

# NEW YORK DISTRICT COUNCIL OF CARPENTERS

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**TO: ALL PARTICIPANTS IN THE NEW YORK CITY DISTRICT COUNCIL OF  
CARPENTERS WELFARE FUND**

**RE: NOTICE OF PRIVACY PRACTICES**

*This Notice is effective September 23, 2013.*

**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.**

Protected Health Information ("PHI") is information, including demographic information, that may identify you and that relates to health care services provided to you, the payment of health care services provided to you or your physical or mental health or condition in the past, present or future and is transferred to another entity or maintained by the Plan in oral, written, electronic or any other form.

This Notice of Privacy Practices (the "Notice") describes how the Fund may use and disclose your PHI. It also describes our obligations and your rights to access and control your PHI. We are required by law to (i) maintain the privacy of PHI; (ii) provide you with this Notice of our legal duties and privacy practices with respect to PHI; (iii) abide by the terms of the notice currently in effect; (iv) inform you about: your right to file a complaint with the Plan and with the secretary of the U.S. Department of Health and Human Services and the person or office you should contact for further information about the Plan's privacy practices. In addition, the Plan may not (and does not) use your genetic information that is PHI for underwriting purposes. Each of the third-party payers retained by the Welfare Fund to administer various parts of your health care coverage also has the same responsibilities to maintain the privacy of PHI.

### **Mandatory Uses and Disclosures**

The Fund is required to disclose your PHI to you, at your request, to allow you to exercise your rights regarding your PHI, as described below.

The Fund is also required to disclose your PHI to the Secretary of the Department of Health and Human Services (the “Secretary”), if the Secretary requests such information, to investigate or determine our compliance with federal privacy regulations.

### **Permitted Uses and Disclosures**

The following categories describe different ways that the Fund may use and disclose your PHI without your consent or authorization. Regardless of whether health information is used or disclosed for purposes of treatment, payment or health care operations, the Fund will only use or disclose the minimum amount of information as may be necessary except for the following situations: (i) disclosures to or requests by a health care provider for treatment; (ii) uses or disclosures made to you; (iii) disclosures made to the Secretary of the U.S. Department of Health and Human Services; (iv) uses or disclosures required by law; and (v) uses or disclosures required for Plan’s compliance with legal regulations.

- **Treatment.** The Fund may use or disclose your PHI to facilitate treatment. Treatment means the provision, coordination, or management of health care and related services among health care providers or by a health care provider with a third party, consultation between health care providers regarding a patient, or the referral of a patient from one health care provider to another. As a group health plan, the Fund does not provide treatment. The Fund may disclose the fact that you are eligible for benefits to a provider who contacts us to verify your eligibility.
- **Payment.** The Fund may use and disclose your PHI to facilitate payment. Payment includes the various activities of health care providers to obtain payment or reimbursement for their services and the various activities of a health plan to obtain premiums, to fulfill their administrative responsibilities and to provide benefits and reimbursement for the provision of health care. For example, we may tell a doctor whether you are eligible for coverage or what percentage of the bill we will pay. In addition, a bill may be sent to a third party payer. The information on the bill may include information that identifies you, as well as your diagnosis and the services rendered. We may also use your PHI to decide whether a particular treatment is medically necessary and what the payment should be. During this process we may disclose this information to your provider.
- **Health Care Operations.** The Fund may use and disclose your PHI during the course of running our health plan – that is, during operational activities, including, but not limited to, quality assessment and improvement, performance measurement, health services research and case management and care coordination. For example, we may use information about your claims to project future benefit costs or audit the accuracy of our claims processing functions. In addition, we may use your PHI to determine the cost impact of benefit design changes. We may disclose your PHI to underwriters for the purpose of calculating premium rates and providing quotes to us.
- **Trustees of the Fund.** The Board of Trustees is the plan sponsor of the Welfare Fund. We may use or disclose your PHI to the Board of Trustees, as necessary to carry out administrative functions of the Plan. For example, we may disclose to the Plan Sponsor

information to allow them to decide an appeal or review a subrogation claim. In addition, any Trustee may receive your PHI if you request that such Trustee assist you in filing or perfecting your claim for benefits under the Plan. The Trustees may also receive your PHI if it is necessary for them to fulfill their fiduciary duties with respect to the Plan. When disclosing PHI to the Board of Trustees, we will make reasonable efforts not to disclose more than the minimum necessary amount of PHI to achieve the particular purpose of the disclosure. In accordance with the Plan documents, the Board of Trustees has agreed not to use or disclose your PHI: (1) other than as permitted in this Notice or as required by law, (2) with respect to any employment-related actions or decisions, or (3) with respect to any other benefit plan maintained by the Board of Trustees.

