

PIPE FITTERS LOCAL UNION NO. 211 WELFARE TRUST FUND

NOTICE OF PRIVACY PRACTICES

Effective: May 1, 2020

This notice describes the medical information practices of the Pipe Fitters Local Union No. 211 Welfare Trust Fund (the “Plan”), and that of any party that assists in the administration of the Plan. Any reference in this Notice to we, us or our also refers to 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.

PLEASE NOTE: The vast majority of your medical information resides with our business vendors which provide services to the Plan (such as Benefit Resources Inc.). To access the information contained in their files, contact the vendor directly at the address or phone number listed on your Member ID Card.

Plan Pledge Regarding Medical Information

We understand that medical information about you and your health is personal, and we intend to protect the confidentiality of that information. The Plan, similar to your doctor, must create a record of the health care claims you or your doctor submits for payment. These records are used to administer the Plan.

This notice applies to all of the medical records we maintain. While your personal doctor or health care provider may have different policies regarding his/her use and disclosure of your medical information, this notice will tell you about the ways in which your Plan intends to use and disclose medical information about you. It also describes our obligations and your rights regarding such use and disclosure. We are required by law to ensure that medical information that identifies you is kept private to the extent possible. As a result, we are giving you this notice of our legal duties and privacy practices with respect to medical information about you, and we expect to follow the terms of this notice now and in the future.

How the Plan Uses and Discloses Medical Information

The following categories describe different ways that we use and disclose medical information. While not every use or disclosure in a category will be listed, they will describe all of the ways we are permitted to use and disclose information without your authorization.

For Treatment. The Plan may use or disclose medical information about you to help your doctors provide you with medical treatment. To that end, we may disclose your medical information to all medical providers who are involved in taking care of you.

For example, if asked by the pharmacist, we might disclose information about your prior prescriptions if he/she needs it to determine if a pending prescription would be harmful to you in light of your other prescriptions. If asked by your doctor, we, or one of the Plan service providers, might disclose your medical history in order to help him/her provide the most appropriate treatment for your medical condition, or to help determine whether a proposed treatment is experimental, investigational, or medically necessary.

For Payment. The Plan may use or disclose information about you to determine your eligibility for benefits, pay the Plan’s portion of the medical bill, determine benefit responsibility under the Plan, or coordinate Plan coverage with benefits you may be receiving from another plan. *Note, while we may use your personal information to determine your eligibility for Plan benefits, your eligibility for coverage under the Plan is not dependent upon your health status.*

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For example, we may tell your health care provider about your medical history to determine whether and how much the Plan will pay for your treatment. We may also share medical information with a utilization review or pre-certification service provider to help them maximize the benefits available to you. We may share medical information with another party at our discretion to assist with the adjudication or subrogation of claims, or to another health plan to coordinate benefits.

For Health Care Operations. The Plan may use and disclose medical information about you for other necessary Plan operations.

For example, we may use your medical information to conduct quality assessment and improvement activities, underwrite the Plan's financial risks and/or other activities relating to Plan coverage. We may also use your medical information to conduct or arrange for medical review, legal services, audit services, fraud/abuse detection programs, and business planning and development such as cost management and general administrative activities.

Special Situations

The following situations describe special circumstances where the Plan may also release your medical information without your authorization.

As Required By Law. The Plan must disclose medical information about you when required to do so by federal, state or local law.

For example, we may disclose medical information to the federal Department of Health & Human Services, or the Centers for Disease Control.

To Avert a Serious Threat to Health or Safety. The Plan 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.

For example, we may disclose medical information about you in a proceeding regarding the licensing, or the revocation of a license, of a physician. Also, if you were to contract a serious illness that might pose a threat to public safety.

Disclosure to Other Health Plans. Should you become eligible for another health plan, your information may be disclosed to the responsible party administering that plan. This will be done to assist in treatment, payment, and health care operations. In addition, minimum necessary access to your medical information may be given to Fund personnel (such as the Trustees and the Privacy Official) for the purpose of ensuring the continued existence and administering the benefits of the Plan.

Organ and Tissue Donation. If you are an organ donor, we may release information to organizations that handle organ procurement or organ, eye, or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and 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. We may also release medical information about foreign military personnel to the appropriate foreign military authority.

Workers' Compensation. We may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illnesses.

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Public Health Risks. We may disclose medical information about you for public health activities, including but not limited to the following:

- to report births and deaths;
- to report child abuse or neglect;
- to report reactions to medications or problems with products;
- to notify people of recalls of products they may be using;
- to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease; or,
- to notify a government authority if we believe a person has been the victim of abuse, neglect or domestic violence.

