

PRIVACY POLICY AND PROCEDURES OF THE ROOFERS LOCAL 149
SECURITY BENEFIT TRUST FUND
As Revised August 2007

INTRODUCTION

Roofers Local 149 (the "Union") and the Southeastern Michigan Roofing Contractors Association, Inc (the "Association"), by virtue of collective bargaining, sponsor a group health plan (the "Plan"). The federal Health Insurance Portability and Accountability Act of 1996 (HIPAA) restricts the Union, Association, and Plan's ability to use and disclose protected health information (PHI).

PHI, or protected health information, means information that:

- (1) is created or received by the Plan and relates to (1) the past, present, or future physical or mental health or condition of a participant; (2) providing health care to a participant; or (3) the past, present, or future payment for health care of a participant; and
- (2) identifies the participant, or provides a reasonable basis to identify the participant.

It is the Plan's policy to comply fully with HIPAA's requirements. No third party rights (including, but not limited to rights of Plan participants, beneficiaries, covered dependents, or business associates) are intended to be created by this Policy. The Plan reserves the right to amend or change this Policy at any time (and even retroactively) without notice. This Policy is intended to address requirements and obligations required by HIPAA, and to the extent that it may be construed to impose additional obligations it shall not be binding upon the Plan.

This policy shall become effective April 14, 2003.

SECTION 1: PLAN'S RESPONSIBILITIES

1.1 Privacy Officer and Contact Person

The Privacy Officer will Fund counsel, Sullivan, Ward, Asher & Patton, P.C. The Privacy Officer will be responsible for the development and implementation of policies and procedures for the Plan.

The Contact Person for participants who have questions, concerns, or complaints about the privacy of their PHI shall be an individual employed by the Fund's third party administrator.

1.2 Privacy Notice

The Plan will distribute a notice of the Plan's privacy practices that describes, the uses and disclosures of PHI that may be made by the Plan, the individual's rights regarding PHI, and the Plan's legal duties with respect to the PHI.

The initial notice of privacy practices was delivered to all participants on or before April 14, 2003. It is now delivered at the time of an individual's enrollment in the Plan and within 60 days after a material change to the notice.

The Plan will provide notice of availability of the privacy notice at least once every three years.

1.3 Sanctions for Violations of Privacy Policy

The Plan will take appropriate steps to implement sanctions against any individual to whom access to PHI has been given, including Plan Trustees and service providers, for using or disclosing PHI in violation of this Privacy Policy.

1.4 Mitigation of Inadvertent Disclosures of Protected Health Information

The Plan shall mitigate, to the extent possible, any harmful effects that become known to it of a use or disclosure of an individual's PHI in violation of the Plan's policies and procedures. The Plan requires that if the Plan Sponsors, Plan Trustee, or any Plan service provider becomes aware of a disclosure of protected health information that is not in compliance with the Plan's policies and procedures, he/she is to immediately contact the Privacy Officer so that the appropriate steps to mitigate the harm to the participant can be taken.

1.5 No Intimidating or Retaliatory Acts; No Waiver of HIPAA Privacy

The Plan will not may intimidate, threaten, coerce, discriminate against, or take other retaliatory action against individuals for exercising their rights, filing a complaint, participating in an investigation, or opposing any improper practice under HIPAA. No individual shall be required to waive his or her privacy rights under HIPAA as a condition of treatment, payment, enrollment or eligibility.

1.6 Plan Document

The Plan document shall include provisions to describe the permitted and required uses and disclosures of PHI by the Plan Sponsors, i.e. the Union and Association, for plan administrative purposes.

1.7 Documentation

The Plan's privacy policies, procedures, and notices shall be documented, including any changes needed to comply with changes in the law, standards, requirements and implementation specifications. Such documentation shall be maintained in either written or electronic form. The Plan shall maintain such documentation for at least six years.

SECTION 2: USE AND DISCLOSURE OF PHI

2.1 Use And Disclosure Defined

The Plan will require that Plan Sponsors, Plan Trustees and Plan service providers use and disclose PHI only as permitted under HIPAA. The terms "use" and "disclosure" are defined as follows:

- **Use.** The sharing, employment, application, utilization, examination, or analysis of individually identifiable health information by any employee of the Plan or by a Business Associate (defined below) of the Plan.
- **Disclosure.** For information that is PHI, disclosure means any release, transfer, provision of access to, or divulging in any other manner of individually identifiable health information to persons not part of the workforce of the Plan.

2.2 Access to PHI Is Limited

The following individuals have access to PHI:

- Employees of Fund’s third party administrator(s) to handle plan administration and claims processing;
- Trustees of the Plan for plan administrative functions;
- If necessary, Plan Sponsors pursuant to the terms of the plan document; and
- Other business associates, i.e. service providers, as necessary for plan administrative functions. A “business associate” is an entity or person who:
 - (1) performs or assists in performing a Plan function or activity involving the use and disclosure of protected health information (including claims processing or administration; data analysis, underwriting, etc.); or
 - (2) provides legal, accounting, actuarial, consulting, data aggregation, management, accreditation, or financial services, where the performance of such services involves giving the service provider access to protected health information.

The Plan may disclose PHI to the its business associates and allow such business associates to create or receive PHI on its behalf. However, prior to doing so, the Plan must first obtain assurances from the business associate that it will appropriately safeguard the information. If there is any question as to whether such assurances have been obtained for a particular business associate, the Privacy Officer should be contacted to verify that a business associate contract is in place.

