

## NECA/IBEW FAMILY MEDICAL CARE PLAN

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### **NOTICE OF PRIVACY PRACTICES NECA/IBEW FAMILY MEDICAL CARE PLAN**

**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 NECA/IBEW Family Medical Care Plan ("Plan") is required by law to take reasonable steps to ensure the privacy of personally identifiable health information ("Protected Health Information") and to inform you about:

- The Plan's uses and disclosures of Protected Health Information;
- Your rights with respect to Protected Health Information;
- The Plan's duties regarding Protected Health Information and related matters;
- Your right to complain to the Plan and to the Secretary of the U.S. Department of Health and Human Services if you believe that your privacy rights have been violated;
- The person to contact regarding issues relating to your privacy rights including complaints and questions regarding this Notice; and
- The Effective Date of this Notice.

#### **USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION**

The Plan may use or disclose Protected Health Information for certain purposes. Protected Health Information generally includes all individually identifiable health information created, received, maintained, or transmitted by or on behalf of the Plan regardless of the form of this information, including oral, written and electronic information. Protected Health Information does not include "de-identified" information, which is information that does not identify an individual and with respect to which there is no reasonable basis to believe that the information can be used to identify an individual. The purposes for which use and disclosure of Protected Health Information can be made are (1) for disclosure to you; (2) for carrying out treatment, payment and health care operations; (3) for disclosure to the plan sponsor, the Board of Trustees of the NECA/IBEW Family Medical Care Plan ("Board of Trustees"), for the purposes of administering the Plan and for other functions specifically authorized under the U.S. Department of Health and Human Services regulations regarding the privacy of Protected Health Information; (4) for particular purposes for which use or disclosure is required or permitted under the U.S. Department of Health and Human Services regulations regarding the privacy of Protected Health Information without authorization or opportunity to agree or disagree with disclosure; (5) for disclosure to family members, other relatives and close personal friends of information relevant

to your care or for their notification, following, if practicable, provision of opportunity for you to agree or disagree with the disclosure; and (6) for other purposes following your execution of written authorization for use and disclosure. These purposes are described more fully below. As also set forth below, with certain specific exceptions, the Plan will only disclose the “minimum necessary” amount of Protected Health Information.

### **1. Disclosure to You.**

The Plan may disclose Protected Health Information to you. Procedures for you to obtain this information are set forth in the section concerning your rights with respect to your Protected Health Information beginning on page 7.

### **2. Use and Disclosure to Carry Out Treatment, Payment or Health Care Operations.**

The Plan may use or disclose Protected Health Information for purposes of treatment, payment or health care operations. This can include disclosure to the plan sponsor - the Board of Trustees - as discussed in Section 3 below.

#### **a. Treatment**

The Plan may use or disclose Protected Health Information for the purpose of treatment. “Treatment” is the provision, coordination or management of health care and related services. It also includes but is not limited to consultations and referrals between one or more providers.

For example, the Plan may disclose to a treating cardiac surgeon the name of a treating cardiologist so that the cardiac surgeon may ask for diagnosis records from the treating cardiologist.

#### **b. Payment**

The Plan may use or disclose your Protected Health Information for the purpose of “payment.” “Payment” includes but is not limited to actions regarding coverage determinations and payment, including billing, claims management and determination, subrogation, plan reimbursement, reviews for medical necessity and appropriateness of care, utilization review and preauthorization.

For example, the Plan may provide information regarding your coverage or health care treatment to another health plan under which you are covered to coordinate payment of benefits.

#### **c. Health Care Operations**

The Plan may use or disclose Protected Health Information for the purpose of conducting its “health care operations.” “Health care operations” include 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.
- Conducting or arranging for medical reviews, legal services, compliance programs and auditing functions, including fraud and abuse prevention.

- Business planning and development including cost management and planning related analyses and formulary development.
- Business management and general administrative activities of the Plan, including customer service and resolution of internal grievances.
- Certain marketing activities.

For example, the Plan may use information about claims to audit the accuracy of its claims processing function.

