



CALIFORNIA FIELD IRONWORKERS TRUST FUNDS

Pension Trust • Welfare Plan • Vacation Trust
Apprenticeship Training & Journeyman
Retraining Fund • Annuity Trust

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.

Background: The Health Insurance Portability and Accountability Act of 1996 ("HIPAA") requires health plans to notify plan participants and beneficiaries about its policies and practices to protect the confidentiality of their health information. This document is intended to satisfy HIPAA's notice requirement with respect to all health information created, received, or maintained by the California Ironworkers Field Welfare Plan ("Health Plan" or "Plan"). The Health Plan needs to create, receive, and maintain records that contain health information about you to administer the Health Plan and provide you with health care benefits. This notice describes the Health Plan's health information privacy policy with respect to your medical, dental, vision, and prescription drug benefits that are not insured by a third party. The notice tells you the ways the Health Plan may use and disclose health information about you, describes your rights, and the obligations the Health Plan has regarding the use and disclosure of your health information. However, it does not address the health information policies or practices of your health care providers.

THE FOLLOWING IS A SUMMARY OF THE CIRCUMSTANCES UNDER WHICH AND PURPOSES FOR WHICH YOUR HEALTH INFORMATION MAY BE USED AND DISCLOSED: The privacy rules general allow the use and disclosure of your health information without your permission (known as authorization) for purposes of health care Payment activities, Health Care Operations and Treatment. Below are some examples of what that might entail: **Payment:** Includes activities by this Health Plan, other plans, or providers to obtain premiums, make coverage determinations and provide reimbursement for health care. This can include eligibility determinations, reviewing services for medical necessity or appropriateness, utilization management activities, claims management, and billing; as well as "behind the scenes" plan functions such as risk adjustment, collection, or reinsurance. For example, the Health 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 Health Plan may use or disclose health information for its own operations to facilitate the administration of the Health Plan and as necessary to provide coverage and services to all of the Health Plan's participants and beneficiaries.

Health care operations includes 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 planning related analyses and formulary development.
- Business management and general administrative activities of Health Plan, including customer service and resolution of internal grievances.

For example, the Health 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:** The Health Plan may use and disclose your health information to a health care provider who renders treatment on your behalf. For example, if you are unable to provide your medical history as a result of an accident, the Plan may advise an emergency room physician about the types of prescription drugs you currently take.

OTHER ALLOWABLE USES OR DISCLOSURES OF YOUR HEALTH INFORMATION: The Plan is also allowed to use or disclose your health information without your written authorization for the following activities: **Business Associates:** Certain services are provided to the Health Plan by third parties known as "business associates". For example, the Plan may input information about your health care treatment into an electronic claims processing system maintained by the Plan's business associate so your claim may be paid. In doing so, the Plan will disclose your health information to its business associate so it can perform its claims payment function. However, the Plan will require its business associates to appropriately safeguard your health information. **For Treatment Alternatives:** The Health Plan may use and disclose your health information to tell you about or recommend possible treatment options or alternatives that may be of interest to you. **For Distribution of Health-Related Benefits and Services:** The Health Plan may use or disclose your health information to provide your information on health-related benefits and services that may be of interest to you. **For Disclosure to the Plan Sponsor:** The Health Plan may disclose your health information to the plan sponsor for plan administration functions performed by the plan sponsor on behalf of Health Plan. In addition, the Health Plan may provide summary health information to the plan sponsor so that the plan sponsor may solicit premium bids from health insurers or modify, amend or terminate the Plan. The Health Plan also may disclose to the plan sponsor information on whether you are participating in the Plan. **When Legally Required:** The Health Plan will disclose your health information when it is required to do so by any federal, state or local law, including those that require the reporting of certain types of wounds or physical injuries. **To Conduct Health Oversight Activities:** The Health Plan may disclose your health information to health oversight agencies authorized by law (audits, inspections, investigations, or licensing actions) for oversight of the health care system, government benefits programs for which health information is relevant to beneficiary eligibility, and compliance with regulatory programs and civil rights laws. **In Connection With Judicial and Administrative Proceedings:** The Health Plan may disclose your health information as permitted or required by law. The Health Plan may disclose your health information 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 Health Plan makes reasonable efforts to either notify you about the request or to obtain an order protecting your health information. **For Law Enforcement Purposes:** As permitted or required by law, the Health Plan may disclose your health information to a law enforcement official for certain law enforcement purposes, for example, to identify or locate a suspect, material witness, or missing person or to report a crime, the crime's location or victims, or the identity, description, or location of the person who committed the crime. **In the Event of a Serious Threat to Health or Safety:** The Health Plan may, consistent with applicable law and ethical standards of conduct, disclose your health information if the Health 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. **For Specified Government Functions:** In certain circumstances, federal regulations require the Health Plan to use or disclose your health information 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 Health Plan may release your health information to the extent necessary to comply with laws related to worker's compensation or similar programs. **For Victims of Abuse, Neglect, or Domestic Violence:** The Health Plan may release your health information to government authorities, including social services or protected services agencies authorized by law to receive reports or abuse, neglect, or domestic violence, as required by law or if you agree or the Plan believes that disclosure is necessary to prevent serious harm to you or potential victims (you'll be notified of the Plan's disclosure if informing you won't put you at further risk). **For Public Health Activities:** The Health Plan may release your health information as authorized by law for public health activities. These activities include preventing or controlling disease, injury or disability; reporting births and deaths; reporting child abuse or neglect; or reporting reactions to medication or problem with medical products or to notify people of recalls of products they may have been using. **Coroners, Medical Examiners, and Funeral Directors:** The Health Plan may release your health information to a coroner or medical examiner to identify a deceased person or to determine the cause of death. The Health Plan may also release your health information to a funeral director, as necessary to carry out his/her duty. **Organ, Eye, or Tissue Donation:** If you are an organ donor, the

