

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION

PLEASE REVIEW THIS CAREFULLY

This Notice from the UFCW Local 1776 and Participating Employers Health and Welfare Fund (referred to in this Notice as the “Fund”) informs you about the way that your health information may be used by the Fund.

A federal law, the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”), provides your health information with important protection. This federal law requires the Fund to maintain the privacy of your protected health information (“PHI”). This federal law also requires the Fund to provide you with this Notice describing the privacy policies and practices adopted by the Fund. The Fund must follow these policies and practices but, as permitted by law, the Fund reserves the right to amend or modify these privacy policies and practices. These changes in our policies and practices may be required by changes in federal and state laws and regulations. Regardless of the reason for the changes, we will provide you with notice of any material changes to the policies and practices.

The effective date of this Notice is September 23, 2013.

Under HIPAA, how can the Fund use my PHI? The Fund can use your PHI to facilitate your treatment, to make or obtain payment for your treatment and for health plan operations, including administration, oversight, and other legal purposes.

How may the Fund use my PHI with respect to payment for my treatment? The Fund may use your PHI for the broad range of actions needed to make sure that the Fund can make payment for the services you and your dependents receive. The Fund may use your PHI for making payment to providers for services or treatment you received, for making arrangements for payment through one of the networks of providers through which the Fund provides benefits to you, and for coordinating payment to providers through other health plans under the Fund’s coordination of benefit rules. For example, the Fund provides participants with access to a network of providers outside this immediate geographic area. The Fund may provide your PHI to the network and directly to the provider in order to ensure that the provider receives the appropriate payment for the services that have been provided to you.

How may the Fund use my PHI with respect to health care operations? HIPAA provides that the Fund may use the PHI of the individuals the Fund covers for “health care operations.” This purpose includes the broad range of actions required to assess the quality of the Fund’s plan of benefits as well as for its administration and operations. These activities include, but are not limited to, ensuring that participants or their beneficiaries are eligible for benefits prior to making payment; taking corrective action to recoup overpayments; assessing health plan performance; reviewing the Fund’s plan of benefits and determining whether a reduction in costs is possible; continuing case management and coordination of care; commissioning and reviewing actuarial studies relating to the cost of benefits and management studies relating to the operation and administration of the plan; resolving internal grievances; and undertaking medical review, legal, and auditing functions. For example, the Fund may use PHI to determine the most cost-effective manner of providing vision benefits to its participants and beneficiaries.

May the Fund use my PHI for purposes besides payment and health care operations? Yes. HIPAA permits the Fund to use your PHI for a number of other purposes, including informing you of treatment alternatives or other health-related benefits that may be of interest to you.

Can the Fund release information relating to payment of my claims to my spouse? Unless you tell the Fund otherwise, the Fund will provide claims payment information to your spouse **without** requiring an authorization from you. **If you do not wish the Fund to provide your spouse with this information, you must tell the Fund in writing that you do not wish the Fund to release claims payment information to your spouse.** NOTE: If you wish the Fund to release other information to your spouse, please file an authorization form with the Fund Office. Please call the Fund Office for this form.

May I call the Fund to get information about my children’s health claims? The Fund will provide a minor child’s parent, guardian (or person standing *in loco parentis* with respect to the child) with payment information about the child’s claims. The Fund will carefully consider your written request for information other than claims payment information and will respond as permitted by these privacy policies and applicable state law. NOTE: If your child is not a minor, the Fund generally cannot provide you with the child’s PHI, even if the child is still covered under this Fund as your dependent, unless the child files an authorization form with the Fund Office. Please call the Fund Office for this form.

Does HIPAA permit the Fund to disclose my PHI to my employer or insurers? Under HIPAA, the Fund generally cannot disclose your PHI to your employer without your written authorization. It is important to note, however, that HIPAA does permit the Fund to disclose your PHI without your authorization to workers’ compensation carriers, state administrators, or others involved in the workers’ compensation systems to the extent the disclosure is required by state or other law.

May the Fund release my PHI to the Fund’s plan sponsor?

HIPAA does permit the Fund to disclose information to the “plan sponsor” for administrative functions. Here, the “plan sponsor” is the Fund’s Board of Trustees. The Trustees will have access to PHI as necessary to fulfill their obligation to administer the Fund in the best interests of all participants and beneficiaries. The Trustees will not disclose any PHI that they receive from the Fund except as necessary to fulfill their legal obligations.

