

The Redwood Empire Electrical Workers Health and Welfare Trust Fund (IBEW 551)
Notice of Privacy Practices

This Notice of Privacy Practices (“Notice”) is effective **September 2023**. This replaces the 2019 version.

NOTIFICATION OF PRIVACY POLICY UNDER THE
HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996 (HIPAA)

This Notice describes how Protected Health Information (PHI) about a plan member may be used and disclosed and how the member can get access to this information. Please review it carefully and contact the Administrative Office if you have any questions.

Any reference to "plan," "us," "we," or "our" in this Notice refers to the following healthcare components of the Redwood Empire Electrical Workers Health and Welfare Trust Fund (IBEW 551: (1) Self-Funded Health Reimbursement Arrangement administered by contract with Navia Administrators, (2) Delta Dental and (3) any other health plan component of the Redwood Empire Electrical Workers Health and Welfare Plan that the Trust Office receives Protected Health Information (other than enrollment, disenrollment and summary health information). You may be covered under one or both of these programs; please contact the HIPAA Privacy Official if you have questions about if you are covered under these programs.

We are required by federal law (called the "HIPAA Privacy Rule") to ensure and safeguard your medical information, known as “protected health information.” We are required by the HIPAA Privacy Rule to provide you with a copy of this Notice of Privacy Practices ("Notice") which describes our protected health information privacy practices. We must abide by the terms of this Notice. **Note:** The providers of the Plan’s insured benefits [Kaiser (HMO plan); Sutter Health Plus (Summit HMO); Anthem Blue Cross (PPO plan), United American and Western Health Advantage (HMO plan) are each subject to HIPAA with respect to the benefits they provide and are responsible for preparing and distributing their own respective notice of privacy practices. This Notice does not apply to any of these insured benefits.] This Notice and its contents are intended to conform to the requirements of HIPAA, and it applies to all records containing your PHI that are created, transmitted or retained by the Plan or Business Associates (including their subcontractors) that help administer the Plan.

- **PHI Defined.** The term “PHI” or “medical information” in this Notice means individually identifiable medical and genetic information that relates to your physical or mental health condition, the provision of health care to you, or payment of such health care.
- **De-Identified PHI.** This Notice does not apply to information that has been de-identified. De-identified information neither identifies nor provides a reasonable basis to identify you.
- **Minimum Necessary.** When using or disclosing PHI, the Plan will make reasonable efforts not to use, disclose, or request more than the minimum amount of PHI necessary to accomplish the intended purpose of the use, disclosure or request, taking into consideration practical and technological factors and limitations and any applicable law requiring greater disclosure.

The Plan will also let you know promptly if a breach occurs that may have compromised the privacy or security of your information. The Plan will not use or share your information other than as permitted by HIPAA and unless you tell the Plan Office it can in writing. If you tell the Plan office it can, you may change your mind at any time, but let the Plan Office know in writing.

The rights in this Notice apply to you, your eligible Spouse or Domestic Partner, and your eligible Dependent Children.

For more information please see: <https://www.hhs.gov/hipaa/for-individuals/notice-privacy-practices/index.html>.

If you have any questions about this Notice or would like further information, contact Alice Marshall, the HIPAA Privacy Official, at (707) 526-1996.

The Redwood Empire Electrical Workers Health and Welfare Trust Fund (IBEW 551)
Notice of Privacy Practices

DEFINITIONS

The following terms appearing in this Notice have special meaning, as explained below:

Business Associate. A Business Associate is a person or company who, on our behalf, performs or assists in the performance of a function or activity involving the use or disclosure of protected health information, including, for example, claims processing or administration, data, utilization review, quality assurance, billing, benefit management, etc. A Business Associate also means a person or company who provides services for plans, including, for example, legal, actuarial, accounting, consulting, administration, or financial services, and which involves the use and disclosure of protected health information.

A Business Associate includes a person or company that provides data transmission services with respect to protected health information and requires access on a routine basis to such protected health information. A Business Associate also includes a person that offers a personal health record to one or more individuals on behalf of the plans, and a subcontractor that creates, receives, maintains, or transmits protected health information on behalf of a Business Associate.

Covered Entity. A Covered Entity is a health plan, a health care clearinghouse, or a health care provider that transmits any health information in electronic form in connection with a transaction covered by the HIPAA Privacy Rule.

Designated Record Set. A Designated Record Set is a group of records maintained by or for a Covered Entity that is: (i) the medical records and billing records about individuals maintained by or for a covered health care provider; (ii) the enrollment, payment, claims adjudication, and case or medical management record systems maintained by or for a health plan; or (iii) used, in whole or in part, by or for the Covered Entity to make decisions about individuals.

