



# FRINGE BENEFIT FUNDS LOCAL 14-14B

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## I.U.O.E. LOCAL 14-14B WELFARE FUND NOTICE OF PRIVACY PRACTICES

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN OBTAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW THIS DOCUMENT CAREFULLY.**

### *Section 1: Purpose of This Notice and Effective Date*

The effective date of this Notice is September 23, 2013.

This Notice is required by law. The I.U.O.E. Local 14-14B Welfare Fund ("Plan") is required by law to take reasonable steps to ensure the Privacy of your personally identifiable health information and to inform you about:

1. The Plan's uses and disclosures of Protected Health Information (PHI),
2. Your rights to privacy with respect to your PHI,
3. Your right to file a complaint with the Plan and with the Secretary of the U.S. Department of Health and Human Services,
4. The Plan's duties with respect to your PHI, and
5. The person or office you should contact for further information about the Plan's privacy practices.

### *Section 2: Your Protected Health Information (PHI) Defined*

The term "Protected Health Information" (PHI) includes all information related to your past or present health condition that individually identifies you or could reasonably be used to identify you and is transferred to another entity or maintained by the Plan in oral, written, electronic or any other form.

## ***When the Plan May Disclose Your PHI***

The Plan Sponsor has amended its Plan Documents to protect your PHI as required by federal law. Under the law, the Plan may disclose your PHI without your consent in the following cases:

**At Your Request.** If you request it, the Plan is required to give you access to certain PHI in order to inspect it and copy it.

**As Required by an Agency of the Government.** The Secretary of the Department of Health and Human Services may require the disclosure of your PHI to investigate or determine the Plan's compliance with the privacy regulations.

**To Make or Obtain Payment.** The Plan may use or disclose your PHI to make payment to or collect payment from third parties, such as other health plans or providers, for the care you receive. For example, the Plan may provide information regarding your coverage or health care treatment to other health plans to coordinate payment of benefits.

**To Conduct Health Care Operations.** The Plan may use or disclose PHI for its own operations to facilitate the administration of the Plan and as necessary to provide coverage and services to all of the Plan's participants. Health care operations include such activities as:

- Quality assessment and improvement activities.
- Activities designed to improve health or reduce health care costs.
- Clinical guideline and protocol development, case management and care coordination.
- Contacting health care providers and participants with information about treatment alternatives and other related functions.
- Health care professional competence or qualifications review and performance evaluation.
- Accreditation, certification, licensing or credentialing activities.
- Underwriting, premium rating or related functions to create, renew or replace health insurance or health benefits.
- Review and auditing, including compliance reviews, medical reviews, legal services and compliance programs.
- Business planning and development including cost management and Plan related analyses and formulary development.
- Business management and general administrative activities of the Plan, including customer service and resolution of internal grievances.
- Certain marketing activities. For example, the Plan may use your health information to conduct case management, quality improvement and utilization review, and provider credentialing activities or to engage in customer service and grievance resolution activities.

**For Treatment Alternatives.** The Plan may use and disclose your PHI to tell you about or recommend possible treatment options or alternatives that may be of interest to you. Treatment is the provision, coordination or management of health care and related services. It also includes, but is not limited to, consultations and referrals between one or

more of your providers. For example: the Plan discloses to a treating dentist so that the orthodontist may ask for your dental X-rays from the treating dentist.

***Use or Disclosure of Your PHI That Requires You Be Given an Opportunity to Agree or Disagree Before the Use or Release***

Disclosure of your PHI to family members, other relatives, and your close personal friends without your written consent or authorization is allowed if:

- The information is directly relevant to the family or friend's involvement with your care or payment for that care, and
- You have either agreed to the disclosure or have been given an opportunity to object and have not objected.

***Use or Disclosure of Your PHI For Which Consent, Authorization, or Opportunity to Object is Not Required***

**For Distribution of Health-Related Benefits and Services.** The Plan may use or disclose your PHI to provide to you information on health-related benefits and services that may be of interest to you.

**For Disclosure to the Plan Sponsor.** The Plan may disclose your PHI to the plan sponsor, more commonly known as the Board of Trustees, for plan administration functions performed by the plan sponsor on behalf of the Plan. The Plan also may provide summary health information to the plan sponsor so that the plan sponsor may solicit premium bids from other health plans or modify, amend or terminate the plan.

**When Legally Required.** The Plan will disclose your PHI when it is required to do so by any federal, state or local law.

