



Teamsters Local 631 Trust Funds

NOTICE OF PRIVACY PRACTICES TEAMSTERS LOCAL 631 SECURITY FUND FOR SOUTHERN NEVADA TRUST (the "PLAN")

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. THIS NOTICE IS EFFECTIVE SEPTEMBER 23, 2013.

The Plan is required by law to maintain the privacy of medical information that is detailed enough to identify you, called Protected Health Information or PHI. PHI includes information about your condition, treatment, or payment for your health care. The Plan is also required to notify you of its legal duties and privacy practices with respect to PHI, including how PHI about you may be used and disclosed and how you can access your own PHI. If you participate in an insured health plan option under the Plan, the provider of that option will provide you with its own Notice of Privacy Practices.

The Plan must abide by the terms of this Notice of Privacy Practices ("Notice"). The Plan reserves the right to update this Notice and apply the changes to all PHI the Plan currently has. If this Notice is revised, a new Notice will be mailed to you within 60 days of the change. **For more information about this Notice or about the Plan's privacy practices, please contact:**

BeneSys Administrators
8311 W. Sunset Road, Suite 250
Las Vegas, Nevada 89113
(702) 415-2185

If at any time you believe the Plan has failed to follow this Notice, or has otherwise used your PHI in an improper manner, you may send a written complaint for immediate investigation to:

Andrew S. Brignone, Esq.
Brownstein Hyatt Farber Schreck, LLP
100 North City Parkway, Suite 1600
Las Vegas, Nevada 89106
Fax: 702-382-8135

You may also send a written complaint to the Secretary of Health and Human Services in Washington, D.C. The Plan will take no negative action against you for filing a complaint.

Mailing Address: P.O. Box 400700 ♦ Las Vegas, NV 89140
8311 W. Sunset Road, Suite 250 ♦ Las Vegas, NV 89113
Toll Free 877-304-6702 ♦ Phone 702-415-2185 ♦ Facsimile 702-257-5361
www.teamsters631benefits.org ♦ staff@teamsters631benefits.org

How will PHI about you be used and disclosed by the Plan?

The Plan may use and disclose your PHI without your authorization for each of the following:

Treatment. PHI may be used or disclosed by the Plan to assist health care providers in treating you, including referrals between providers and providing information to people and businesses who need the information to provide care and related items to you. For example, if your doctor asks for preauthorization for a medical procedure, the Plan may provide PHI about you to the company that provides preauthorization services to the Plan.

Payment. PHI may be used or disclosed by the Plan in order to ensure proper payment for health care and related items provided to you, including confirming that you are enrolled in the Plan and that the care you received is covered by the Plan. Billing and preauthorization is also included. For example, the Plan may use PHI about you to determine that a medical procedure you received was medically necessary and the amount of benefits provided for that procedure.

Plan Operations. PHI may be used for necessary operations of the Plan, including quality assessment of providers and treatments, obtaining benefits from providers and insurance companies, auditing and legal services needed by the Plan, joint negotiations with other plans to obtain lower health costs from providers, reviewing claims appeals, reviewing past and future treatment for appropriateness and cost savings, deciding on possible Plan changes, and general day-to-day management of the Plan. For example, the Plan's attorneys may use PHI when asked to review a claim that has been denied or PHI may be used to obtain Plan benefits from an outside insurance company.

Disclosures to You. Your own PHI may be disclosed to you, for example if you request a copy of your claims history from the Plan.

To Plan Sponsors or Trustees. The Plan may disclose PHI to the Plan sponsors or trustees, to the extent provided by a rule of the Plan, provided that the sponsor or trustees protect the privacy of the PHI and it is only used for the permitted purposes described in this Notice. For example, PHI may be disclosed to Plan trustees so that they can decide a claim appeal.

To Deidentify PHI. The Plan may use PHI for the purpose of removing all identifiable information in it. Once the material has no identifying information, called deidentified, it is no longer considered PHI. For example, the Plan may create data that was originally PHI but now contains no identifying information for the purpose of quality surveys or negotiating lower rates with hospitals.

To Business Associates. The Plan may disclose PHI to other people or businesses that provide services to the Plan and which need the PHI to perform those services. These people or businesses are called business associates, and the Plan will have a written agreement with each of them requiring each of them to protect the privacy of your PHI. For example, the Plan may have hired a consultant to evaluate claims or suggest changes to the Plan, for which he needs to see PHI.

