



## CALIFORNIA IRONWORKERS FIELD WELFARE PLAN

131 No. El Molino Avenue Suite 330 Pasadena, CA 91101  
Tel: (626) 792-7337 or (800) 527-4613 FAX: (626) 529-0014

**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.**

September 23, 2013

### **CALIFORNIA IRONWORKERS FIELD WELFARE PLAN NOTICE OF PRIVACY PRACTICES**

This Notice of Privacy Practices (the "Notice") describes how your health information may be used or disclosed to carry out treatment, payment, or health care operations and for other purposes that are permitted or required by law. This Notice applies only to protected health information created or received by or on behalf of the California Ironworkers Field Welfare Plan (the "Plan").

The Plan is providing this Notice in accordance with the requirements of the Health Insurance Portability and Accountability Act of 1996 ("HIPAA").

If you have any questions about this Notice or about the Plan's privacy practices, please contact the Plan at:

#### **CONTACT INFORMATION**

California Ironworkers Field Welfare Plan  
131 N. El Molino Ave., Suite 330  
Pasadena, CA 91101  
Attn: HIPAA Privacy Official  
P: (800) 527-4613 F: (626) 529-0014

#### **What is Protected Health Information?**

HIPAA protects only certain medical information known as "protected health information" ("PHI"). Generally, PHI is health information, including demographic information, that can be used to identify you and that relates to:

- (1) your past, present or future physical or mental health or condition;
- (2) the provision of health care to you; or
- (3) the past, present or future payment for the provision of health care to you.

Your medical and dental records, your claims for medical and dental benefits, and the explanation of benefits ("EOB") sent in connection with payment of your claims are all examples of PHI.

#### **Effective Date**

This Notice is effective September 23, 2013.



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## The Plan's Responsibilities

The Plan is required by law to:

- maintain the privacy of your PHI;
- provide you with certain rights with respect to your PHI;
- provide you with a copy of this Notice of the Plan's legal duties and privacy practices with respect to your PHI; and
- follow the terms of the Notice that is currently in effect.

The Plan reserves the right to change the terms of this Notice and to make the new Notice provisions effective for all PHI that it maintains, as allowed or required by law. If the Plan makes any material change(s) to this Notice, it will provide a copy of the revised Notice to Plan participants by mail to their last-known address on file within 60 days of the change.

## How the Plan May Use and Disclose Your Protected Health Information

The Plan may use or disclose your PHI under certain circumstances without your permission. To the extent required by HIPAA, the Plan uses and discloses the minimum amount of your PHI necessary to perform these tasks.

**For Treatment.** The Plan may use or disclose your PHI to facilitate medical treatment and services by providers (such as doctors, nurses, technicians, medical students, or other hospital personnel) who are involved in taking care of you. For example, it may disclose information about your prior prescriptions to a pharmacist to determine if prior prescriptions contraindicate a pending prescription.

**For Payment.** The Plan may use or disclose your PHI to determine your eligibility for Plan benefits, to facilitate payment for the treatment and services you receive from health care providers, to determine benefit responsibility under the Plan, or to coordinate Plan coverage. The Plan may also use and disclose your PHI for other payment purposes as permitted by HIPAA. For example, the Plan may use or disclose your PHI to determine whether a particular treatment is experimental, investigational, or medically necessary, or to determine whether the Plan will cover the treatment. The Plan may also share your PHI with a utilization review or pre-certification service provider, another entity to assist with the adjudication or subrogation of health claims, or another health plan to coordinate benefit payments.

**For Health Care Operations and Administration of the Plan.** The Plan may use and disclose your PHI for Plan operations. These uses and disclosures are necessary to administer the Plan. For example, medical information may be used or disclosed in connection with conducting quality assessment and improvement activities; underwriting, premium rating, and other activities relating to Plan coverage; submitting claims for stop-loss (or excess-loss) coverage; conducting or arranging for medical review, legal services, audit services, and fraud & abuse detection programs; business planning and development such as cost management; and business management and general Plan administrative activities. The Plan will not, however, use or disclose PHI that is genetic information about an



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individual for underwriting purposes.

