



HPAE Retiree Medical Trust

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NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION **Revised September 2021**

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 required by the Standards for the Privacy of Individually Identifiable Health Information ("Privacy Rules") issued by the U.S. Department of Health and Human Services pursuant to the Health Insurance Portability and Accountability Act of 1996, as amended. It describes how the Mid-Atlantic Regional Council of Carpenters' Health Fund ("Plan") can use and disclose your Protected Health Information. Protected Health Information ("PHI") is information that is created, received, transmitted or stored by the Plan which relates to your past, present, or future physical or mental health, health care, or payment for health care, and either identifies you or provides a reasonable basis for identifying you. In general, the Plan may not use or disclose your PHI unless you consent to or authorize the use or disclosure, or if the Privacy Rules specifically allow the use or disclosure.

Use or Disclosure of PHI

1. The Plan may use or disclose your PHI for treatment, payment or health care operations without your written authorization:

- ☐ "Payment" generally means the activities of a Plan to collect premiums, to fulfill its coverage responsibilities, to provide benefits under the Plan, and to obtain or provide reimbursement for the provision of health care. Payment may include, but is not limited to, the following: determining coverage and benefits under the Plan, paying for or obtaining reimbursement for health care, adjudicating subrogation of health care claims or coordination of benefits, billing and collection, making claims for stop-loss insurance, determining medical necessity and performing utilization review. For example, the Plan will disclose the minimum necessary PHI to medical service providers for the purposes of payment.
- ☐ "Health Care Operations" are certain administrative, financial, legal, and quality improvement activities of the Plan that are necessary to run its business and to support the core functions of treatment and payment. For example, the Plan may disclose the minimum necessary PHI to the Plan's attorney, auditor, actuary, and consultant(s) when these

professionals perform services for the Plan that require them to use PHI. Persons who perform services for the Plan are called “Business Associates.” Federal law requires the Plan to have written contracts with its Business Associates before it shares PHI with them, and the disclosure of your PHI must be consistent with the Plan’s contract with them. Other examples of Business Associates are the Plan’s claims repricing services, utilization review companies, prescription benefit managers, PPOs and HMOs.

- ☐ “Treatment” means the provision, coordination, or management of health care and related services by one or more health care providers, including the coordination or management of health care by a health care provider with a third party; consultation between health care providers relating to a patient; or the referral of a patient for health care from one health care provider to another. The Plan is not typically involved in treatment activities.

Except where disclosure is required by law as described below, the Plan may not disclose your PHI to a health plan for purposes of payment, health care operations, or treatment if you have requested that such disclosure be restricted and the PHI pertains solely to a health care item or service for which the health care provider has been paid in full by you out of pocket.

2. The Plan is permitted or required to use or disclose your PHI without your written authorization for the following purposes and in the following circumstances, as limited by law:

- ☐ The Plan will use or disclose your PHI to the extent it is required by law to do so.
- ☐ The Plan may disclose your PHI to a public health authority for certain public health activities, such as: (1) reporting of a disease or injury, or births and deaths, (2) conducting public health surveillance, investigations, or interventions; (3) reporting known or suspected child abuse or neglect; (4) ensuring the quality, safety or effectiveness of an FDA-regulated product or activity; (5) notifying a person who is at risk of contracting or spreading a disease; and (6) notifying an employer about a member of its workforce, for the purpose of workplace medical surveillance or the evaluation of work-related illness and injuries, but only to the extent the employer needs that information to comply with the Occupational Safety and Health Administration (OSHA), the Mine Safety and Health Administration (MSHA), or State law requirements having a similar purpose.
- ☐ The Plan may disclose your PHI to the appropriate government authority if the Plan reasonably believes that you are a victim of abuse, neglect or domestic violence.
- ☐ The Plan may disclose your PHI to a health oversight agency for oversight activities authorized by law, including: (1) audits; (2) civil, administrative, or criminal investigations; (3) inspections; (4) licensure or disciplinary actions; (5) civil, administrative, or criminal proceedings or actions; and (6) other activities.
- ☐ The Plan may disclose your PHI in the course of any judicial or administrative proceeding in response to an order by a court or administrative tribunal, or in response to a subpoena, discovery request, or other lawful process.
- ☐ The Plan may disclose your PHI for a law enforcement purpose to law enforcement officials. Such purposes include disclosures required by law, or in compliance with a court order or subpoena, grand jury subpoena, or administrative request.
- ☐ The Plan may disclose your PHI in response to a law enforcement official’s request, for the purpose of identifying or locating a suspect, fugitive, material witness or missing person.

