

# ***NOTICE OF PRIVACY POLICY***

**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.**

IBEW-NECA BENEFITS ADMINISTRATION ASSOCIATION is aware of how important your privacy is to you, therefore, we have created this privacy statement in order to demonstrate our firm commitment to privacy.

This notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

We are required by law to:

- Make sure that medical information that identifies you is kept private by implementing reasonable and appropriate physical, administrative, and technical safeguards to protect the information;
- Give you this notice of our legal duties and privacy practices with respect to medical information about you; and
- Follow the terms of the notice that is current and in effect.
- Train our personnel concerning privacy and confidentiality.
- Implement a sanction policy to discipline those who breach privacy/confidentiality or our policies with regard thereto.

## **EXAMPLES OF HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU FOR TREATMENT, PAYMENT AND HEALTH OPERATIONS.**

- **As Required By Law.** We will disclose medical information about you when required to do so by federal, state or local law.
- **Business Associates.** We provide some services through contracts with business associates. An example is if we require the services of legal counsel. When we use these services, we may disclose your health information to the business associates so that they can perform the function(s) that we have contracted with them to do. To protect your private health information, we require the business associates sign an agreement requiring them to appropriately safeguard your information.

- **For Payment.** We may use and disclose medical information about you so that the treatment and services you received at a health care facility may be paid to the facility or to reimburse you. We may also give prior approval to the health care facility or to determine whether our plan will cover the treatment.
- **Individuals Involved in Your Care or Payment for Your Care.** We may release medical information about you to a friend or family member who is involved in your medical care. We may also give information to someone who helps pay for your care.
- **Workers' Compensation.** We may release information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.
- **Federal Department of Health and Human Services (DHHS).** Under the privacy standards, we must disclose your protected health information to DHHS as necessary to determine our compliance with those standards.
- **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, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.
- **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 (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) for the safety and security of the correctional institution.

## YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

You have the following rights regarding medical information we maintain about you:

- **Right to Inspect and Copy.** You have the right to inspect and copy medical information that may have been used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes.

To inspect and copy medical information about you, you must submit your request in writing to: HIPAA Privacy/Security Compliance Officer, NECA-IBEW Welfare Trust Fund, 2120 Hubbard Avenue, Decatur, IL 62526-2871. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another individual chosen by NECA-IBEW Welfare Trust Fund will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

- **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 NECA-IBEW Welfare Trust Fund.

To request an amendment, your request must be made in writing and submitted to: HIPAA Privacy/Security Compliance Officer, NECA-IBEW Welfare Trust Fund, 2120 Hubbard Avenue, Decatur, IL 62526-2871. In addition, you must provide a reason that supports your request.

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

- 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 medical information kept by or for the NECA-IBEW Welfare Trust Fund;
  - Is not part of the information which you would be permitted to inspect and copy; or
  - Is accurate and complete.
- **Right to an Accounting of Disclosures.** You have the right to request an “accounting of disclosures.” This is an accounting of uses and disclosures other than for treatment, payment, and health care operations.

To request this list or accounting of disclosures, you must submit your request in writing to: HIPAA Privacy/Security Compliance Officer, 2120 Hubbard Avenue, Decatur, IL 62526-2871. Your request must state a time period, which may not be longer than six (6) years and may not include dates before April 14, 2003. Your request should indicate in what form you want this list (for example, on paper, electronically). 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 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 who is involved 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.

The right to request restriction does not extend to uses or disclosures permitted or required under the following sections of the federal privacy regulations: § 164.502(a)(2)(i) (disclosures to you), 164.510(a) (for facility directories, but note that you have the right to object to such uses), or 164.512 (uses and disclosures not requiring a consent or an authorization). The latter uses and disclosures include, for example, those required by law, such as mandatory communicable disease reporting. In those cases, you do not have a right to request restriction. The consent to use and disclose your individually identifiable health information provides the ability to request restriction. We do not, however, have to agree to the restriction. If we do, we will adhere to it unless you request otherwise or we give you advance notice.

To request restrictions, you must make your request in writing to: HIPAA Privacy/Security Compliance Officer, NECA-IBEW Welfare Trust Fund, 2120 Hubbard Avenue, Decatur, IL 62526-2871. 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, for example, disclosures to your spouse.

- **Right to Request Confidential Communications.** You have the right to request that we 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.

To request confidential communications, you must make your request in writing to: HIPAA Privacy/Security Compliance Officer, NECA-IBEW Welfare Trust Fund, 2120 Hubbard Avenue, Decatur, IL 62526-2871. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

- **Right to a Paper Copy of This Notice.** You have the right to a paper 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.

You may obtain a copy of this notice at our website, [www.neca-ibew.org](http://www.neca-ibew.org). To obtain a paper copy of this notice, notify: HIPAA Privacy/Security Compliance Officer, NECA-IBEW Welfare Trust Fund, 2120 Hubbard Avenue, Decatur, IL 62526-2871.

### CHANGES TO THIS NOTICE

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for protected health information we already have about you as well as any information we receive in the future. Any revised notice and the effective date of such notice will be mailed to the last known address that you have given us.

### COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the NECA-IBEW Welfare Trust Fund Office or with the Secretary of the Department of Health and Human Services. If you have questions and/or would like additional information, contact the HIPAA Privacy/Security Compliance Officer, at 1-800-765-4239, extension 161. All complaints must be submitted in writing and mailed to: . HIPAA Privacy/Security Compliance Officer, NECA-IBEW Welfare Trust Fund, 2120 Hubbard Avenue, Decatur, IL 62526-2871.

**You will not be penalized for filing a complaint.**

### OTHER USES OF 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 provide us authorization to use or disclose protected health information about you, you may revoke that permission, in writing, at any time. If you revoke your authorization, we will no longer use or disclose protected information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your authorization.