**Treatment Alternatives or Health-Related Benefits and Services.** The Plan may use or disclose your PHI to send you information about possible treatment options or alternatives or other health-related benefits and services that might be of interest to you. For example, your claims data may be used to alert you to an available disease management program or care coordination program. If case management is required, the Plan may use or disclose PHI to health care providers to coordinate or help manage treatment.

**To Business Associates.** The Plan may contract with individuals or entities known as “Business Associates” to perform various functions on its behalf or to provide certain types of services. In order to perform these functions or to provide these services, Business Associates will receive, create, maintain, use and/or disclose your PHI, but only after they agree with the Plan to implement appropriate safeguards regarding your PHI. For example, the Plan may disclose your PHI to a Business Associate to process your claims for Plan benefits or to provide support services, such as utilization management, pharmacy benefit management, or subrogation, but only after the Business Associate enters into an agreement with the Plan to protect your PHI as required by HIPAA.

**As Required by Law.** The Plan will use or disclose your PHI when required to do so by federal, state or local law. For example, the Plan may disclose your PHI when required by national security laws or public health disclosure laws.

**To Avert a Serious Threat to Health or Safety.** The Plan may use and disclose your PHI when necessary to prevent or lessen a serious and imminent threat to your health and safety, or to the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent or reduce the threat. For example, the Plan may disclose your PHI in a proceeding regarding the licensure of a physician.

**To Plan Sponsors.** For the purpose of administering the plan, the Plan may disclose PHI to the Plan Sponsor, the Board of Trustees of the California Ironworkers Field Welfare Plan. However, the Plan Sponsor will only use or disclose PHI to the extent necessary to perform plan administration functions or as otherwise permitted by HIPAA. For example, the Plan may disclose PHI to the Plan Sponsor to allow it to decide an appeal or review a subrogation claim. Your PHI cannot be used for employment purposes without your specific authorization.

**Organ and Tissue Donation.** If you are an organ donor, the Plan may release your PHI to organizations that handle organ procurement or organ, eye, or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

**Military and Veterans.** If you are a member of the armed forces, the Plan may release your PHI as required by military command authorities. The Plan may also release PHI about foreign military personnel to the appropriate foreign military authority.



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**Workers' Compensation.** The Plan may release your PHI for workers' compensation or similar programs, but only as authorized by, and to the extent necessary to comply with, laws relating to worker's compensation or other similar programs that provide benefits for work-related injuries or illness.

**Public Health Activities.** The Plan may disclose your PHI for public health activities when required or authorized by law. These activities generally include the following:

- to prevent or control disease, injury, or disability;
- to report births and deaths;
- to report child abuse or neglect;
- to report reactions to medications or problems with products;
- to notify people of recalls of products they may be using;
- to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and
- to notify the appropriate government authority if the Plan believes that a patient has been the victim of abuse, neglect, or domestic violence. The Plan will only make this disclosure if you agree, or when required or authorized by law.

**Health Oversight Activities.** The Plan may disclose your PHI to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure or disciplinary action. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

**Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, the Plan may disclose your PHI in response to a court or administrative order. The Plan may also disclose your PHI in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if reasonable efforts have been made to tell you about the request or to obtain an order protecting the information requested.

**Law Enforcement.** As permitted or required by law, the Plan may disclose your PHI if asked to do so by a law enforcement official—

- in response to a court order, subpoena, warrant, summons or similar process;
- to identify or locate a suspect, fugitive, material witness, or missing person;
- about the victim of a crime if, under certain limited circumstances, the Plan is unable to obtain the victim's agreement;
- about a death that the Plan believes may be the result of criminal conduct; and
- about criminal conduct.

**Coroners, Medical Examiners, and Funeral Directors.** The Plan may release PHI to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. The Plan may also release PHI about patients to funeral directors, as necessary to allow them to carry out their duties.



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**National Security and Intelligence Activities.** The Plan may release your PHI to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

**Inmates.** If you are an inmate of a correctional institution or are in the custody of a law enforcement official, the Plan may disclose your PHI to the correctional institution or law enforcement official if 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.