- ☐ The Plan may disclose your PHI if you are the victim of a crime and you agree to the disclosure or, if the Plan is unable to obtain your consent because of incapacity or emergency, and law enforcement demonstrates a need for the disclosure and/or the Plan determines in its professional judgment that such disclosure is in your best interest.
- ☐ The Plan may disclose your PHI to law enforcement officials to inform them of your death, if the Plan believes your death may have resulted from criminal conduct.
- ☐ The Plan may disclose PHI to law enforcement officials that it believes is evidence that a crime occurred on the premises of the Benefits Office.
- ☐ The Plan may disclose your PHI to a coroner or medical examiner for identification purposes. The Plan may disclose your PHI to a funeral director to carry out his or her duties upon your death or before and in reasonable anticipation of your death.
- ☐ The Plan may disclose your PHI to organ procurement organizations for cadaveric organ, eye, or tissue donation purposes.
- ☐ The Plan may use or disclose your PHI for research purposes, if the Plan obtains one of the following: (1) documented institutional review board or privacy board approval; (2) representations from the researcher that the use or disclosure is being used solely for preparatory research purposes; (3) representations from the researcher that the use or disclosure is solely for research on the PHI of decedents; or (4) an agreement to exclude specific information identifying the individual.
- ☐ The Plan may use or disclose your PHI to avoid a serious threat to the health or safety of you or others.
- ☐ The Plan may disclose your PHI if you are in the Armed Forces and your PHI is needed by military command authorities. The Plan may also disclose your PHI for the conduct of national security and intelligence activities.
- ☐ The Plan may disclose your PHI to a correctional institution where you are being held.
- ☐ The Plan may disclose your PHI as authorized by and to the extent necessary to comply with laws relating to workers' compensation or other similar programs.
- ☐ The Plan may disclose your PHI in emergencies or after you provide verbal consent under certain circumstances.
- ☐ The Plan may disclose your PHI to family members, relatives, close personal friends, or other individuals involved in your care or the payment of your care to the extent the Fund determines it is in your best interest if you are unavailable or incapacitated; or to the extent the PHI is relevant to that person's involvement in your care if you are deceased. Fifty years following the date of your death the information maintained by the Plan about you will no longer be PHI and may be released without any consent.

3. The Plan may use or disclose your PHI to a third party pursuant to your authorization with any exceptions noted below and in the previous section.

- ☐ Unless otherwise permitted by law or described in this Notice, the Plan will not use or disclose your PHI to someone other than you (such as your spouse) unless you sign and execute an "Authorization Form." You can revoke an Authorization Form at any time by submitting a "Cancellation of Authorization Form" to the Plan. The Cancellation of Authorization Form revokes the Authorization Form on the date it is recorded by the Plan.

- ☐ The Plan may provide your Personal Representative with access to your PHI in the same manner as it would provide you with access, but only upon receipt of documentation demonstrating that your Personal Representative or Attorney has authority under applicable law to act on your behalf. A separate Authorization Form will not be required to provide your Personal Representative or Attorney with your PHI.
- ☐ The Plan may provide information related to proof of immunization to a school required by state law to have such information, after the Plan obtains and documents that the student's parent or guardian, or the student if the student is an adult or emancipated minor, has agreed either orally or in writing to the disclosure. An Authorization Form will not be required.
- ☐ The Plan may disclose your PHI to family members, relatives, close personal friends, or other individuals involved in your care or the payment of your care upon your verbal consent if you are available to provide it.
- ☐ The Plan may use or disclose Psychotherapy Notes only pursuant to an Authorization Form, unless the use or disclosure is for the Plan's defense in a legal action or other proceeding brought by the individual who is the subject of the Notes, or the use is otherwise required or permitted by law.
- ☐ The Plan may use or disclose PHI for marketing purposes only pursuant to an Authorization Form. A use or disclosure is considered marketing if it is used for a communication that encourages the use of a product or service. However, the following uses and disclosures are not considered marketing: refill reminders or other usage reminders about a current treatment, as long as the Plan does not receive remuneration from a third party that is more than the cost of sending the reminder; for providing communications about alternative treatments, therapies, providers, health-related products or services available to an individual or for coordinating care of an individual unless the Plan receives remuneration from a third party to make the communication.
- ☐ The Plan may sell PHI only pursuant to an Authorization Form. A sale of PHI is a use or disclosure of the PHI in exchange for direct or indirect remuneration from the entity that receives the PHI from the Plan. However, the following transactions are not considered to be a sale of PHI, even if the Plan receives remuneration for them: a use or disclosure pursuant to research, public health, treatment, payment, or other purposes required by law, a use or disclosure made by or to a Business Associate for actions it performs as part of its agreement with the Plan to undertake certain functions, a use or disclosure to you when requested, a use or disclosure made as part of the sale, transfer, merger, or other consolidation of the Plan, and any other purpose permitted by law as long as the remuneration received is only a reasonable, cost-based fee to cover the expense to prepare and transmit the PHI, or a fee otherwise expressly permitted by other law.

