

IRON WORKERS WELFARE PLAN OF WESTERN PENNSYLVANIA
NOTICE OF 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.

This Notice applies to each of the following group health benefit programs offered by the Iron Workers Welfare Plan of Western Pennsylvania: (1) Value Bank; (2) Supplemental Home Health Care; (3) Supplemental Medical Benefit; (4) Retiree Health Insurance Reimbursement Benefit; and (5) Membership Assistance Program. Each of these group health benefit programs is referred to in this Notice as the “Plan.” If you are covered by Highmark Performance Blue, the Voluntary Dental Program, or the Voluntary Vision Program, you should receive a separate notice of privacy practices from the insurance company.

This Notice describes how the Plan may use and disclose Protected Health Information, as defined below, to carry out payment and health care operations, and for other purposes that are permitted or required by law.

The Plan is required by the privacy regulations issued under the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) to maintain the privacy of Protected Health Information and to provide individuals covered under the Plan with notice of the Plan’s legal duties and privacy practices concerning Protected Health Information. The Plan is required to abide by the terms of this Notice so long as it remains in effect. The Plan reserves the right to change the terms of this Notice of Privacy Practices as necessary and to make the new Notice effective for all Protected Health Information maintained by the Plan. If material changes are made to the Plan’s privacy practices, copies of revised notices will be provided to all participants in the Plan. Copies of the Plan’s current Notice may be obtained by contacting the Privacy Official at the telephone number or address listed at the end of this Notice.

Protected Health Information (“PHI”) means individually identifiable health information, as defined by HIPAA, that is created or received by the Plan and that relates to the past, present, or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual; and that identifies the individual or for which there is a reasonable basis to believe the information can be used to identify the individual. PHI includes information of persons living or deceased.

USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION

The following categories describe different ways that the Plan uses and discloses PHI. For each category of uses and disclosures, there is an explanation and, where appropriate, examples for illustrative purposes. Not every use or disclosure in a category will be listed. However, all of the ways the Plan is permitted or required to use and disclose PHI will fall within one of the categories.

Your Authorization – The Plan will not use or disclose your PHI for marketing purposes or sell your PHI unless you have signed a written authorization. Additionally, any other uses or disclosures not described in this Notice will be made only after you have signed a form authorizing the use or disclosure. You have the right to revoke that authorization in writing except to the extent that (1) the Plan has taken action in reliance upon the authorization or (2) the authorization was obtained as a condition of obtaining coverage under the Plan and the Plan has the right, under other law, to contest a claim under the coverage or the coverage itself.

Uses and Disclosures for Payment – The Plan may make requests, uses, and disclosures of your PHI as necessary for payment purposes. For example, the Plan may use information regarding your medical procedures and treatment to process and pay claims. The Plan may also disclose your PHI for the payment of a health care provider or a health plan.

Uses and Disclosures for Health Care Operations – The Plan may use and disclose your PHI as necessary for the Plan’s health care operations. Examples of health care operations include activities relating to the creation, renewal, or replacement of your Plan coverage, reinsurance, compliance, auditing, rating, business management, quality improvement and assurance, and other functions related to the Plan. The Plan is not permitted to use genetic information to determine your eligibility for coverage or for determining the cost of your coverage.

Treatment – Although the law allows use and disclosure of your PHI for purposes of treatment, as a group health plan, the Plan generally does not need to disclose your information for treatment purposes. Your physician or health care provider is required to provide you with an explanation of how they use and share your PHI for purposes of treatment, payment and health care operations.

Family and Friends Involved in Your Care – If you are available and do not object, the Plan may disclose your PHI to your family, friends, and others who are involved in your care or payment of a claim. If you are unavailable or incapacitated and the Plan determines that a limited disclosure is in your best interest, the Plan may share limited PHI with such individuals. For example, the Plan may use our professional judgment to disclose PHI to your spouse concerning the processing of a claim.

Business Associates – At times, the Plan uses outside persons or organizations to help provide you with benefits under the Plan. Examples of these outside persons and organizations might include vendors that help the Plan process your claims. At times it may be necessary for the Plan to provide certain PHI to one or more of these outside persons or organizations. Business Associates are also required by law to protect your PHI.

Plan Sponsor – The Plan may disclose PHI to the Board of Trustees of the Plan for the purpose of administering the Plan. The Trustees will use or disclose the PHI only as necessary to perform plan administration functions or as otherwise required by HIPAA, unless you have authorized additional disclosures. Your PHI cannot be used for employment purposes without your specific authorization.

Other Products and Services – The Plan may contact you to provide information about other health-related products and services that may be of interest to you. For example, the Plan may use and disclose your PHI for the purpose of communicating to you about other health insurance products that could enhance or be substituted for existing Plan coverage, and about health-related products and services that may add value to your Plan coverage.

Other Uses and Disclosures – The Plan may make certain other uses and disclosures of your PHI without your authorization.

- The Plan may use or disclose your PHI for any purpose required by law. For example, the Plan may be required by law to use or disclose your PHI to respond to a court order.
- The Plan may disclose your PHI for public health activities, such as reporting of disease, injury, birth and death, and for public health investigations.
- The Plan may disclose your PHI to the proper authorities if the Plan suspects child abuse or neglect; the Plan may also disclose your PHI if it believes you to be a victim of abuse, neglect, or domestic violence.
- The Plan may disclose your PHI if authorized by law to a government oversight agency (e.g., a state insurance department) conducting audits, investigations, or civil or criminal proceedings.
- The Plan may disclose your PHI in the course of a judicial or administrative proceeding (e.g., to respond to a subpoena or discovery request).
- The Plan may disclose your PHI to the proper authorities for law enforcement purposes.
- The Plan may disclose your PHI to coroners, medical examiners, and/or funeral directors consistent with law.
- The Plan may use or disclose your PHI for cadaveric organ, eye or tissue donation.
- The Plan may use or disclose your PHI for research purposes, but only as permitted by law.
- The Plan may use or disclose PHI to avert a serious threat to health or safety.