**Public Health Purposes.** When permitted for purposes of public health activities. This includes reporting product defects, permitting product recalls and conducting post-marketing surveillance. PHI may also be used or disclosed if you have been exposed to a communicable disease or are at risk of spreading a disease or condition, if authorized by law.

**Domestic Violence or Abuse Situations.** When authorized by law to report information about abuse, neglect or domestic violence to public authorities if a reasonable belief exists that you may be a victim of abuse, neglect or domestic violence. In such case, the Plan will promptly inform you that such a disclosure has been or will be made unless that notice would cause a risk of serious harm. For the purpose of reporting child abuse or neglect, it is not necessary to inform the minor that such a disclosure has been or will be made. Disclosure may generally be made to the minor's parent or other representatives, although there may be circumstances under federal or state law when the parents or other representatives may not be given access to the minor's PHI.

**To Conduct Health Oversight Activities.** The Plan may disclose your PHI to a health oversight agency for authorized activities including audits, civil administrative or criminal investigations, inspections, licensure or disciplinary actions (for example, for civil, administrative, or administrative investigations regarding complaints against providers) and other activities necessary for appropriate oversight of government benefit providers) and other

activities necessary for appropriate oversight of government benefit programs (for example, to investigate Medicare or Medicaid fraud).

**In Connection With Judicial and Administrative Proceedings.** As permitted or required by state law, the Plan may disclose your PHI 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 the Plan makes reasonable efforts to either notify you about the request or to obtain an order protecting your PHI. For example, your PHI may be disclosed in response to a subpoena or discovery request, provided certain conditions are met, including that:

- a) The requesting party must give the Plan satisfactory assurances a good faith attempt has been made to provide you with written notice, and
  - b) The notice provided sufficient information about the proceeding to permit you to raise an objection, and
- No objections were raised or resolved in favor of disclosure by the court or tribunal.

**Law Enforcement Health Purposes.** When required for law enforcement purposes (for required example, to report certain types of wounds).

**Law Enforcement Emergency Purposes.** For law enforcement purposes if the law enforcement official represents that the information is not intended to be used against the individual, the immediate law enforcement activity would be materially and adversely affected by waiting to obtain the individual's agreement and the Plan in its best judgment determines that disclosures is in the best interest of the individual. Law enforcement purposes include:

- a) Identifying or locating suspect, fugitive, material witness or missing person, and
- b) Disclosing information about an individual who is or is suspected to be a victim of a crime, but only if the individual agrees to the disclosure or the covered entity is unable to obtain the individual's agreement because of emergency circumstances.

**In the Event of a Serious Threat to Health or Safety.** The Plan may, consistent with applicable law and ethical standards of conduct, disclose your PHI if the Plan, in good faith, believes that such disclosure is necessary to prevent or lessen a serious and imminent threat to your health or safety or to the health and safety of the public and the disclosure is to a person reasonably able to prevent or lessen the threat, including the target of the threat.

**Determining the Cause of Death.** The Plan may disclose your PHI, if so required, to a coroner or medical examiner to identify a deceased person, determine the cause of death, or other authorized duties.

**Funeral Purposes.** The Plan will disclose PHI, when required, to funeral directors to carry out their duties with respect to a decedent.

**Research.** PHI will be disclosed for research, subject to certain conditions.

**For Specified Government Functions.** In certain circumstances, federal regulations require the Plan to use or disclose your PHI 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 Worker's Compensation.** The Plan may release your PHI to the extent necessary to comply with laws relating to worker's compensation or similar programs established by law.

Any other Plan uses and disclosures and disclosures not described in Section 2 of this Notice will be made only if you provide the Plan with written authorization, subject to your right to revoke your authorization.

### ***Section 3: Your Individual Privacy Rights***

#### **Breach Notification**

If a breach of your unsecured PHI occurs, the Plan will notify you.

#### **Authorization to Use or Disclose PHI**

Other than as stated above, the Plan will not disclose your health information other than with your written authorization. If you authorize the Plan to use or disclose your health information, you may revoke that authorization in writing at any time. Generally, the Plan must obtain your written authorization before:

- Using or disclosing psychotherapy notes about you from your psychotherapist.
- Using or disclosing your PHI for marketing purposes (a communication that encourages you to purchase or use a product or service) if the Plan receives direct or indirect financial remuneration (payment) from the entity whose product or service is being marketed.
- Receiving direct or indirect remuneration (payment or other benefit) in exchange for receipt of your PHI.

