with whom it does business that may use or rely on your health information of the amendment and require them to make the necessary corrections.

**The right to obtain an accounting of disclosures of your health information.** The right to an accounting extends to disclosures, other than disclosures made (1) for the purposes of treatment, payment or health care operations, including those made to business associates, (2) to individual about their own health information, (3) incident to an otherwise permitted use or disclosure, (4) pursuant to an authorization, (5) to persons involved in the patient's care or other notification purposes, (6) as part of a limited data set, (7) for national security or intelligence purposes; (8) to correctional institutions or law enforcement officials; and (9) those made prior to April 14, 2003.

To request an accounting of disclosures, you must submit your request in writing to the Fund's Privacy Officer. Your request must specify a time period, which may not be longer than six (6) years. You may request and receive an accounting of disclosures once during any twelve (12) month period for no charge. If you request more than one accounting within the same twelve (12) month period, a reasonable, cost-based fee may be charged. 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.

**The right to receive a paper copy of this Notice** and any revisions to this Notice. You may request a copy of this Notice is writing to the Fund's Privacy Officer at any time. Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy of this Notice.

## **LEGAL DUTIES OF THE PIPEFITTERS LOCAL 636 FRINGE BENEFIT FUNDS REGARDING YOUR HEALTH INFORMATION**

**The Pipefitters Local 636 Fringe Benefit Funds is required by law to maintain the privacy of your health information as set forth in this Notice and to provide to you this Notice of its duties and privacy practices. The Pipefitters Local 636 Fringe Benefit Funds is required to abide by the terms of this Notice, which may be amended from time to time. Pipefitters Local 636 Fringe Benefit Funds reserves the right to change the terms of this Notice and to make the new Notice provisions effective for all health information we have about you as well as any information we receive in the future. If the Pipefitters Local 636 Fringe Benefit Funds changes its policies and procedures, the Pipefitters Local 636 Fringe Benefit Funds will revise the Notice and will provide a copy of the revised Notice to you within 60 days of the change. You have the right to express complaints to the Pipefitters Local 636 Fringe**

**Benefit Funds and to the Secretary of the Department of Health and Human Services if you believe that your privacy rights have been violated. Any complaints to the Pipefitters Local 636 Fringe Benefit Funds should be made in writing to the Fund's Privacy Officer. The Pipefitters Local 636 Fringe Benefit Funds encourages you to express any concerns you may have regarding the privacy of your information. You will not be retaliated against in any way for filing a complaint.**

#### CONTACT PERSON

For questions about this Notice, to exercise your privacy rights, or to file a complaint, contact the Fund's Privacy Officer, Pipefitters Local 636 Fringe Benefit Funds, P O BOX 278, Troy, Michigan 48099-0278 or 1-248-641-4936.

#### EFFECTIVE DATE

April 14, 2003