Individual Rights

- ☐ You have certain important rights with respect to your PHI. You should contact the Plan's Privacy Officer, identified below, to exercise these rights.
- ☐ You have a right to your own PHI.
- ☐ You have a right to request that the Plan restrict use or disclosure of your PHI to carry out payment or health care operations. The Plan is not required to agree to a requested restriction unless it pertains solely to PHI related to a health care item or service for which the health care provider involved has been paid in full by you out of pocket.

- ☐ You have a right to receive confidential communications about your PHI from the Plan by alternative means or at alternative locations, if you submit a written request to the Plan in which you clearly state that the disclosure of all or part of that information could endanger you.
- ☐ You have a right of access to inspect and copy your PHI that is maintained by the Plan in a “designated record set.” A “designated record set” consists of records or other information containing your PHI that is maintained, collected, used, or disseminated by or for the Plan in connection with: (1) enrollment, payment, claims adjudication, and case or medical management record systems maintained by or for the Plan, or (2) decisions that the Plan makes about you. The Plan may charge a fee for the cost of copying and mailing the PHI to you.
- ☐ You have a right to receive an electronic copy of PHI that is maintained electronically by the Plan upon request. The Plan will provide you the electronic copy either in the format that you request if it is easily producible to that format, or, if not readily producible to the format you request, then as a PDF or in another format agreed upon between you and the Plan. The Plan may charge a fee for the labor necessary to compile and prepare electronic PHI for you, and for the cost of any electronic media, such as a CD or data storage device, used to provide the electronic PHI for you.
- ☐ You have a right to amend your PHI that was created by the Plan and that is maintained by the Plan in a designated record set, if you submit a written request to the Plan in which you provide reasons for the amendment.
- ☐ You have a right to receive an accounting of disclosures of your PHI, with certain exceptions, if you submit a written request to the Plan. The Plan need not account for disclosures that were made more than six years before the date on which you submit your request, nor any disclosures that were made for treatment, payment or health care operations.
- ☐ You have a right to be notified in the event of a Breach of Unsecured PHI, as described below under “Duties of the Plan.”
- ☐ You have the right to receive a paper copy of this Notice upon request.
- ☐ You have the right to revoke any authorization you have provided to the Plan to use or disclose your PHI by providing the Plan with a written "Cancellation of Authorization Form."

Duties of the Plan

The Plan has the following obligations:

- ☐ The Plan is required by law to maintain the privacy of PHI and to provide individuals with notice of its legal duties and privacy practices with respect to PHI. To obtain a copy of the Plan's entire Privacy Policy, you should contact the Plan's Privacy Officer, identified below.
- ☐ If unsecured PHI is acquired, used or disclosed in a manner that is not permitted under the Privacy Rules that compromises the security or privacy of that PHI, (referred to as a “Breach”), the Plan is required to provide appropriate Notice as defined by law without unreasonable delay and in no case later than 60 days after the discovery of the Breach by the Plan or the receipt of information of the Breach. The Plan may delegate this duty to a Business Associate.

- ☐ The Plan is required to abide by the terms of the Notice that is currently in effect.
- ☐ The Plan will provide a paper copy of this Notice to you upon request.

Changes to Notice

- ☐ The Plan reserves the right to change the terms of this Notice and to make the new Notice provisions effective for all PHI it maintains, regardless of whether the PHI was created or received by the Plan prior to issuing the revised Notice.
- ☐ Whenever there is a material change to the Plan's uses and disclosures of PHI, individual rights, the duties of the Plan, or other privacy practices stated in this Notice, the Plan will promptly revise and distribute the new Notice to participants and beneficiaries.

Contacts and Complaints

If you believe your privacy rights have been violated, you may file a written complaint with the Plan's Privacy Officer at the following address:

Privacy Office

HPAE Retiree Medical Trust
2 Gateway Center
603 Stanwix St., Suite 1500
Pittsburgh, PA 15222-1534

Privacy Officer

Mike Slott

Email: MSlott1953@gmail.com

Phone: (937) 979-0703

You may also file a complaint with the U. S. Secretary of Health and Human Services in Washington, DC. The Plan will not intimidate, threaten, coerce, discriminate against, or take other retaliatory action against any person for filing a complaint.

For More Information About Privacy

If you want more information about the Plan's policies and procedures regarding privacy of PHI, contact the Plan's Privacy Officer at the address above.

Revised Effective September 2021.