### **3. Disclosure to the Plan Sponsor for Purposes of Plan Administration and other Authorized Purposes.**

The Plan may disclose your Protected Health Information to the plan sponsor, the Board of Trustees, for the purposes of its administration of the Plan and for other functions specifically authorized under the U.S. Department of Health and Human Services regulations regarding the privacy of Protected Health Information. This disclosure may be for purposes of the Plan's treatment, payment and health care operations

**a. Disclosure to Board of Trustees of "Summary Health Information" for Insurance Procurement and Amendment, Modification or Termination of the Plan.** The Plan may disclose to the Board of Trustees "summary health information" (information which summarizes claims history, claims expenses, or types of claims experienced by individuals for whom the Board of Trustees provide coverage under the Plan and from which aspects permitting identification, other than a five-digit zip code, have been eliminated) in order for the Board of Trustees to obtain premium bids from health plans for providing health insurance coverage under the Plan or for the Board of Trustees to modify, amend or terminate the Plan.

**b. Disclosure to Board of Trustees of Enrollment-Related Information.** In addition, the Plan may disclose to the Board of Trustees Protected Health Information concerning whether you participate in the Plan or have enrolled or disenrolled from a health insurance issuer or HMO, in the event the Plan were to ever have such options.

**c. Disclosure to Board of Trustees with Authorization.** The Plan may disclose Protected Health Information to the Board of Trustees pursuant to an "authorization" discussed in Section 6 below.

**d. Disclosure to Board of Trustees for Purposes of Plan Administration.** The Plan may disclose Protected Health Information to the Board of Trustees in order for the Board of Trustees to carry out its responsibilities to administer the Plan.

For example, the Plan may disclose to the Board of Trustees information relevant to the Board of Trustees' responsibilities to resolve an appeal regarding denial of a claim you might have for payment of benefits regarding a particular type of medical services, such as radial keratotomy, which is excluded from the Plan.

In order to disclose Protected Health Information to the Board of Trustees for this purpose and for any other purpose other than those set forth in Sub-Sections (a) through (c) of this Section 3, the Board of Trustees must certify to the Plan that the Plan documents have been amended to restrict uses and disclosures of such information by the Board of Trustees to those permitted by the U.S. Department of Health and Human Services regulations regarding the privacy of Protected Health Information.

#### **4. Use and Disclosure Required or Permitted Under HHS Regulations Without Your Authorization or Opportunity to Disagree with Use or Disclosure.**

Under the U.S. Department of Health and Human Services regulations regarding the privacy of Protected Health Information, the Plan is required or permitted to use or disclose Protected Health Information for certain purposes without either your authorization or opportunity to disagree with the use or disclosure. Examples of specific circumstances where the Plan may use or disclosure Protected Health Information without your authorization are set forth below.

**a. Use or Disclosure Required by Law.** The Plan may use or disclose Protected Health Information when it is required to do so by federal, state or local law.

**b. Use or Disclosure for Public Health Activities.** The Plan may use or disclose Protected Health Information when permitted under the applicable regulations for purposes of public health activities, including when necessary to report product defects, to permit product recalls and to conduct post-marketing surveillance. Protected Health Information may also be used or disclosed if you have been exposed to a communicable disease or are at risk of spreading a disease or condition, if authorized by law.

**c. Use or Disclosure Regarding Victims of Abuse, Neglect or Domestic Violence.** The Plan may use or disclose Protected Health Information when authorized by law to report information about abuse, neglect or domestic violence to public authorities if there exists a reasonable belief that you may be a victim of abuse, neglect or domestic violence. In such case, the Plan will promptly inform you that such a disclosure has been or will be made unless that notice would cause a risk of serious harm. For the purpose of reporting child abuse or neglect, it is not necessary to inform the minor that such a disclosure has been or will be made. Disclosure may generally be made to the minor's parents or other representatives although there may be circumstances under federal or state law when the parents or other representatives may not be given access to the minor's private health information.