In addition, the Fund may use or disclose "summary health information" to the Board of Trustees for obtaining premium bids or modifying, amending or terminating the health plan. Summary information summarizes the claims history, claims expenses or type of claims experienced by individuals for whom a plan sponsor has provided health benefits under a group health plan. [Identifying information will be deleted from summary health information, in accordance with HIPAA.]

- **Others Involved in Your Care.** The Fund may disclose your PHI to family members, other relatives, your close personal friends, and any other person you choose if (i) the information is directly relevant to the family or friend's involvement with your care or payment for that care, and (ii) you have either agreed to the disclosure, we can reasonably infer from the circumstances, based on our professional judgment, that you do not object to the disclosure, or you have been given an opportunity to object to the disclosure and have not objected. You have the right to restrict information that is provided to such persons as more fully described below. The Fund also may, under certain circumstances, use or disclose your PHI to notify or assist in the notification of a family member, your personal representative or another person responsible for your care of your location, general condition or death.
- **Business Associates.** The Fund may disclose your PHI to our business associates and may allow our business associates to create or receive PHI on our behalf.
- **As Required By Law.** The Fund may use or disclose PHI when required to do so by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law.
- **Public Health Activities.** The Fund may disclose your PHI for public health activities. These activities may include preventing or controlling disease, injury or disability; reporting births and deaths; reporting child abuse or neglect; reporting reactions to medications or problems with medical products; notifying you of recalls of products you may be using; and notifying you or another person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.
- **Victims of Abuse, Neglect or Domestic Violence.** The Fund may disclose your PHI to an appropriate government authority if we reasonably believe that you have been a victim of abuse, neglect or domestic violence. The Fund will only make such disclosures if you agree or when required or authorized by law.

- **Health Oversight Activities.** The Fund may disclose your PHI to a health oversight agency for oversight activities authorized by law. Oversight activities may include audits; civil, administrative or criminal investigations; inspections; licensure or disciplinary actions and civil, administrative or criminal proceedings or actions.
- **Judicial or Administrative Proceedings.** The Fund may disclose your PHI in response to a court or administrative order. The Fund may also disclose your PHI in response to a subpoena, discovery request, or other lawful process, but only if we receive satisfactory assurance that reasonable efforts have been made to tell you about the request or to obtain an order protecting the information requested.
- **Law Enforcement.** The Fund may disclose PHI if asked to do so by a law enforcement official (i) in response to a court order, subpoena, warrant, summons or similar process; (ii) to identify or locate a suspect, fugitive, material witness or missing person; (iii) about an individual who is or is suspected to be a victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement; (iv) about an individual who has died if we have a suspicion that such death may have occurred as a result of criminal conduct; (v) about criminal conduct occurring on our premises; and (vi) in emergency circumstances to report a crime, the location of the crime or victims or the identity, description or location of the person who committed the crime.
- **Coroners, Medical Examiners and Funeral Directors.** The Fund may disclose PHI to a coroner or medical examiner for the purpose of identifying a deceased person, determining a cause of death, or other duties authorized by law. The Fund may also disclose your PHI to funeral directors, as necessary to carry out their duties.
- **Organ, Eye and Tissue Donation.** The Fund may use or disclose your PHI to organ procurement organizations or other entities engaged in the procurement, banking or transplantation of organs, eyes or tissue to facilitate organ or tissue donation and transplantation.
- **Research.** The Fund may use or disclose your PHI for research purposes under certain circumstances.
- **To Avert a Serious Risk to Health or Safety.** Consistent with applicable law and standards of ethical conduct, we may use or disclose your PHI if we believe such use or disclosure is necessary to prevent or lessen a serious and imminent threat to your health or safety or the health and safety of the public or another person.
- **Military and Veterans.** If you are a member of the armed forces or separated/discharged from military service, we may use and disclose your PHI when required by military command authorities or the Department of Veteran Affairs, as may be applicable. The Fund may also release the PHI of individuals who are foreign military personnel to the appropriate foreign military authorities.
- **National Security and Intelligence Activities.** The Fund may disclose your PHI to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

- **Workers' Compensation.** The Fund may disclose your PHI to the extent necessary to comply with laws relating to workers' compensation and other similar programs that provide benefits for work-related injuries or illness without regard to fault.
- **Inmates.** If you are an inmate of a correctional facility or under the custody of a law enforcement officer, we may disclose your PHI to the correctional institution or the law enforcement officer.

The foregoing includes defined exceptions under which the Plan use or disclose your PHI for the purposes without your authorization. As such, the Plan must generally obtain your written authorization before: (i) using or disclosing psychotherapy notes about you from your psychotherapist; (ii) using or disclosing your PHI for marketing purposes (a communication that encourages you to purchase or use a product or service) if the Plan receives direct or indirect financial remuneration (payment) from the entity whose product or service is being marketed; or (iii) receiving direct or indirect remuneration (payment or other benefit in exchange for receipt for you (PHI)).