To Personal Representatives. Minor children and in some cases adults may have other individuals, such as parents or guardians, act as their personal representatives. When there is a personal representative, the Plan may disclose PHI to the personal representative just as it would to the Plan participant. For example, where state law permits a parent to act on behalf of a minor child in making health care decisions, the Plan may disclose the child's PHI to the parent. If, however, a minor has the right under Nevada law to consent to particular treatment and does consent, restrictions may apply to the minor's parents' access to information about that treatment.

Other uses and disclosures. In addition, the Plan may disclose PHI to the appropriate agency to report violations of law and may make related disclosures to legal counsel, or to report to the appropriate agency a serious health or safety threat. PHI may also be disclosed as required by any law, including in response to a subpoena or discovery request from an attorney, or to a public health organization authorized to receive PHI. PHI may also be disclosed if an applicable law requires its disclosure in relation to reporting to the proper agency abuse, neglect or domestic violence and to comply with laws related to workers' compensation or similar programs. The Plan may disclose your PHI to a health oversight agency for activities authorized by law, including audits, investigations, inspections and licensure. Under certain circumstances, the Plan may use or disclose your PHI to facilitate specified government functions related to the military and veterans. The Plan may also disclose PHI to Health and Human Services to ensure compliance with these privacy rules, and to coroners and the like or organ/tissue donor organizations in the event of your death.

Nevada law also restricts the disclosure of information regarding blood, breath or urine test results, genetic information, communicable diseases, and drug and alcohol abuse. The Plan follows the restrictions on these types of disclosures.

Your written authorization is required in order for the Plan (i) to use or disclose your psychotherapy notes except for certain treatment, payment or health care operations or for certain oversight purposes; (ii) to use your PHI for marketing purposes, except a face-to-face communication with you; or (iii) to sell your PHI. In addition, except for the permitted purposes described in this Notice, uses and disclosures will be made only with your written permission. If you give us permission to use or disclose your health information for a purpose not disclosed in this Notice, you may revoke that permission, in writing, at any time, except to the extent that the covered entity has taken action in reliance thereon.

We are prohibited from using or disclosing your PHI that is genetic information for underwriting purposes.

What are your rights with regard to PHI about you?

You have the right to review your PHI, request additional restrictions on its use and disclosure, find out whether there have been disclosures unrelated to treatment, payment or Plan operations, and even change your PHI to correct it in some cases. You should review carefully the following rights so that you understand them.

Restrictions on Use and Disclosure. You have the right to request that the Plan not use or disclose your PHI by sending a written request to the Plan's administrator listed above. Although reasonable requests will be accommodated when possible, the Plan is not required to agree to your request.

Confidential Communications. You have the right to receive confidential communications from the Plan with regard to your PHI if you inform the Plan that you would be in danger if the communication is not confidential. For example, instead of the Plan sending PHI to your home, you can request that it be faxed to another location. If the request can be reasonably accommodated, the Plan will do so.

Inspect Your PHI. You have a right to review and copy your PHI, or to have a copy mailed to you. A reasonable copying, handling and mailing charge may apply. If your request to review and copy your PHI is denied for any reason, you will be informed of how to appeal the denial. If the Plan uses or maintains your PHI in an electronic health record, you have a right to obtain a copy of this information in an electronic format from the Plan.

Change Your PHI. You have a right to request that the Plan change or amend your PHI by sending a written request to the Plan's administrator listed above that explains why you believe your PHI should be amended. If your request is denied, you will be informed of how to appeal the denial.

Find Out About Disclosures. The Plan will keep a record of any disclosures of your PHI that were not related to treatment, payment or Plan operations, were not made to (or specifically authorized by) you, or were not otherwise permitted by law to be made without keeping a specific record. You have a right to see the record of such disclosures for up to the previous 6 years by contacting Maryse Peoples, BeneSys Administrators, 8311 W. Sunset Road, Suite 250, Las Vegas, NV 89113. One copy of the Plan's record of disclosures may be obtained for free in any 12-month period, but additional copies may incur a reasonable charge.

Notification of a Breach. You have the right to be notified in the event that the Plan (or one of our Business Associates) discovers a breach of your unsecured protected health information. Notice of any such breach will be made in accordance with federal requirements.

Receive Copies of this Notice. You have a right to request and receive a copy of the Plan's Notice of Privacy Practices by sending a written request to the Plan at Maryse Peoples, BeneSys Administrators, 8311 W. Sunset Road Suite 250, Las Vegas, NV 89113.