The Redwood Empire Electrical Workers Health and Welfare Trust Fund (IBEW 551)
Notice of Privacy Practices

WHAT IS PROTECTED HEALTH INFORMATION?

Protected health information (“PHI”) is individually identifiable health, mental health, substance abuse information that is maintained or transmitted by a Covered Entity, subject to some exceptions. Individually identifiable health information is health information: (i) that is created or received by a health care provider, health plan, employer or health care clearinghouse; and (ii) that is related to your past, present or future physical or mental health or condition, the provision of health care to you, or payment for the provision of health care to you; and (iii) with respect to which there is a reasonable basis for believing that the information can be used to identify you. Protected health information does not include employment records held by your employer in its role as an employer.

PHI includes genetic information within the meaning of the Genetic Information and Nondiscrimination Act and its implementing regulations. Genetic information means: (i) information about an individual’s genetic tests and the genetic tests of an individual’s family members; (ii) information about the manifestation of a disease or disorder in an individual’s family members (i.e. family medical history); (iii) an individual's request for, or receipt of, genetic services, or the participation in clinical research that includes genetic services by the individual or a family member of the individual; and (iv) the genetic information of a fetus carried by an individual or by a pregnant woman who is a family member of the individual and the genetic information of any embryo legally held by the individual or family member using an assisted reproductive technology. Note: The Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) ceases to apply to the PHI of a decedent 50 years following the date of the decedent’s death.

**Our Uses
and
Disclosures**

How do we typically use or share your medical information?

The following categories describe different ways that we use and disclose medical information. For each category of uses and disclosures, the Plan will explain what it means and present some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information may fall within one of the categories.

Treatment: We may use and disclose your protected health information to those who provide you with health care services or who are involved in your care. For example, we may disclose information to your physician. **Example:** *Doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.*

Payment: We may use and disclose your protected health information for payment activities such as determining your eligibility for benefits under the health plan(s), or facilitating payment to those who provide you with health care services or who are involved in your care. For example, we may share protected health information with other health plans for the purpose of determining which health plan is primarily responsible for payment of claims for benefits under the health plan. However, you may request that a Covered Entity not disclose protected health information to the plan for payment purposes if the disclosure is not otherwise required by law and the protected health information pertains solely to a health care item or service for which you (or any person other than the plan) have paid the Covered Entity in full. **Example:** *We share your eligibility for benefits information with Insured Carrier Sutter HMO to confirm whether payment will be made for a particular service.*

Health Care Operations: We may use and disclose your protected health information in order to administer our health plans. For example, we disclose protected health information for quality improvement, business planning, and cost management purposes. However, you may request that a Covered Entity not disclose protected health information to the plans for purposes of health care operations if the disclosure is not otherwise required by law and the protected health information pertains solely to a health care item or service for which you (or any person other than the plan) have paid the Covered Entity in full. **Example:** *We use health information in reviewing & responding to appeals, medical reviews, legal services, audit services, Plan administrative activities, premium rating, or conducting quality assessment and improvement activities.*

The Redwood Empire Electrical Workers Health and Welfare Trust Fund (IBEW 551)

Notice of Privacy Practices

Explanation of Benefits: When dental claims are processed, an explanation of benefits ("EOB") will be mailed to the primary member at the address on file with Delta Dental. These EOBs contain protected health information and may be for the claim(s) of the primary member or dependent(s) of the primary member covered under the health plan(s).

Disclosure to Plan Sponsor: We may disclose your protected health information to Board of Trustees of the health plan in order for the Board of Trustees to perform its plan administration functions such as determining issues related to eligibility and enrollment and performing its fiduciary obligations.

Disclosure to Business Associates & Subcontractors: We may disclose your protected health information to Business Associate(s), including its Subcontractors or Agents who perform various services to help us administer our health plan. Before we share your protected health information with other organizations, they must agree to protect your protected health information. As required by federal law, the Plan has a written contract with each of its business associates that contains provisions requiring them to protect the confidentiality of your PHI and to not use or disclose your PHI other than as permitted by the contract or as permitted by law.

Protected Health Information About Decedents: We are permitted to disclose a decedent's protected health information to a family member, close personal friend, or any other person identified by the individual, who was involved in the decedent's care or payment of care, unless doing so is inconsistent with the individual's expressed preference (provided such preference is known to the plan). We will safeguard the protected health information of a deceased individual in accordance with the HIPAA Privacy Rule for a period of fifty years following the individual's death. **Example:** *We disclose health information to a coroner or medical examiner necessary to identify a deceased person or determine the cause of death.*

Child Immunization Proof to Schools. The Plan may disclose proof of immunization of a student to the School, prior to admitting the student, where State or other law requires such information, upon obtaining the consent of the parent, guardian, or student of consenting age. Consent may be given by e-mail, in writing, over the phone, or in person.

