

## NECA/IBEW FAMILY MEDICAL CARE PLAN

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

**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 Trust Fund ("Family Medical Care Fund") 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 Family Medical Care Fund's uses and disclosures of protected health information;
- Your rights with respect to protected health information;
- The Family Medical Care Fund's duties regarding protected health information and related matters;
- Your right to complain to the Family Medical Care Fund and to the Secretary of the 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;
- The Effective Date of this Notice.

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

The Family Medical Care Fund may use or disclose protected health information for certain purposes. Protected health information generally includes all individually identifiable health information transmitted or maintained by the Family Medical Care Fund 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 Family Medical Care Fund, for the purposes of administering the Plan and for other functions specifically authorized under the Department of Health and Human Service Regulations Regarding Privacy of Individually Identifiable Health Information; (4) for particular purposes for which use or disclosure is required or permitted under the Department of Health and Human Service regulations regarding Privacy of Individually Identifiable 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 Family Medical Care Fund will only disclose the “minimum necessary” amount of protected health information.

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

The Family Medical Care Fund 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.

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

The Family Medical Care Fund 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 of the Family Medical Care Fund, as discussed in Section 3, below.

### **a. Treatment**

The Family Medical Care Fund 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 Family Medical Care Fund 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 Family Medical Care Fund 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 Family Medical Care Fund 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 Family Medical Care Fund 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 Family Medical Care Fund, including customer service and resolution of internal grievances.
- Certain marketing activities.

For example, the Family Medical Care Fund 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 Family Medical Care Fund may disclose your protected health information to the plan sponsor, the Board of Trustees of the Family Medical Care Fund, for the purposes of its administration of the Plan and for other functions specifically authorized under the Department of Health and Human Service Regulations Regarding Privacy of Individually Identifiable Health Information. This disclosure may be for purposes of the Family Medical Care Fund'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 Family Medical Care Fund 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 Trustees provide coverage under the Fund 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 Family Medical Care Fund or for the Board of Trustees to modify, amend or terminate the Family Medical Care Fund.

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

**c. Disclosure to Board of Trustees with Authorization.** The Family Medical Care Fund 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 Family Medical Care Fund may disclose protected health information to the Board of Trustees in order for the Trustees to carry out their responsibilities to administer the Family Medical Care Fund.

For example, the Family Medical Care Fund 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) above, the Board of Trustees must certify to the Family Medical Care Fund 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 Department of Health and Human Service Regulations Regarding Privacy of Individually Identifiable 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 Department of Health and Human Service Regulations Regarding Privacy of Individually Identifiable Health Information, the Family Medical Care Fund 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.

**a. Use or Disclosure Required by Law.** The Family Medical Care Fund 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 Family Medical Care Fund 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 Family Medical Care Fund 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 Family Medical Care Fund 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 Family Medical Care Fund 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 Family Medical Care Fund, 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 Family Medical Care Fund 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 Family Medical Care Fund 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 HHS Regulations.

**f. Use or Disclosure for Law Enforcement Purposes.** The Family Medical Care Fund may use or disclose protected health information for law enforcement purposes which are specifically set

forth in the Department of Health and Human Service Regulations Regarding Privacy of Individually Identifiable Health Information. These situations include, but are not limited to cases in which the Fund 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 Family Medical Care Fund 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 Family Medical Care Fund 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 Family Medical Care Fund may use or disclose protected health information for research purposes, to the extent permitted under the Department of Health and Human Service Regulations Regarding Privacy of Individually Identifiable Health Information.

**j. Use or Disclosure to Avert a Serious Threat to Health or Safety.** The Family Medical Care Fund may, consistent with applicable law and ethical standards of conduct and within the limits permitted under the Department of Health and Human Service Regulations Regarding Privacy of Individually Identifiable Health Information use or disclose your protected health information if the Family Medical Care Fund, 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 Family Medical Care Fund may, to the extent permitted under the Department of Health and Human Service Regulations Regarding Privacy of Individually Identifiable 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 Family Medical Care Fund 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 Family Medical Care Fund may also use or disclose protected health information for the purposes listed in Sub-Sections (a) and (b), if the conditions in Sub-Section (c) are followed:

**a. Disclosure to a Family Member, Relative, Friend or Other Identified Person Involved in Your Health Care or Information Relevant to their Involvement in Your Health Care or Payment for Care.** The Family Medical Care Fund 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. Disclo-

sure 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 Family Medical Care Fund 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. Conditions on Disclosures set Forth in Sub-Section (a) and (b).**

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 Family Medical Care Fund 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 Fund 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 Family Medical Care Fund 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.**

Except as stated in Sections 1 through 5, above, the Family Medical Care Fund 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. 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 Family Medical Care Fund 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 Regulations;
- 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 Family Medical Care Fund's compliance with legal regulations.

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

You have the following rights regarding protected health information that the Family Medical Care Fund maintains:

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

You may request the Family Medical Care Fund 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 Family Medical Care Fund is not required to agree to your request. If you wish to make a request for restrictions, please contact the Family Medical Care Fund, 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 Family Medical Care Fund 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 Family Medical Care Fund 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 Family Medical Care Fund, 5837 Highway 41 North, Ringgold, GA 30736, Telephone: 1-877-937-9602. The Family Medical Care Fund 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 Family Medical Care Fund 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 Department of Health and Human Service Regulations Regarding Privacy of Individually Identifiable Health Information. A request to inspect and copy your protected health information must be made in writing to Family Medical Care Fund, 5837 Highway 41 North, Ringgold, GA 30736, Telephone: 1-877-937-9602.

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

If you wish to amend a record maintained by the Family Medical Care Fund you may request that the Family Medical Care Fund amend the record. The request may be made as long as the information is maintained by the Family Medical Care Fund in a designated record set. A request for an amendment of a record must be made in writing to Family Medical Care Fund, 5837 Highway 41 North, Ringgold, GA 30736, Telephone: 1-877-937-9602. The Family Medical Care Fund 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 Family Medical Care Fund, if the protected health information you are requesting to amend is not part of the Family Medical Care Fund'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 Family Medical Care Fund determines the records containing your protected health information are accurate and complete.

## **5. 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 Family Medical Care Fund 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 Department of Health and Human Service Regulations Regarding Privacy of Individually Identifiable 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 Family Medical Care Fund, 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 April 14, 2003. Accounting requests may not be made for periods of time going back more than six (6) years. The Family Medical Care Fund 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 Family Medical Care Fund will inform you in advance of the fee, if applicable.

#### **6. 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 Family Medical Care Fund, 5837 Highway 41 North, Ringgold, GA 30736, Telephone: 1-877-937-9602.

### **DUTIES OF THE FAMILY MEDICAL CARE FUND**

The Family Medical Care Fund 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 Family Medical Care Fund is required to abide by the terms of this Notice, which may be amended from time to time. The Family Medical Care Fund 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 Family Medical Care Fund 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 Family Medical Care Fund and to the Secretary of the United States Department of Health and Human Services if you believe that your privacy rights have been violated. Any complaints to the Family Medical Care Fund should be made in writing to Family Medical Care Fund, 5837 Highway 41 North, Ringgold, GA 30736, Telephone: 1-877-937-9602. The Family Medical Care Fund encourages you to express any concerns you may have regarding the privacy of your information. You will not be retaliated against in any way for filing a complaint.

### **CONTACT OFFICE**

The Family Medical Care Fund 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 January 1, 2006 (but revised for CompuSys address December 6, 2007).