

Effective Date: September 23, 2013

## NOTICE OF ROOFERS' LOCAL UNION NO. 33 INSURANCE FUND'S PRIVACY PRACTICES

**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.**

The Roofers Local Union No. 33 Insurance Fund ("Fund") is required by law to maintain the privacy of your health information and to provide you with notice of its legal duties and privacy practices with respect to your health information. If you have questions about any part of this Notice or if you want more information about the privacy practices at the Fund, please contact the Fund's **Privacy Official** at:

Roofers' Local Union No. 33 Insurance Fund  
53 Evans Drive  
PO BOX 9106  
Stoughton, MA 02072  
Phone (781) 341-1657  
Fax (781) 341-1659

### **How the Fund May Use or Disclose Your Health Information**

The following categories describe the ways that the Fund may use and disclose your health information. For each category of uses and disclosures, we will explain what we mean and/or present some examples. Not every use or disclosure in a category will be listed. However, all the ways we are permitted to use and disclose information will fall within one of the categories.

1. **Payment Functions.** We may use or disclose health information about you to determine eligibility for plan benefits, obtain premiums, facilitate payment for the treatment and services you receive from health care providers, determine plan responsibility for benefits, and to coordinate benefits. Health information may be shared with other government programs such as Medicare, Medicaid, or private insurance to manage your benefits and payments. For example, payment functions may include reviewing the medical necessity of health care services, determining whether a particular treatment is experimental or investigational, or determining whether a treatment is covered under your plan.
2. **Health Care Operations.** We may use and disclose health information about you to carry out necessary insurance-related activities. For example, such activities may include underwriting, premium rating and other activities relating to plan coverage; conducting quality assessment and improvement activities; submitting claims for stop-loss coverage; conducting or arranging for medical review, legal services, audit services, and fraud and abuse detection programs; and business planning, management and general administration.

3. **Treatment.** We may use or disclose your health information to a physician or other health care provider to treat you. For example, we may disclose health information to doctors, nurses, technicians, or other personnel, including people outside our office, who are involved in your medical care and need the information to provide you with medical care.
4. **Required by Law.** As required by law, we may use and disclose your health information. For example, we may disclose medical information when required by a court order in a litigation proceeding such as a malpractice action.
5. **Data Breach Notification Purposes.** We may use or disclose your Protected Health Information to provide legally required notices of unauthorized access to or disclosure of your health information.
6. **Public Health.** Information may be reported to a public health authority or other appropriate government authority authorized by law to collect or receive information for purposes related to: preventing or controlling disease, injury or disability; reporting child abuse or neglect; reporting domestic violence; reporting to the Food and Drug Administration problems with products and reactions to medications; and reporting disease or infection exposure.
7. **Health Oversight Activities.** We may disclose your health information to health agencies during the course of audits, investigations, inspections, licensure and other proceedings related to oversight of the health care system.
8. **Judicial and Administrative Proceedings.** We may disclose your health information in the course of any administrative or judicial proceeding.
9. **Law Enforcement.** We may disclose your health information to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order or subpoena and other law enforcement purposes.
10. **Public Safety.** We may disclose your health information to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or the general public.
11. **Coroners, Medical Examiners and Funeral Directors.** We may release health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We also may release health information to funeral directors as necessary for their duties.
12. **National Security and Protective Services for the President and Others.** We may release health information to authorized federal officials for intelligence, counter-intelligence, and other national security activities authorized by law. We may also disclose health information to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or to conduct special investigations.
13. **Inmates or Individuals in Custody.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release health information to the correctional institution or law enforcement official. This release would be if necessary: (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) the safety and security of the correctional institution.

14. **Worker's Compensation.** We may disclose your health information as necessary to comply with worker's compensation or similar laws.
15. **Marketing.** We may contact you to give you information about health-related benefits and services that may be of interest to you. If we receive compensation from a third party for providing you with information about other products or services (other than drug refill reminders or generic drug availability), we will obtain your authorization to share information with this third party.
16. **Business Associates.** We may disclose health information to our business associates that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. For example, we may use another company to perform billing services on our behalf. All of our business associates are obligated to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract.
17. **Organ and Tissue Donation.** If you are an organ donor, we may use or release health information to organizations that handle organ procurement or other entities engaged in procurement, banking or transportation of organs, eyes or tissues to facilitate organ, eye or tissue donation and transplantation.
18. **Military and Veterans.** If you are a member of the armed forces, we may release health information as required by military command authorities. We also may release Health Information to the appropriate foreign military authority if you are a member of a foreign military.
19. **Disclosures to Plan Sponsor (Board of Trustees).** We may disclose your health information to the Fund's Board of Trustees, for purposes of administering benefits under the plan.
20. **Research.** Under certain circumstances, and only after a special approval process, we may use and disclose your health information to help conduct research.

<b>Uses and Disclosures that Require the Fund to Give you an Opportunity to Object</b>
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1. **Individuals Involved in Your Care or Payment for Your Care.** Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your Protected Health Information that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment.
2. **Disaster Relief.** We may disclose your Protected Health Information to disaster relief organizations that seek your Protected Health Information to coordinate your care, or notify family and friends of your location or condition in a disaster. We will provide you with an opportunity to agree or object to such a disclosure whenever we practically can do so.

## Uses and Disclosures that Require your Written Authorization

The Fund must generally obtain your written authorization (each of these include defined exceptions under which the Fund uses or discloses your Protected Health Information for these purposes without your authorization) before using or disclosing:

1. Psychotherapy notes about you from your psychotherapist;
2. Protected Health Information for marketing purposes; and
3. Disclosures that constitute a sale of your Protected Health Information.