2.3 Permitted Uses and Disclosures: Payment and Health Care Operations

Without the necessity of a participant’s authorization, PHI may be disclosed for the Plan’s own payment and health care operations. Payment includes activities undertaken to obtain Plan contributions or to determine or fulfill the Plan’s responsibility for provision of benefits under the Plan, or to obtain or provide reimbursement for health care. Payment also includes:

- eligibility and coverage determinations including coordination of benefits and adjudication or subrogation of health benefit claims;
- risk adjusting based on enrollee status and demographic characteristics;
- billing, claims management, collection activities, obtaining payment under a contract for reinsurance (including stop-loss insurance and excess loss insurance) and related health care data processing.
- review of health care services with respect to medical necessity, coverage under a health plan, appropriateness of care, or justification of charges;

- utilization review activities, including precertification and preauthorization of services, concurrent and retrospective review of services; and
- disclosure to consumer reporting agencies of any of the following protected health information relating to collection of premiums or reimbursement: (A) Name and address; (B) Date of birth; (C) Social security number; (D) Payment history; (E) Account number; and (F) Name and address of the health care provider and/or health plan.

PHI also may be disclosed for purposes of the Plan’s own health care operations. Health care operations means any of the following activities to the extent that they are related to Plan administration:

- conducting quality assessment and improvement activities;
- reviewing health plan performance;
- underwriting and premium rating;
- conducting or arranging for medical review, legal services and auditing functions;
- business planning and development; and
- business management and general administrative activities.

PHI may be disclosed to another covered entity for purposes of the other covered entity’s quality assessment and improvement, case management, or health care fraud and abuse detection programs, if the other covered entity has (or had) a relationship with the participant and the PHI requested pertains to that relationship.

2.4 No Disclosure of PHI for Non-Health Plan Purposes

PHI may not be used or disclosed for the payment or operations of the Plan’s “non-health” benefits (e.g., disability, worker’s compensation, life insurance, etc.), unless the participant has provided an authorization for such use or disclosure (as discussed in “Disclosures Pursuant to an Authorization”) or such use or disclosure is required by applicable state law and particular requirements under HIPAA are met.

2.5 Mandatory Disclosures of PHI to Individual and HHS

A participant’s PHI must be disclosed as required by HIPAA when:

- The disclosure is to the individual who is the subject of the information; and
- The disclosure is made to the Secretary of Health and Human Services for purposes of enforcement of HIPAA.

2.6 Permissive Disclosures Of PHI When Additional Requirements Are Met

PHI may be disclosed in the following situations without a participant’s authorization, when specific requirements are satisfied:

- disclosures to family and friends (e.g. emergencies, parents of dependent children);
- disclosures about victims of abuse, neglect or domestic violence;
- disclosures for judicial and administrative proceedings;
- disclosures for law enforcement purposes;
- disclosures for public health activities;
- disclosures for health oversight activities;
- disclosures is about decedents;

- disclosures for cadaveric organ, eye or tissue donation purposes;
- disclosures for certain limited research purposes;
- disclosures to avert a serious threat to health or safety;
- disclosures for specialized government functions;
- disclosures that relate to workers' compensation programs; and
- disclosures for limited marketing activities.

Any questions regarding when such disclosures are proper are to be referred to the Privacy Officer.

2.7 Disclosures of PHI Pursuant to an Authorization

All other uses and disclosures of PHI not set forth above will only be made if the participant provides an authorization that satisfies all of HIPAA's requirements for a valid authorization. All uses and disclosures made pursuant to a signed authorization must be consistent with the terms and conditions of the authorization.

2.8 Complying With the "Minimum Necessary" Standard

HIPAA requires that where PHI may be used or disclosed without a written authorization, the amount disclosed generally must be limited to the "minimum necessary" to accomplish the purpose of the use or disclosure.

The "minimum necessary" standard does not apply to any of the following:

- uses or disclosures made to the individual;
- uses or disclosures made pursuant to a valid authorization;
- disclosures made to HHS;
- uses or disclosures required by law; or
- uses or disclosures required to comply with HIPAA.

SECTION 3: INDIVIDUAL RIGHTS

HIPAA gives an individual the right to inspect, copy, and amend PHI. It also sets for the rights of an individual to receive an accounting, request restrictions, and receive confidential communications regarding PHI. An explanation of such rights is contained in the Privacy Notice.

**NOTICE OF THE PRIVACY PRACTICES OF THE
ROOFERS LOCAL 149 SECURITY BENEFIT TRUST FUND**
As Revised August 2007

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.

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.

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.

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 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.

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.

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.

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) pursuant to an authorization, (5) for purposes of creation of a facility directory or to persons involved in the patient's care or other notification purposes, (6) as part of a limited data set, (7) for other national security or to correctional institutions or law enforcement officials, or (8) before April 14, 2003.

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. 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 are not, however, 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.

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 Office at Benesys, Inc., 700 Tower Drive, Suite 300, Troy, Michigan 48098, telephone number Fund Office at (248) 641-4949 or (888) 868-6411.

Changes to This Notice

The effective date of this Notice is April 14, 2003. 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 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 Paula Johnson, at the Plan Office, Benesys, Inc., 700 Tower Drive, Suite 300, Troy, Michigan 48098, telephone number Fund Office at (248) 641-4949 or (888) 868-6411. 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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