Health Oversight Activities. We may disclose medical information to a federal or state health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure.

Lawsuits and Disputes. If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute.

Law Enforcement. We may release medical information if asked to do so by a law enforcement official:

- in response to a court order, subpoena, warrant, summons or similar process;
- to identify or locate a suspect, fugitive, material witness, or missing person;
- about the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
- about a death we believe may be the result of criminal conduct;
- about criminal conduct at a hospital; and
- in the case of an emergency, to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime.

Coroners, Medical Examiners and Funeral Directors. We may release medical information to a coroner or a medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of that person's death. We may also release medical information to funeral directors as necessary to carry out their duties.

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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. This release would be necessary for the institution to provide you with health care, to protect your health and safety or the health and safety of others, or for the safety and security of the correctional institution.

Your Rights Regarding Medical Information About You

You have the following rights regarding medical information the Plan maintains 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 do this, you must submit your request in writing via U.S. Mail to the HIPAA Privacy Official at the address listed at the end of this Notice.

Your request must include your name, Social Security number, work and home addresses and telephone numbers in order to receive a response. You must also identify the name of the health plan to which your inquiry applies and be specific about the time period and subject for which you are requesting information. If you request a copy of the information, we may charge a fee for the costs of compiling, copying, mailing or other supplies associated with your request.

We may deny your request to inspect and copy in certain circumstances. If you are denied access to medical information, we will tell you why and you may request a review of the denial.

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, you must provide a reason for your request, and the request must be made in writing and submitted via U.S. Mail to the HIPAA Privacy Official at the address listed at the end of this Notice.

We are not required to agree to your request. We may deny the request for an amendment if it is not in writing or does not include a valid reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- is not part of the medical information kept by or for the Plan;
- was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- is not part of the information you would be permitted to inspect and copy; or
- is accurate and complete.

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Right to an Accounting of Disclosures. You have the right to request an “accounting of disclosures” where such disclosure was made for any purpose other than treatment, payment, or health care operations. To request this list or accounting of disclosures, you must submit your request in writing via U.S. Mail to the HIPAA Privacy Official at the address listed below.

Your request must state a time period in which the disclosures occurred, but may not be longer than six years from the date of your request and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, paper or electronic). The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. 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. You also have the right to request a limit on the medical information we disclose about you to someone (other than a medical provider) who is involved either in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had.

We are not required to agree to your request. To request restrictions, you must make your request in writing via U.S. Mail to the HIPAA Privacy Official at the address listed at the end of this Notice. 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 the Plan 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. We are not required to adopt special mailing instructions such as registered or certified mail.

To request confidential communications, you must make your request in writing via U.S. Mail to the HIPAA Privacy Official at the address listed at the end of this Notice. While we will not ask you the reason for your request, the Plan will only accommodate reasonable requests. Your request must specify how or where you wish to be contacted.

As a condition of granting your request, you will be required to provide us information concerning how payment will be handled. For example, if you are not the participant and you submit a claim for payment, state or federal law (or our own contractual obligations) may require that we disclose certain financial claim information to the plan participant (*e.g.*, an Explanation of Benefits, or “EOB”). *Unless* you agree that you will be responsible for benefit payments, a copy of the EOB (in which your PHI might be included) will be released to the plan participant.

Right to a Copy of This Notice. You have the right to a 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 upon your request. To request a copy of this notice, you must make your request in writing via U.S. Mail to the HIPAA Privacy Official at the address listed at the end of this Notice.

Changes to This Notice

We reserve the right to change this notice, and 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. You will be provided a new notice within 60 days if there is a material revision.

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Complaints

If you believe your privacy rights have been violated, you may file a complaint with the Plan. To file a complaint with the Plan, contact in writing via U.S. Mail:

HIPAA Privacy Official
Pipe Fitters Local Union No. 211 Welfare Trust
Fund c/o Benefit Resources, Inc.
P.O. Box 87549
Houston, TX 77287

You can also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.

You will not be penalized for filing a complaint. For more information, you may call the Privacy Official at 866-236-3148. As with all correspondence with the Privacy Official called for in this Notice, you must identify both yourself and the Plan in which you participate in order to receive a response.

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 authorization. If you provide an authorization 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. We are unable to take back any disclosures we have already made with your permission, and we are required to retain our records of the care and benefits provided to you. Furthermore, you should be aware that any disclosure we make pursuant to your authorization strips that information of the protection of the Plan's privacy guidelines.