Other uses and disclosures of Protected Health Information not covered by this Notice or the laws that apply to us will be made only with your written authorization. If you do give us an authorization, you may revoke it at any time by submitting a written revocation to our **Privacy Officer** and we will no longer disclose Protected Health Information under the authorization. But disclosure that we made in reliance on your authorization before you revoked it will not be affected by the revocation.

Additionally, the Fund is prohibited from using or disclosing (and does not use or disclose) genetic information for underwriting purposes, including determination of benefit eligibility. If we obtain any health information for underwriting purposes and the policy or contract of health insurance or health benefits is not written with us or not issued by us, we will not use or disclose that health information for any other purpose, except as required by law.

## Disclosing Only the Minimum Necessary Protected Health Information

When using or disclosing Protected Health Information or when requesting Protected Health Information from another covered entity, the Fund will make reasonable efforts not to use, disclose or request more than the minimum amount of Protected Health Information necessary to accomplish the intended purpose of the use, disclosure or request, taking into consideration practical and technological limitations.

The minimum necessary standard will not apply in the following situations:

1. Disclosures to or requests by a health care provider for treatment;
2. Uses or disclosures made to you;
3. Uses or disclosures required by law;
4. Uses or disclosures required for the Fund's compliance with legal regulations; and
5. Disclosures made to the Secretary of the U.S. Department of Health and Human Services.

## Statement of Your Health Information Rights

1. **Right to Request Restrictions.** You have the right to request restrictions on certain uses and disclosures of your health information. The Fund is not required to agree to the restrictions that you request. If you would like to make a request for restrictions, you must submit your request in writing to the **Privacy Official** at the address listed previously. We will let you know if we can comply with the restriction or not.

2. **Right to Request Confidential Communications.** You have the right to receive your health information through a reasonable alternative means or at an alternative location. To request confidential communications, you must submit your request in writing to the **Privacy Official** at the address listed previously. We are not required to agree to your request. However, the Fund will accommodate reasonable requests.
3. **Right to Inspect and Copy.** You have the right to inspect and receive an electronic or paper copy of health information about you that may be used to make decisions about your plan benefits. To inspect and copy such information, you must submit your request in writing to the **Privacy Official** at the address listed previously. The Fund must provide the requested information within 30 days. A single 30-day extension is allowed if the Fund is unable to comply with the deadline and if the Fund provides you with a notice of the reason for the delay and the expected date by which the requested information will be provided. If you request a copy of the information, we may charge you a reasonable fee to cover expenses associated with your request.

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.

4. **Right to Request Amendment.** You have a right to request that the Fund amend your health information that you believe is incorrect or incomplete. The Fund has 60 days after receiving your request to act on it. The Fund has 60 days after receiving your request to act on it. The Fund is allowed a single 30-day extension if the Fund is unable to comply with the 60-day deadline. The Fund is not required to change your health information. If the Fund denies your request in whole or part, the Fund 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 that statement included with any future disclosures of your Protected Health Information.

To request an amendment, you must make your request in writing to **Privacy Officer** at the address listed previously.

5. **Right to Accounting of Disclosures.** You have the right to receive a list or "accounting of disclosures" of your health information made by us in the past six years, except that we do not have to account for disclosures made for purposes of payment functions, carrying out treatment or health care operations, disclosures made to you, or disclosures made before the privacy rule compliance date. To request this accounting of disclosures, you must submit your request in writing to **Privacy Officer** at the address listed previously. The Fund has 60 days to provide the accounting. The Fund is allowed an additional 30 days if the Fund gives you a written statement of the reasons for the delay and the date by which the accounting will be provided. The Fund will provide one list per 12 month period free of charge; we may charge you for additional lists.
6. **Right to a Copy.** You have a right to receive a paper copy of this Notice of Privacy Practices at any time. This right applies even if you have agreed to receive the Notice electronically. To obtain a paper copy of this Notice, send your written request to **Privacy Officer** at the address listed previously.
7. **Right to be Notified of a Breach.** You will be notified in the event of a breach of your unsecured protected health information.

You may exercise any of the above rights through a personal representative. Your personal representative will be required to produce satisfactory evidence of authority to act on your behalf before the personal representative will be given access to your Protected Health Information or be allowed to take any action for you.

### **Changes to this Notice and Distribution**

The Fund reserves the right to amend this Notice of Privacy Practices at any time in the future and to make the new Notice provisions effective for all health information that it maintains. If material changes are made, the revised Notice will be sent by first class mail to all named participants within 60 days of the effective date of the material change. Any other person, including dependents of named participants, may receive a copy upon request.

Material changes are changes to (1) the uses or disclosures of Protected Health Information, (2) your individual rights, (3) the duties of the Fund, or (4) other privacy practices stated in this Notice.

### **Your Right to File a Complaint with the Fund or the Secretary of HHS**

Complaints about this Notice of Privacy Practices or about how we handle your health information should be directed to the **Privacy Officer** at the address listed previously. The Fund will not retaliate against you in any way for filing a complaint. All complaints to the Fund must be submitted in writing. If you believe your privacy rights have been violated, you may file a complaint with the Secretary of the Department of Health and Human Service at <http://www.hhs.gov/ocr/privacy/hipaa/complaints/> or call (800) 368-1019.

### **Your Rights Under the Health Insurance Portability and Accountability Act (HIPAA)**

Protected Health Information use and disclosure by the Fund is regulated by the federal Health Insurance Portability and Accountability Act (HIPAA). These rules can be found 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.

### **Additional Questions**

If you would like to have a more detailed explanation of these rights or if you would like to exercise one or more of these rights, contact the **Privacy Officer** at the address listed previously.