Separate Statement of Uses and Disclosure for Appointment Reminders: We may also use your protected health information to provide you with appointment reminders or to provide you with information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Uses and Disclosures Required by Law: We may use or disclose your protected health information where required by local, state or federal law. For example, we must disclose protected health information to the Secretary of Health and Human Services for investigations or determinations related to our compliance with the HIPAA Privacy Rule. **Example:** *We share information with the Department of Health & Human Services for compliance with federal privacy laws.*

Public Health Activities: We may disclose your protected health information to authorized public health officials so they may carry out their public health activities. Such activities may include, for example, to prevent or control disease, injury or disability; to report births or deaths; or to report child abuse or neglect.

Victims of Abuse, Neglect, or Domestic Violence: We may disclose your protected health information to a government authority that is authorized to receive reports of abuse, neglect, or domestic violence. **Example:** *We share health information to report suspected abuse, neglect or domestic violence if we have a reasonable belief, or to prevent disease, or to help with product recalls, or to prevent/reduce a serious threat to anyone's health or safety.*

Health Oversight Activities: We may disclose your protected health information to government agencies authorized by law to conduct audits, investigations, inspections, etc. These government agencies monitor the operation of the health care system, government benefit programs (such as Medicare and Medicaid) and compliance with government regulatory programs and civil rights laws.

Judicial and Administrative Proceedings: We may disclose your protected health information if we are ordered to do so by a court that is handling a lawsuit or other dispute. We may also disclose your information in response to a subpoena, discovery

The Redwood Empire Electrical Workers Health and Welfare Trust Fund (IBEW 551)

Notice of Privacy Practices

request, or other lawful request by someone else involved in the dispute, but only if efforts have been made by the party seeking the information to tell you about the request or to obtain a court order protecting the information from further disclosure. *Example: We receive a discovery request in which you are a party involved in a lawsuit.*

Law Enforcement: We may disclose your protected health information to law enforcement officials for the following reasons:

- To comply with court orders, subpoenas, or laws that we are required to follow.
- To assist law enforcement officers with identifying or locating a suspect, fugitive, material witness, or missing person.
- To inform law enforcement officers about the victim of a crime.
- If we suspect a death resulted from criminal conduct.
- If necessary to report a crime that occurred on our premises.

Example: *We release health information because there is suspicion that your death was the result of a criminal conduct, or because of civil administrative or criminal investigations, audits, inspections, licensure or disciplinary action, or other activities necessary for the government to monitor government programs (such as Medicare fraud review), or for special government functions such as military, national security and presidential protective services.*

Coroners, Medical Examiners and Funeral Directors: We may disclose protected health information about decedents to a coroner or medical examiner. This may be necessary, for example, to determine the cause of death. We may also disclose this information to funeral directors as necessary to carry out their duties.

Cadaveric Organ, Eye and Tissue Donation: We may use or disclose your protected health information to organizations that handle organ procurement or transplantation as necessary to facilitate organ, eye or tissue donation and transplantation.

Certain Limited Research Purposes: We may use or disclose protected health information for certain limited research purposes provided that a waiver of authorization required by the HIPAA Privacy Rule has been approved by a privacy board.

To Avert A Serious Threat To Health Or Safety: We may use or disclose your protected health information when necessary to prevent a serious threat to your health or safety, or the health or safety of another person or the public.

Specialized Government Functions. We may use or disclose your protected health information for specialized government functions such as disclosures deemed necessary by military authorities, correctional institutions, or authorized federal officials for the conduct of national security activities.

Workers' Compensation: We may use or disclose your protected health information for workers' compensation or similar programs that provide benefits for work-related injuries or illness.

Uses and Disclosures Requiring an Opportunity to Agree or Object: In certain circumstances, we may use or disclose protected health information as long as you have had the opportunity to agree to, prohibit, or restrict the disclosure of protected health information. If you are not present, or the opportunity to agree or object cannot practicably be provided, we may exercise our professional judgment and determine that it is in your best interest to disclose your protected health information.

**Your
Choices**

For certain information, you can tell us your choices about what we share.

Unless otherwise permitted or required by applicable law, we will obtain your written authorization before using or disclosing your

The Redwood Empire Electrical Workers Health and Welfare Trust Fund (IBEW 551)

Notice of Privacy Practices

protected health information. This includes the use or disclosure of psychotherapy notes, or the use or disclosure of protected health information for marketing purposes, and the use or disclosure of protected health information which is a sale of protected health information.

In these cases below, you have both the right and choice to tell the Plan to:

- ✓ Share information with your family, close friends, or others involved in your health care or payment for your case, as long as you do not object.
- ✓ Share information in a disaster relief situation.