**d. Use or Disclosure for Public Health Oversight Activities.** The Plan may disclose Protected Health Information to a public health oversight agency for oversight activities authorized by law. This includes uses or disclosures in connection with audits, civil administrative or criminal investigations, inspections, licensure or disciplinary action. The Plan, however, may not disclose your Protected Health Information if you are the subject of an investigation and the investigation does not arise out of or is not directly related to your receipt of health care or public benefits.

**e. Use or Disclosure Related to Judicial and Administrative Proceedings.** As permitted or required under state or federal law, the Plan may disclose Protected 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 Plan makes reasonable efforts to either notify you about the request, to obtain an order protecting your Protected Health Information or otherwise complies with the applicable terms of the U.S. Department of Health and Human Services regulations regarding the privacy of Protected Health Information.

**f. Use or Disclosure for Law Enforcement Purposes.** The Plan may use or disclose Protected Health Information for law enforcement purposes which are specifically set forth in the U.S. Department of Health and Human Services regulations regarding the privacy of Protected Health Information. These situations include, but are not limited to cases in which the Plan has a suspicion that your death may have resulted from criminal conduct or the provision of certain limited information for purposes of identifying or locating a suspect, fugitive, material witness or missing person.

**g. Use or Disclosure Concerning Persons who Have Died.** The Plan may use or disclose Protected Health Information when required to be given to a coroner or medical examiner for the purposes of identifying a deceased person, determining a cause of death or other duties as authorized by law. Also, disclosure is permitted to funeral directors, consistent with applicable law, to carry out duties with respect to a dead person or, if necessary, in reasonable anticipation of the person's death.

**h. Use or Disclosure for Cadaveric Organ, Eye or Tissue Donation Purposes.** The Plan may use or disclose Protected Health Information in communications with organ procurement organizations or other agencies engaged in the procurement, banking or transplantation of cadaveric organs, eyes or issue for the purpose of facilitating donation and transplantation.

**i. Use or Disclosure for Research Purposes.** The Plan may use or disclose Protected Health Information for research purposes, to the extent permitted under the U.S. Department of Health and Human Services regulations regarding the privacy of Protected Health Information.

**j. Use or Disclosure to Avert a Serious Threat to Health or Safety.** The Plan may, consistent with applicable law and ethical standards of conduct and within the limits permitted under the U.S. Department of Health and Human Services regulations use or disclose your Protected Health Information if the 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 the health or safety of the public.

**k. Use or Disclosure for Specialized Government Functions.** The Plan may, to the extent permitted under the U.S. Department of Health and Human Services regulations regarding the privacy of Protected Health Information, use or disclose your Protected Health Information to facilitate specialized governmental functions related to the military and veterans, national security and intelligence activities, protective services for the President and others, and correctional institutions and inmates.

**l. Use or Disclosure for Workers' Compensation.** The Plan may disclose your Protected Health Information as authorized by and to the extent necessary to comply with laws relating to workers' compensation or other similar programs, established by law, that provide benefits for work related injuries or illness without regard to fault.

**5. Use and Disclosure Requiring, if Practicable, Opportunity for You to Agree or Disagree.**

The Plan may also use or disclose Protected Health Information for the purposes listed in Sub-Sections (a) and (b) of this Section 5 if the conditions in Sub-Section (d) are followed:

**a. Disclosure to a Family Member, Relative, Friend or Other Identified Person Involved in Your Health Care of Information Relevant to Their Involvement in Your Health Care or Payment for Care.** The Plan may disclose to your family member, other relative, your close personal friend or any other person you identify, Protected Health Information relevant to that person's involvement with your health care or with payment related to your health care. Disclosure will be limited to the information which is directly relevant to that person's involvement with your health care.

**b. Disclosure to a Family Member, Your Personal Representative or Other Person Responsible for Your Care of Your Location, General Condition or Death.** The Plan may disclose to a family member, your personal representative or other person responsible for your care, information concerning your location, general condition or death.

**c. Use or Disclosure for Fundraising Communications.** If ever the Plan engages in any sort of fundraising activities on behalf of the Plan, you may be contacted to raise funds, but you have the right to opt-out of such communications. Currently, the Plan does not engage in fundraising activities.