**For Limited Research Purposes.** The Plan may disclose your PHI to researchers if: (1) the individual identifiers have been removed; or (2) an institutional review board or privacy board has reviewed the research proposal, established protocols to ensure the privacy of the requested information, and approves the research.

**Government Audits.** The Plan is required to disclose your PHI to the Secretary of the United States Department of Health and Human Services when the Secretary is investigating or determining our compliance with the HIPAA privacy rule.

**Incident to a permitted use or disclosure.** The Plan may use and disclose PHI incident to any use or disclosure permitted or authorized by law.

**As part of a limited data set** that meets the technical requirements of 45 Code of Federal Regulations, Section 164.514(e), if the Plan has entered into a data use agreement with the recipient of the limited data set.

**Disclosures to You.** When you request, we are required to disclose to you the portion of your PHI that contains medical records, billing records, and any other records used to make decisions regarding your health care benefits.

### **Disclosures to Personal Representatives and Family Members**

**Personal Representatives.** The Plan will disclose your PHI to individuals authorized by you, or to an individual designated as your personal representative, attorney-in-fact, etc., so long as you provide the Plan with a written notice/authorization and any supporting documents (i.e., power of attorney). Note: Under HIPAA, the Plan does not have to disclose information to a personal representative if it has a reasonable belief that:

- (1) you have been, or may be, subjected to domestic violence, abuse or neglect by such person; or
- (2) treating such person as your personal representative could endanger you; and
- (3) in the exercise of professional judgment, it is not in your best interest to treat the person as your personal representative.

**Spouses and Other Family Members.** With only limited exceptions, the Plan will send all mail to the



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employee. This includes mail relating to the employee's spouse and other family members who are covered under the Plan, and includes mail with information on the use of Plan benefits by the employee's spouse and other family members and information on the denial of any Plan benefits to the employee's spouse and other family members. If a person covered under the Plan has requested Restrictions or Confidential Communications (see below under "Your Rights"), and if the Plan has agreed to the request, it will send mail as provided by the request for Restrictions or Confidential Communications.

### Uses and Disclosures that Require an Authorization

Other uses or disclosures of your PHI not described above will only be made with your written authorization. If you authorize the Plan to use or disclose your PHI, you may revoke that authorization at any time, so long as the revocation is in writing. Once the Plan receives your written revocation, it will only be effective for future uses and disclosures. It will not be effective for any information that may have been used or disclosed in reliance upon the written authorization and prior to receiving your written revocation.

The following are some uses or disclosures that require your written authorization:

**Marketing.** Except in the limited circumstances permitted by HIPAA or other applicable law, the Plan may not (1) use or disclose your PHI to market products or services to you or (2) disclose your PHI to anyone else that wishes to market products or services to you, unless it has your written authorization.

**Sale.** The Plan will not disclose your PHI to a third party in exchange for direct or indirect remuneration from or on behalf of the third party, unless it has your written authorization.

### Your Rights

You have the following rights with respect to your PHI:

**Right to Inspect and Copy.** You have the right to inspect and obtain a copy of certain PHI (that is, PHI maintained by the Plan in a "designated record set") that may be used to make decisions about your Plan benefits. If the information you request is maintained electronically, and you request an electronic copy, the Plan will provide a copy in the electronic form and format you request, if the information can be readily produced in that form and format. If it cannot be readily produced in that form and format, the Plan will work with you to come to an agreement as to form and format. If an agreement cannot be reached, the Plan will provide you with a paper copy.

To inspect and obtain a copy of your PHI, you must submit your request in writing to the Plan, using the contact information on the first page of this Notice. If you request a copy of the information, the Plan may charge a reasonable fee for the costs of copying, assembling, mailing (postage), or other supplies associated with your request.



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The Plan may deny your request in certain, limited circumstances. If the Plan denies your request, you may request that the denial be reviewed by submitting a written request to the Plan, using the contact information on the first page of this Notice.

**Right to Amend.** If you feel that the PHI the Plan has about you is incorrect or incomplete, you may ask the Plan to amend the information. You have the right to request an amendment for as long as the information is kept by or for the Plan.