#### **Your Rights with Respect to Your Health Information**

You have the following rights regarding your health information that the Plan maintains:

**Right to Request Restrictions.** You may request restrictions on certain uses and disclosures of your health information. You have the right to request a limit on the Plan's disclosure of your health information to someone involved in the payment of your care, such as a family member, relative, or other persons identified by you who are involved in your care. You may also restrict the uses or disclosure of your PHI to carry out treatment, payment, or health care operations. However, Plan is not required to agree to your request. If you wish to make a request for restrictions, please contact the Fund Manager at (718) 939-1489.

The Plan will accommodate reasonable requests to receive communications of PHI by alternative means or at alternative locations.

You or your personal representative will be required to complete a form to request restrictions on uses and disclosures of your PHI. Make sure requests to: the Fund Manager, I.U.O.E. Local 14-14B Welfare Fund, 141-57 Northern Boulevard, Flushing, New York, 11354.

**Right to Receive Confidential Communications.** You have the right to request that the Plan communicate with you in a certain way if you feel the disclosure of your PHI could

endanger you. If you wish to receive confidential communications, please make your request in writing to the Fund Manager at I.U.O.E. Local 14-14 B Welfare Fund, 141-57 Northern Boulevard, Flushing, New York 11354. The Plan will attempt to honor reasonable requests for confidential communications.

**Right to Inspect and Copy Your Health Information.** You have the right to inspect and copy your PHI (in hardcopy or electronic form) contained in a “designated record set,” for as long as the Plan maintains the PHI. You may request your hardcopy or electronic information in a format that is convenient for you, and the Plan will honor that request to the extent possible. You may also request a summary of your PHI.

The Plan must provide the requested information within 30 days. A single 30-day extension is allowed if the Plan is unable to comply with the deadline and if the Plan provides you with a notice of the reason for the delay and the expected date by which the requested information will be provided.

You or your personal representative will be required to complete a form to request access to the PHI in your designated record set. A request for access to your PHI must be made in writing to the Fund Manager at I.U.O.E. Local 14-14B Welfare Fund, 141-57 Northern Boulevard, Flushing, New York 11354. The Plan may charge a reasonable cost-based fee for copying the PHI, or preparing a summary of your PHI.

If access is denied, you or your personal representative will be provided with a written denial setting forth the basis for the denial, a description of how you may exercise those review rights and a description of how you may complain to the Secretary of the U.S. Department of Health and Human Services.

**Right to Amend Your Health Information.** You have the right to request that the Plan amend your PHI or a record about you in a designated record set for as long as the PHI is maintained in the designated record set.

The Plan has 60 days after receiving your request to act on it. The Plan is allowed a single 30-day extension if the Plan is unable to comply with the 60 day deadline. The Plan is allowed a single 30-day extension if the Plan is unable to comply with the 60-day deadline. If the Plan denied your request in whole, or in part, the Plan must provide you with a written denial that explains the basis for the decision. You or your personal representative may then submit a written statement disagreeing with the denial and have the statement included with any future disclosures of your PHI.

A request for an amendment of records must be made in writing to the Fund Manager at I.U.O.E. Local 14-14B Welfare Fund, 141-57 Northern Boulevard, Flushing, New York 11354. The Local 14-14B Welfare Fund may deny the request if it does not include a reason to support the amendment.

You or your personal representative will be required to complete a form to request amendment of the PHI.

**Right to an Accounting.** You have the right to request a list of disclosures of your PHI made by the Plan for any reason other than (1) to carry out treatment, payment, or health

operations; or (2) to provide you with your own PHI. Accounting requests may not be made for periods of time going back more than six (6) years.

The Plan has 60 days to provide the accounting. The Plan is allowed an additional 30 days if the Plan gives you a written statement of the reasons for the delay and the date by which the accounting will be provided.

If you request more than one accounting in a 12-month period, the Plan will charge a reasonable cost-based fee for each subsequent accounting.

The request must be made in writing to the Fund Manager at I.U.O.E. Local 14-14B Welfare Fund, 141-57 Northern Boulevard, Flushing, New York 11354. The request should specify the time period for which you are requesting the information.

**Right to a Paper Copy of this Notice.** You have the right to request and receive a paper copy of this Notice at any time, even if you have received this Notice previously or agreed to receive the Notice electronically. To obtain a paper copy, please contact the Fund Manager at I.U.O.E. Local 14-14B Welfare Fund, 141-57 Northern Boulevard, Flushing, New York 11354 or by telephone at (718) 939-1489. This right applies even if you have agreed to receive the Notice electronically.