Health Plan may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank to facilitate organ or tissue donation and transplantation. **Research:** Under certain circumstances, the Health Plan may disclose your health information for medical research purposes. **Individual Involved in Your Care or Payment of Your Care:** The Health Plan may use or disclose your health information to a close friend or family member involved in or who helps pay for your health care. The Plan may advise a family member or close friend about your condition, your location (for example, that you are in the hospital), or death. **HHS Investigations:** The Health Plan may release your health information to the Department of Health and Human Services ("HHS") to investigate or determine the Health Plan's compliance with the HIPAA privacy rule.

AUTHORIZATION TO USE OR DISCLOSE HEALTH INFORMATION: Other than as stated above, the Health Plan will not disclose your health information other than with your written authorization. If you authorize Health Plan to use or disclose your health information, you may revoke that authorization as allowed under the HIPAA rules. However, you can't revoke your authorization if the Plan has taken action relying on it. In other words, you can't revoke your authorization with respect to disclosures the Plan has already made.

YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION: You have the following rights regarding your health information that Health Plan maintains: **Right to Request Restrictions:** You have the right to ask the Plan to restrict the use and disclosure of your health information for Treatment, Payment or Health Care Operations, except for uses or disclosures required by law. You have the right to request a limit on Health Plan's disclosure of your health information to family members, close friends, or other persons you identify as being involved in your care or payment for your care. **However, the Health Plan is not required to agree to your request.** And if the Plan does agree, a restriction may later be terminated by your written request, by agreement between you and the Plan, or unilaterally by the Plan for health information created or received after you're notified that the Plan has removed the restrictions. If you wish to make a request for restrictions your request must be in writing. For further information please contact the Privacy Official or its designee. **Right to Receive Confidential Communications:** You have the right to request that the Health Plan communicate with you in a certain way if you feel the disclosure of your health information could endanger you. For example, you may ask that the Health Plan only communicate with you at a certain telephone number or by email. If you wish to receive confidential communications, please make your request in writing to Privacy Official or its designee. The Health Plan will attempt to honor your reasonable requests for confidential communications. **Right to Inspect and Copy Your Health Information:** With certain exceptions, you have the right to inspect and copy your health information. This may include your plan eligibility, claim and appeals records and billing records. However, you do not have a right to inspect or obtain copies of psychotherapy notes or information compiled for civil, criminal or administrative proceedings. In addition, the Plan may deny your right to access, although in certain circumstances you may request a review of the denial. A request to inspect and copy records containing your health information must be made in writing to the Privacy Official or its designee. If you request a copy of your health information, the Health Plan may charge a reasonable fee for copying, assembling costs and postage, if applicable, associated with your request. **Right to Amend Your Health Information:** With certain exceptions, if you believe that your health information records are inaccurate or incomplete, you may request that the Health Plan amend the records. That request may be made as long as the information is maintained by the Health Plan. A request for an amendment of records must be made in writing to the Privacy Official or its designee. The Health Plan may deny the request if it does not include a reason to support the amendment. The request also may be denied if your health information records were not created by the Health Plan, if the health information you are requesting to amend is not part of the Health Plan's records, if the health information you wish to amend falls within an exception to the health information you are permitted to inspect and copy, or if Health Plan determines the records containing your health information are accurate and complete. **Right to an Accounting:** You have the right to request a list of certain disclosures the Plan has made of your health information. This is often referred to as an "accounting of disclosures." You may receive information on disclosures of your health information going back for six (6) years from the date of your request, but not earlier than April 14, 2003 (the general date that the HIPAA privacy rules are effective). You do not have a right to receive an accounting of any disclosures made:

- For Treatment, Payment, or Health Care Operations;
- To you about your own health information;
- Incidental to other permitted or required disclosures;
- Where authorization was provided;
- To family members or friends involved in your care (where disclosure is permitted without authorization);
- For national security or intelligence purposes or to correctional institutions or law enforcement officials in certain circumstances; or as part of a "limited data set" (health information that excludes certain identifying information).