- The Plan may use or disclose your PHI if you are a member of the military as required by armed forces services, and the Plan may also disclose your PHI for other specialized government functions such as national security or intelligence activities.
- The Plan may disclose your PHI to workers' compensation agencies for your workers' compensation benefit determination.
- The Plan will, if required by law, release your PHI to the Secretary of the Department of Health and Human Services for enforcement of HIPAA.

If the Plan receives or maintains patient information from a substance use disorder treatment program that is covered by 42 CFR Part 2 (a "Part 2 Record") through a general consent provided to the treatment program to use and disclose the Part 2 Record for purposes of treatment, payment or health care operations, the Plan may use and disclose the Part 2 Record for treatment, payment and health care operations purposes as described in this Notice. If the Plan receives or maintains a Part 2 Record through specific consent the patient provides to the Plan or to a third party, the Plan will only use and disclose the Part 2 Record as expressly permitted in the consent provided.

In no event will the Plan use or disclose the Part 2 Record, or testimony that describes the information contained in the Part 2 Record, in any civil, criminal, administrative, or legislative proceedings by any federal, state, or local authority, against the patient, unless authorized by the patient's consent or by an order of court after the court provides the patient with notice of the court order.

In the event applicable law, other than HIPAA, prohibits or materially limits the Plan's uses and disclosures of PHI, as described above, the Plan will restrict its uses or disclosure of your PHI in accordance with the more stringent standard.

RIGHTS THAT YOU HAVE

Access to Your PHI – You have the right of access to copy and/or inspect your PHI that the Plan maintains in designated record sets. You have the right to request that the Plan send a copy of your PHI to another person. Certain requests for access to your PHI must be in writing, must state that you want access to your PHI or that you want your PHI sent to another person (who must be named in the request), and must be signed by you or your representative (e.g., requests for medical records provided to the Plan directly from your health care provider). The Plan may charge you a fee for copying and postage.

Amendments to Your PHI – You have the right to request that PHI that the Plan maintains about you be amended or corrected. The Plan is not obligated to make all requested amendments but will give each request careful consideration. To be considered, your amendment request must be in writing, must be signed by you or your representative, and must state the reasons for the amendment/correction request.

Accounting for Disclosures of Your PHI – You have the right to receive an accounting of certain disclosures made by the Plan of your PHI for up to six years prior to the date you request an accounting. Examples of disclosures that the Plan is required to account for include those to state insurance departments, pursuant to valid legal process, or for law enforcement purposes. To be considered, your accounting requests must be in writing and signed by you or your representative. The first accounting in any 12-month period is free; however, the Plan may charge you a fee for each subsequent accounting you request within the same 12-month period.

Restrictions on Use and Disclosure of Your PHI – You have the right to request restrictions on the Plan's uses and disclosures of your PHI for insurance payment or health care operations, disclosures made to persons involved in your care, and disclosures for disaster relief purposes. For example, you may request that the Plan not disclose your PHI to your spouse. Your request must describe in detail the restriction you are requesting. The Plan will consider your request, but in most cases is not legally obligated to agree to those restrictions. However, the Plan will comply with any restriction request if the disclosure is to a health plan for purposes of payment or health care operations and the PHI pertains solely to a health care item or service that you have paid for out-of-pocket and in full. The Plan retains the right to terminate an agreed-to restriction if it believes such termination is appropriate. In the event of a termination by the Plan, you will be

notified. You also have the right to terminate, in writing or orally, any agreed-to restriction. You may make a request for a restriction (or termination of an existing restriction) by contacting the Privacy Official at the telephone number or address listed at the end of this Notice.

Request for Confidential Communications – You have the right to request that communications regarding your PHI be made by alternative means or at alternative locations. For example, you may request that messages not be left on voice mail or sent to a particular address. The Plan is required to accommodate reasonable requests if you inform the Plan that disclosure of all or part of your information could place you in danger. Requests for confidential communications must be in writing, signed by you or your representative, and sent to the Plan at the address below.

Right to be Notified of a Breach – You have the right to be notified in the event that the Plan (or one of its Business Associates) discovers a breach of your unsecured PHI. Notice of any such breach will be made in accordance with federal requirements.

Right to a Copy of the Notice – If you have agreed to accept this Notice electronically, you have the right to a paper copy of this Notice upon request by contacting the Privacy Official at the telephone number or address listed at the end of this Notice.

Complaints – If you believe your privacy rights have been violated, you can file a complaint with the Privacy Official in writing at the address below. You may also file a complaint in writing, within 180 days of a violation of your rights, with the U.S. Department of Health and Human Services Office of Civil Rights by sending a letter to 200 Independence Avenue, SW, Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/hipaa/filing-a-complaint/index.html. There will be no retaliation for filing a complaint.

FOR FURTHER INFORMATION

If you have questions or need further assistance regarding this Notice, you may contact the Privacy Official, Jessica Schneider, at:

Jessica Schneider, CEBS
Plan Administrator
Iron Workers Welfare Plan of Western Pennsylvania
2201 Liberty Avenue, Room 203
Pittsburgh, PA 15222
Telephone: (412) 227-6740