**d. Conditions on Disclosures set Forth in Sub-Section (a) and (c).**

If you are present or otherwise available prior to a disclosure being made under either Sub-Section (a) or (b) and you have the capacity to make health care decisions, the Plan will not make the disclosure unless (1) your agreement to the disclosure is obtained, (2) you are given an opportunity to object to the disclosure and do not, or (3) the Plan reasonably infers from the circumstances, based on professional judgment, that you do not object to the disclosure.

If you are not present or otherwise available prior to a disclosure being made under either Sub-Section (a) or (b) or if you cannot be given an opportunity to agree or disagree with disclosure due to your incapacity or because of emergency, the Plan may, in the exercise of professional judgment, determine whether disclosure is in your best interests and, if so, disclose only the Protected Health Information that is directly relevant to the particular person's involvement with your health care.

**6. Use and Disclosure Requiring Your Authorization.**

Uses or disclosures by the Plan of your Protected Health Information that constitute the sale of Protected Health Information will require your prior written authorization. Your prior written authorization is also required for uses and disclosures of your Protected Health Information for marketing purposes. However, this does not include face-to-face communications about products or services that may be of benefit to you and about prescriptions you have already been prescribed. Currently, the Plan does not engage in the sale of Protected Health Information and does not use or disclose Protected Health Information for marketing purposes.

Except as stated otherwise in this Notice, the Plan will not disclose Protected Health Information other than with your written authorization. You may revoke your authorization in writing at any time subject to applicable law.

**7. Prohibition on Use and Disclosure of Genetic Information.**

In accordance with the Genetic Information Nondiscrimination Act of 2008, your Protected Health Information relating to genetic information may not be used or disclosed for underwriting purposes.

**8. Use and Disclosure of the "Minimum Necessary" Amount of Protected Health Information.**

When using or disclosing Protected Health Information or when requesting Protected Health Information from another covered entity, the Plan 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.

However, the "minimum necessary" standard will not apply in the following situations:

- Disclosure to or requests by a health care provider for treatment;
- Uses or disclosures made to you;
- Uses or disclosures made pursuant to your written authorization, except for authorizations requested by a covered entity, as described in the U.S. Department of Health and Human Services regulations regarding the privacy of Protected Health Information;
- Disclosures made to the Secretary of the U.S. Department of Health and Human Services;
- Uses or disclosure that are required by law; and

- Uses or disclosures that are required for the Plan's compliance with U.S. Department of Health and Human Services regulations regarding the privacy of Protected Health Information.

## **YOUR RIGHTS WITH RESPECT TO PROTECTED HEALTH INFORMATION**

You have the following rights regarding Protected Health Information that the Plan maintains:

### **1. Right to Request Restrictions on Use and Disclosure of Protected Health Information.**

You have the right to request that your Protected Health Information not be disclosed to a health plan, such as the Plan, for purposes of payment or healthcare operations if you paid out of pocket in full for that specific item or service.

You may make requests to the Plan to restrict uses and disclosures of your Protected Health Information to carry out treatment, payment or health care operations, or to restrict uses and disclosures to family members, relatives, friends or other persons identified by you who are involved in your care or payment for your care. However, the Plan is not required to agree to your request. If you wish to make a request for restrictions, please contact the Plan, 5837 Highway 41 North, Ringgold, GA 30736, Telephone: 1-877-937-9602.

### **2. Right to Receive Confidential Communications.**

You have the right to request that the Plan communicate with you in a certain way if you feel the disclosure of your Protected Health Information could endanger you. For example, you may ask that the 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 Plan, 5837 Highway 41 North, Ringgold, GA 30736, Telephone: 1-877-937-9602. The Plan will attempt to honor your reasonable requests for confidential communications.

### **3. Right to Inspect and Copy Your Protected Health Information.**

You have the right to inspect and copy your Protected Health Information, which is contained in a designated record set maintained by the Plan with the exception of psychotherapy notes, information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding or as otherwise precluded under the U.S. Department of Health and Human Services regulations regarding the privacy of Protected Health Information. A request to inspect and copy your Protected Health Information must be made in writing to Plan, 5837 Highway 41 North, Ringgold, GA 30736, Telephone: 1-877-937-9602.