May the Fund release my PHI for law enforcement purposes? Your PHI may be disclosed to law enforcement officials for certain law enforcement purposes.

May the Fund release my PHI for health oversight activities? The Fund may disclose your PHI to a health oversight agency for health oversight activities authorized by law. These activities include audits; investigations; inspections; licensure or disciplinary actions; and other proceedings or activities necessary for appropriate oversight of the health care system, government benefit programs, certain entities subject to government regulatory programs and certain entities subject to civil rights laws. The Fund may not, however, disclose your PHI if you are the subject of an investigation and the investigation does not arise out of and is not directly related to your receipt of health care or public benefits.

May the Fund release my PHI in connection with judicial and administrative proceedings? The Fund may disclose your PHI in the course of a judicial or administrative proceeding if the Fund receives a court order, subpoena, discovery request or other lawful process. Before releasing this information, the Fund will make reasonable efforts either to notify you or to obtain an order protecting your PHI.

Would the Fund release my PHI if my health or safety or public health or safety would be jeopardized if it did not? If the Fund has a good faith belief that your health or safety or public health or safety would be jeopardized if it did not disclose the information, the Fund will do so, after consideration of appropriate legal and ethical standards.

Must the Fund have an authorization to release my PHI? Uses and disclosures of your PHI for marketing purposes and disclosures that constitute the sale of PHI require your written authorization. In addition, disclosure of your PHI or its use for any purpose other than those described in this Notice requires your written authorization. This means that if you want your friend, relative, or union representative to check on the status of a claim you submitted or to advise when or if payment will be made, you must sign an authorization form and submit it to the Fund Office. If you change your mind after authorizing a use or disclosure of your PHI, you may submit a written revocation of the authorization. However, your decision to revoke the authorization will not affect or undo any use or disclosure of information that occurred before you provided written notice to the Fund of your decision to revoke the authorization.

May the Fund use or disclose my genetic information for underwriting purposes? The Fund may NOT use or disclose your genetic information for underwriting purposes.

Do I have rights under the federal privacy standards? Your rights to information under HIPAA include:

- the right to request restrictions on the use and disclosure of your PHI. The Fund will carefully consider, although it is not required to honor, your request for restrictions;
- the right to receive confidential communications concerning your medical conditions or treatment if you believe that disclosure of this information could endanger you. For example, you can make a written request that the Fund send information about your medical treatment to a post office box or an address different from your home address in order to ensure that your PHI remains confidential. The Fund will attempt to honor reasonable requests for confidential communications;
- the right to inspect and copy your PHI. The Fund may charge a reasonable fee for copying, assembling and mailing your requested PHI;
- the right to receive an electronic copy of your electronic medical records. The Fund will make every effort to provide access to PHI in the form or format you request, if it is readily producible in such form or format;
- the right to receive notice of a breach of your unsecured PHI;
- the right to amend or submit corrections to your PHI. If you believe that the information in your records is inaccurate or incomplete, you may submit a written request to correct these records. The Fund may deny your request if, for example, you do not include the reason you wish to correct your records or if the records were not created by the Fund;
- the right to receive an accounting of how and to whom your PHI has been disclosed, if it was disclosed for reasons other than payment or health care operations. Your written request for information must be submitted to the Fund and should state the period of time for which you are requesting an accounting;
- the right to file a complaint with the Fund and the Secretary of the U.S. Department of Health & Human Services, if you believe that your privacy rights have been violated. Note: you will **not** be penalized or otherwise retaliated against for filing a complaint;
- the right to receive a printed copy of this Notice. You can find this Notice on the Fund's website at www.ufcw1776benefitfunds.org.

Complaints, comments and requests. The Fund has designated Edee McKee as the Privacy Officer to answer questions and address problems regarding privacy issues under HIPAA. If you wish to file an authorization, request information to which you have a right or file a complaint with the Fund, or if you have any questions regarding this Notice, you should address them to:

Privacy Officer
UFCW Local 1776 and Participating Employers
Health and Welfare Fund Office
3031 B Walton Road
Plymouth Meeting, PA 19462

Please remember that the Fund can assess reasonable charges for copying, assembling and mailing any documents that you request.