In addition, your right to an accounting of disclosures to a health oversight agency or law Enforcement official may be suspended at the request of the agency or official. If you want to exercise this right, your request must be made in writing to the Privacy Official or its designee. The request should specify the time period for which you are requesting the information, but may not start earlier than April 14, 2003. You may make one (1) request in any 12-month period at no cost to you, but the Plan may charge a fee for subsequent requests. You'll be notified of the fee in advance and have the opportunity to change or revoke your request.

Right to a Paper Copy of this Notice: You have a 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 Privacy Official or its designee. **DUTIES OF HEALTH PLAN:** The Health Plan is required by law to maintain the privacy of your health information and to provide you with this Notice of the Plan's legal duties and privacy practices with respect to your health information. If you participate in an insured plan option, you will receive a notice directly from the Insurer.

Changes to the Information in this Notice: The Plan must abide by the terms of this Notice by April 14, 2003. However, the Plan reserves the right to change the terms of its privacy policies as described in this Notice at any time, and to make new provisions effective for all health information that the Plan maintains. This includes health information that was previously created or received, not just health information created or received after the policy is changed. If changes are made to the Plan's privacy policies described in this Notice, you will be provided with a revised Privacy Notice which will be sent to you in the same manner as this Notice was provided.

Complaints:

If you believe your privacy rights have been violated, you may complain to the Plan and to the Secretary of Health and Human Services. You won't be retaliated against for filing a complaint. To file a complaint, contact the Privacy Official or its designee.

Contact Person:

For more information on the Plan's privacy policies or your rights under HIPAA, contact the Privacy Official or its designee at 131 N. El Molino Ave., Suite 330, Pasadena, Ca 91101/626-792-7337.

EFFECTIVE DATE: Notice is effective April 14, 2003.



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POLICY & PROCEDURE **PARTICIPANT REQUEST FOR CONFIDENTIAL COMMUNICATIONS**

Effective Date: April 14, 2003

Section: Privacy

Reviewed By: _____ Reviewed Date: _____

POLICY

Participants have the right to request restrictions on how and where their Protected Health Information ("PHI") is communicated.

* * * * *

PROCEDURE

- IEBC requires participants who desire their PHI to be communicated in an alternative manner or location than the Health Plan would otherwise use, to specify the alternative location or other method of communication.
- IEBC requires that the participant clearly state that the restriction is necessary to prevent a disclosure that could endanger the participant.
- IEBC does not refuse to accommodate such requests unless the request imposes an unreasonable administrative burden.
- The participant may request confidential communication at any time.
- The request must be made in writing to Gloria Loot, Benefits Manager, (800) 527-4613; or 131 N. El Molino Avenue, Suite 330, Pasadena, CA 91101.
- Written documentation of the participant's request, if granted, will be placed in the participant's record(s).



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Participant or Beneficiary Request for Confidential Communications

* * * * *

Participant or Beneficiary Name: _____ Birth Date: ___/___/___

Address: _____

Home Telephone Number: _____ Email: _____

Participant or Beneficiary Identification Number and/or Social Security Number: _____

I, _____, am requesting that IEBC communicate with me in the alternative manner and/or location described below regarding my health information (information that constitutes protected health information as defined in the Privacy Rule of the Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996). Such restriction is necessary to prevent a disclosure that could endanger me. I understand that IEBC may deny this request if it imposes an unreasonable administrative burden.

Description of the Health Information that must be Communicated Confidentially: The following is a description of the specific health information to which this request applies:

Alternative Manner and/or Location: I request that IEBC only communicate with me in the following manner and/or at the location described below:

By signing this form, I am confirming that it accurately reflects my wishes.

Signature: _____ Date: _____

If signed by personal representative;

Name of Personal Representative: _____

Relationship to participant or beneficiary or nature of authority: _____

Signature of Personal Representative

Date

SUBMITTED COMPLETED FORM TO:

**Privacy Official
131 N. El Molino Avenue, Suite 330
Pasadena, CA 91101-1878**