### **Other Uses and Disclosures**

Other uses and disclosures of your PHI not covered by this Notice will be made only with your written authorization. If you authorize us to use or disclose your PHI, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use your PHI for the reasons covered by your written authorization; however, we will not reverse any uses or disclosures already made in reliance on your prior authorization.

### **Your Rights With Respect to Protected Health Information**

You have the following rights regarding your PHI:

**Breach Notification:** if a breach of you unsecured PHI occurs, the Plan will notify you.

**Right to Inspect and Copy.** Generally, you may inspect and/or obtain a copy of your PHI (in hardcopy or electronic form) for as long as the PHI is kept by or for us. You may request your hardcopy or electronic information in a format that is convenient for you and the Plan will honor that request to the extent possible. You may also request a summary of your PHI. If you request a copy of your PHI, we may charge a fee for the costs of copying, mailing or other supplies associated with your request. The Fund may deny your request to inspect and/or obtain a copy of your PHI in very limited circumstances. If we deny your request to inspect and/or obtain a copy of your PHI, you may have a right to have that decision reviewed.

The Plan must provide the requested information within 30 days. A single 30-day extension is allowed if the Plan is unable to comply with the deadline and if the Plan provides you with a notice of the reason for the delay and the expected date by which the requested information will be provided.

**Right to Request Amendment.** If you feel that your PHI is inaccurate or incomplete, you have the right to request that we amend it for as long as the PHI is kept by or for us. You must provide a reason that supports your request. The Fund may deny your request for an amendment if it is not in writing or does not include a reason to support the request. The Fund may also deny your request if you ask us to amend information that (i) was not created by us, unless the person or entity that created the PHI is no longer available to make the amendment; (ii) is not part of the PHI kept by or for us; (iii) is not part of the information that you would be permitted to inspect and copy; or (iv) is accurate and complete. If we deny your request for amendment, you have the right to have a statement of disagreement included with the PHI and we have a right to include a rebuttal to your statement, a copy of which will be provided to you.

**Right to an Accounting of Disclosures.** You have the right to request an “accounting of disclosures.” This is a list of disclosures of your PHI that we have made to others. This list will not include disclosures made for the purpose of treatment, payment, or health care operations, disclosures made to you or other disclosures exempted from the disclosure accounting requirements by the federal rules governing such disclosures. Your request must state a time period, which may not be longer than six years and may not include dates before April 14, 2003. The first list that you request within a 12-month period will be free of charge. For additional lists, we may charge you for the costs of providing the list. The Fund 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 Request Restrictions.** You have the right to request a restriction on the PHI we use or disclose about you for treatment, payment, or health care operations. You also have the right to request a restriction on the PHI we disclose about you to someone who is involved in your care or the payment for your care, like a family member or a friend. Your request must state (i) what information you want to restrict; (ii) whether you want to restrict our use, disclosure or both; and (iii) to whom you want the restriction to apply. We are not required to agree to a restriction that you request. If we do agree, we will comply with your request unless the restricted information is needed to provide you with emergency treatment.

**Right to Request Confidential Communications.** You have the right to request that we communicate with you regarding PHI in a certain way or at a certain location. For example, you may ask that we only contact you at work or by mail. Your request must specify how or where you wish to be contacted. The Fund will accommodate reasonable requests.

**Right to Receive a Paper Copy of this Notice.** You have the right to receive a paper copy of this Notice upon request. This right applies even if you have previously agreed to accept this Notice electronically.

You may make any of the requests described above by contacting the Fund at:

New York City District Council of Carpenters Welfare Fund  
Privacy Officer  
395 Hudson Street  
New York, New York 10014  
(212) 366-7304

### **Complaints**

If you believe that your privacy rights have been violated, you may file a complaint with us or with the Secretary of the Department of Health and Human Services. All complaints must be submitted in writing. The Fund will not retaliate against you for filing a complaint. To file a complaint with the Fund, contact:

New York City District Council of Carpenters Welfare Fund  
Privacy Officer  
395 Hudson Street  
New York, New York 10014  
(212) 366-7304

To file a complaint with the Secretary, contact Office for Civil Rights, U.S. Department of Health and Human Services. Filing instructions are available at: [www.hhs.gov/ocr/privacy/hipaa/complaints/index.html](http://www.hhs.gov/ocr/privacy/hipaa/complaints/index.html).

### **For More Information**

If you have any questions regarding this Notice or the subjects addressed in it, you may contact:

New York City District Council of Carpenters Welfare Fund  
Privacy Officer  
395 Hudson Street  
New York, New York 10014  
(212) 366-7304

### **Changes to this Notice**

The Fund reserves the right to revise the terms of this Notice and to make the revised notice applicable to PHI that we already have as well as PHI that we receive in the future. We will provide you with a copy of the revised notice via mail with the Plan's next annual mailing. We will also post a copy of the current notice on our website no later than the effective date of the revision.