**Your Personal Representative.** You may exercise your rights through a personal representative. Your personal representative will be required to produce evidence of authority to act on your behalf before the personal representative will be given access to your PHI or be allowed to take any action for you. You may designate a personal representative by completing a form that is available from the Fund Office. Proof of such authority may take one of the following forms:

- A power of attorney for health care purposes, notarized by a notary public,
- A court order of appointment of the person as the conservator or guardian of the individual,
- An Appointment of Personal Representative Form that is completed and signed by you, or
- The status of the personal representative as the parent of a minor child.

The Plan retains discretion to deny access to your PHI to a personal representative to provide protection to those vulnerable people who depend on others to exercise their rights under these rules and who may be subject to abuse or neglect. This also applies to personal representatives of minors.

#### ***Section 4: The Plan's Duties***

##### **Maintaining Your Privacy**

Plan is required by law to maintain the privacy of your PHI as set forth in this Notice and to provide to you this Notice of its duties and privacy practices. In addition, the Plan may not (and does not) use your genetic information that is PHI underwriting purposes.

This Notice is effective as of September 23, 2013. The Plan is required to abide by the terms of this Notice, which may be amended from time to time. The Plan reserves the right to change its privacy practices and to apply the changes to any PHI received or maintained by the Plan prior to that date. If a privacy practice is changed, a revised version of this Notice will be provided to you and to all past and present participants and beneficiaries for whom the Plan still maintains PHI. If material changes are made to this Notice, it will be distributed within 60 days of the effective date of the material change. Material changes are changes to:

- The uses or disclosures of PHI,
- Your individual rights,
- The duties of the Plan, or
- Other privacy practices stated in the notice.

### **Disclosing Only the Minimum Necessary Protected Health Information**

The Plan must limit its uses and disclosures of PHI or requests for PHI to the minimum necessary amount to accomplish its purposes. When using or disclosing PHI or when requesting PHI from another covered entity, the Plan will make reasonable efforts not to use, disclose or request more than the minimum amount of PHI necessary to accomplish the intended purpose of the use, disclosure or request, taking into consideration practical and technological limitations. However, the minimum necessary standard will not apply in the following situations:

- Disclosures to or requests by a health care provider for treatment,
- Uses or disclosures made to you,
- Disclosures made to the Secretary of the U.S. Department of Health and Human Services, Uses of disclosures required by law, and
- Uses of disclosures required for the Plan's compliance with legal regulations.
- This notice does not apply to information that has been de-identified. De-identified information is information that:
  - Does not identify you, and
  - With respect to which there is no reasonable basis to believe that the information can be used to identify you.

### **Disclosures to the Plan Sponsor (Board of Trustees)**

As described in the amended Plan document, the Plan may share PHI with the Plan Sponsor (Board of Trustees) for limited administrative purposes, such as determining claims and appeals, performing quality assurance functions and auditing and monitoring the Plan. The Plan shares the minimum information necessary to accomplish these purposes.

In addition, the Plan may use or disclose "summary health information" to the Plan Sponsor for obtaining premium bids or modifying, amending or terminating the group health Plan. Summary information summarizes the claims history, claims expenses or type of claims experienced by individuals for whom a Plan Sponsor has provided health benefits under a group health plan. Identifying information will be deleted from summary health information, in accordance with HIPAA.



### ***Section 5: Your Right to File a Complaint with the Plan or HHS Secretary***

If you believe that your privacy rights have been violated, you may file a complaint with the Plan in care of:

Fund Manager, I.U.O.E. Local 14-14B Welfare Fund  
141-57 Northern Boulevard  
Flushing, New York 11354  
Telephone: (718) 939-1489

You may also file a complaint with the Secretary the U.S. Department of Health and Human Services. Filing instructions are available at: [http:// www.hhs.gov/ocr/privacy/hipaa/complaints/index.html](http://www.hhs.gov/ocr/privacy/hipaa/complaints/index.html).

The Plan will not retaliate against you for filing a complaint.

### ***Section 6: If You Need More Information***

If you have any questions regarding this notice or the subjects addressed in it, you may contact:

Fund Manager, I.U.O.E. Local 14-14B Welfare Fund  
141-57 Northern Boulevard  
Flushing, New York 11354  
Telephone: (718) 939-1489

### ***Section 7: Conclusion***

PHI use and disclosure by the Plan is regulated by the federal Health Insurance Portability and Accountability Act, known as HIPAA. You may find these rules at 45 Code of Federal Regulations Parts 160 and 164. This Notice attempts to summarize the regulations. The regulations will supersede this notice if there is any discrepancy between the information in this notice and the regulations.