### **4. Right to an Electronic Copy of Electronic Medical Records.**

If your Protected Health Information is maintained in an electronic format (known as an electronic medical record or an electronic health record), you have the right to request that an electronic copy of your record be given to you or transmitted to another individual or entity. The Plan will make every effort to provide access to your Protected Health Information in the form or format you request, if it is readily producible in such form or format. If the Protected Health Information is not readily producible in the form or format you request, your record will be provided in a format agreed to by you and the Plan. The Plan may charge you a reasonable, cost-based fee for the labor associated with transmitting the electronic medical record.

## **5. Right to Amend Protected Health Information.**

If you wish to amend a record maintained by the Plan you may request that the Plan amend the record. The request may be made as long as the information is maintained by the Plan in a designated record set. A request for an amendment of a record must be made in writing to Plan, 5837 Highway 41 North, Ringgold, GA 30736, Telephone: 1-877-937-9602. The Plan may deny the request if it does not include a reason to support the amendment. The request also may be denied if the health information record was not created by the Plan, if the Protected Health Information you are requesting to amend is not part of the Plan's designated record set, if the Protected Health Information you wish to amend falls within an exception to the Protected Health Information you are permitted to inspect and copy under applicable law, or if the Plan determines the records containing your Protected Health Information are accurate and complete.

## **6. Right to an Accounting of Disclosures of Protected Health Information.**

You have the right to request a list of disclosures of your Protected Health Information made by the Plan except for disclosures made (a) for purposes of treatment, payment and health care operations, (b) for other purposes exempt from accounting of disclosures under the U.S. Department of Health and Human Services regulations regarding the privacy of Protected Health Information, or (c) to a family member, relative, personal representative, friend or other designated representative for involvement in your health care, payment for your health care or notification. The request must be made in writing to Plan, 5837 Highway 41 North, Ringgold, GA 30736, Telephone: 1-877-937-9602. The request should specify the time period for which you are requesting the information, but may not request information for a date earlier than January 1, 2006. Accounting requests may not be made for periods of time going back more than six (6) years. The Plan will provide the first accounting you request during any twelve (12) month period without charge. Subsequent accounting requests may be subject to a reasonable cost-based fee. The Plan will inform you in advance of the fee, if applicable.

## **7. Right to Notification Upon Breach of Unsecured Protected Health Information.**

In the event of a breach of your unsecured Protected Health Information, the Plan will notify you in accordance with applicable laws and regulations.

## **8. 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 Plan, 5837 Highway 41 North, Ringgold, GA 30736, Telephone: 1-877-937-9602. You can also review this Notice on the FMCP website at [www.NIFMCP.com](http://www.NIFMCP.com).

## **DUTIES OF THE PLAN**

The Plan is required by law to maintain the privacy of your Protected Health Information as set forth in this Notice and to provide you this Notice of its duties and privacy practices. The Plan is required to abide by the terms of this Notice, which may be amended from time to time. The Plan reserves the right to change the terms of this Notice and to make the new Notice provisions effective for all Protected Health Information that it maintains. If the Plan changes its policies and procedures, it will revise the Notice and will provide a copy of the revised Notice to you within 60 days of the change.

## **YOUR RIGHT TO COMPLAIN**

You have the right to express complaints to the Plan and to the Secretary of the U.S. Department of Health and Human Services if you believe that your privacy rights have been violated. Any complaints to the Plan should be made in writing to Plan, 5837 Highway 41 North, Ringgold, GA



30736, Telephone: 1-877-937-9602. The Plan encourages you to express any concerns you may have regarding the privacy of your Protected Health Information. You will not be retaliated against in any way for filing a complaint.

**CONTACT OFFICE**

The Plan has designated the following as its contact office for all issues regarding your privacy rights, including complaints and questions regarding this Notice:

NECA/IBEW Family Medical Care Plan  
CompuSys, Inc.  
5837 Highway 41 North, Ringgold, GA 30736  
1-877-937-9602

**EFFECTIVE DATE**

The Notice is effective September 23, 2013.