To request an amendment, your request must be made in writing and submitted to the Plan, using the contact information on the first page of this Notice. Your request must include a reason that supports your request.

The Plan may deny your request if it is not in writing or does not include a reason to support the request. In addition, the Plan may deny your request if you ask it to amend information that:

- is not part of the medical information kept by or for the Plan;
- was not created by the Plan, unless the person or entity that created the information is no longer available to make the amendment;
- is not part of the information that you would be permitted to inspect and copy; or
- is already accurate and complete.

If the Plan denies your request, you have the right to file a statement of disagreement with the Plan, and any future disclosures of the disputed information will include your statement.

**Right to Request Restrictions.** You have the right to request a restriction or limitation on your PHI that the Plan uses or discloses for treatment, payment, or health care operations. You also have the right to request a limit on your PHI that the Plan discloses to someone who is involved in your care or the payment for your care, such as a family member or friend. For example, you could ask that the Plan not disclose information about a surgery that you had to a family member who normally pays your medical bills.

The Plan generally is not required to agree to your request for a restriction. However, the Plan will comply with a request for a restriction in the following circumstances: (1) except as otherwise

required by law, the disclosure is to a health plan for purposes of carrying out payment or health care operations (and is not for purposes of carrying out treatment); and (2) the PHI pertains solely to a health care item or service for which the health care provider involved has been paid out-of-pocket in full by you or another person.

If the Plan does agree to your request, it will honor the restriction until you revoke it or the Plan notifies you.

To request restrictions, you must make your request in writing to the Plan, using the contact information on the first page of this Notice. In your request, you must state: (1) what information you want to limit; (2) whether you want to limit the Plan's use, disclosure, or both; and (3) to whom



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you want the limits to apply (for example, disclosures to your spouse).

**Right to Request Confidential Communications.** You have the right to request that the Plan communicates with you about medical matters in a certain way or at a certain location, if you feel the disclosure of your PHI could endanger you. For example, you can ask that the Plan contact you only at work or by mail. To request confidential communications, you must make your request in writing to the Plan, using the contact information on the first page of this Notice. Your request must specify how or where you wish to be contacted. The Plan will accommodate all reasonable requests, but only if you clearly state on your request that you are requesting the confidential communication because you feel that disclosure in another way could endanger your safety.

**Right to an Accounting of Disclosures.** You have the right to request an “accounting” (i.e., a list) of certain disclosures of your PHI made by the Plan. The accounting will not include disclosures made: (1) for purposes of treatment, payment, or health care operations; (2) to you; (3) pursuant to your authorization; (4) to friends or family in your presence or because of an emergency; (5) for national security purposes; and (6) that are incidental to otherwise permissible disclosures.

To request an accounting of disclosures, you must submit your request in writing to the Plan, using the contact information on the first page of this Notice. Your request must state the time period you want the accounting to cover, which may not be longer than six (6) years before the date of the request. The first accounting you request within a 12-month period will be provided free of charge. The Plan may charge you for the costs of providing subsequent accountings. The Plan will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

**Right to Receive Notification of Breach.** You have the right to be notified in the event that the Plan (or a Business Associate) discovers a breach of unsecured PHI about you, unless there is a low probability that such PHI was compromised or notification is not otherwise required under HIPAA.

**Right to a Paper Copy of This Notice.** You can obtain a paper copy of the current Notice by contacting the Privacy Officer using the contact information on the first page of this Notice. You may also obtain a copy of this Notice on the Plan’s website: [www.ironworkerbenny.com/home.html](http://www.ironworkerbenny.com/home.html).

### Complaints

If you believe that your privacy rights have been violated, you may file a written complaint with the Plan and/or with the Office for Civil Rights of the United States Department of Health and Human Services (“HHS”). Any complaints to the Plan should be submitted to the HIPAA Privacy Official using the contact information on the first page of this Notice.

You are encouraged to contact the Plan with any concerns you may have regarding the privacy of your PHI. You will not be penalized, or in any other way retaliated against, for filing a complaint with the Plan or with HHS.