If you are not able to tell the Plan your preference, for instance if you are unconscious or not around, the Plan may share your health information if the Plan believes it is in your best interest. The Plan may also share your health information when needed to lessen a serious and imminent threat to health or safety.

In these cases, the Plan will not share your information unless you give your written authorization subject to your right to revoke, amend, or limit your authorization in writing, at any time:

- ✓ **Psychotherapy Notes.** Psychotherapy notes are separately filed notes about your conversations with your mental health professional. Although this Plan does not routinely obtain psychotherapy notes, it must generally obtain your written authorization before the Plan will use or disclose psychotherapy notes about you.
- ✓ **Marketing Authorization.** The Plan cannot receive financial remuneration (direct or indirect payment) from third parties in exchange for the marketing of PHI unless permitted under HIPAA or with your prior written authorization. Marketing is any communication about a product or service that encourages recipients of the communication to purchase or use the product or service. This Plan never markets personal information.
- ✓ **Sale of PHI.** The Plan is prohibited from directly or indirectly receiving financial or non-financial remuneration in cash or in kind (including granting license rights) from a third party in exchange for your PHI unless permitted under HIPAA or with your prior written authorization. This Plan does not sell your PHI.
- ✓ **Fundraising Purposes.** Except as permitted under HIPAA or with your prior written authorization, the Plan cannot use or disclose your PHI for fundraising purposes. Although the Plan does not use nor does it intend to use your PHI for fundraising purposes, it must inform you of your right to opt out of receiving any fundraising communications (whether received in writing or over the phone) if it uses or discloses your PHI for fundraising purposes.
- ✓ **Genetic Information.** Your PHI includes genetic information. In regards to underwriting, which is premium rating, or similar activities, the Plan will not use or disclose genetic information about an individual, as prohibited under the Genetic Information Nondiscrimination Act of 2008. Also, the Plan cannot use your genetic information to decide whether it will give you coverage and the price of that coverage.
- ✓ **Other Uses of Medical Information.** Other uses and disclosures of health information not covered by this Notice or the laws that apply to the Plan will be made only with your written permission. If you provide us permission to use or disclose health information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose health information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission.

If you provide us with a valid written authorization, you may revoke that authorization at any time, except to the extent that we have already relied on it. Your request to revoke an authorization must be made in writing and you must identify or adequately describe the authorization that is being revoked.

If you revoke your authorization, we will no longer use or disclose protected health information about you for the reasons covered by your written authorization, unless we are permitted or required to do so by law. You understand that we are unable to rescind any disclosures we have already made pursuant to your authorization. To revoke an authorization, contact the HIPAA Privacy Official.

**The Redwood Empire Electrical Workers Health and Welfare Trust Fund (IBEW 551)
Notice of Privacy Practices**

**Your
Rights**

When it comes to your health information, you have certain rights.

How Someone May Act on Your Behalf. Parents and guardians will generally have the right to control the privacy of protected health information about minors unless the minors are permitted by law to act on their own behalf.

If, under applicable law, a parent, guardian, or other person has the authority to act on behalf of an individual who is an unemancipated minor in making decisions related to health care, we will treat that person as a personal representative with respect to certain protected health information, provided additional documentation is attached to the original authorization.

If, under applicable law, a person has the authority to act on behalf of an individual who is an adult or an emancipated minor in making decisions related to health care, we will treat that person as a personal representative with respect to certain protected health information, provided additional documentation is attached to the original authorization.

Right to Request Access to your Protected Health Information. You have the right to request access to your protected health information in order to inspect and obtain a copy of such protected health information. To request access to inspect or obtain a copy of your protected health information, you must submit your request in writing to the HIPAA Privacy Official. We may charge a fee for the costs of copying, mailing, or other supplies we use to fulfill your request, if granted. Sometimes Business Associates hold the protected health information on behalf of the plans. If the plans do not maintain the protected health information that you are requesting and the plans know where the protected health information is maintained, the plans will tell you where to direct your request.

We may deny your request to inspect or obtain a copy of your protected health information under certain circumstances (e.g., the right to access information does not include access to all documents). If we deny part or all of your request, we will provide a written notice that explains our reasons for doing so, and, if the decision is reviewable, a description of how you can request a review of the decision.

Right To Request An Amendment to Your Records. If you believe that the protected health information we have about you is incorrect or incomplete, you may ask us to amend the protected health information. You have the right to request an amendment for as long as the protected health information is kept in a Designated Record Set maintained by us. To request an amendment to your protected health information, you must submit your request in writing to the HIPAA Privacy Official.

We may deny your request to amend your protected health information under certain circumstances (for example, because the information in the Designated Record Set is accurate and complete). If we deny part or all of your request, we will provide a written notice that explains our reasons for doing so, and a description of your rights to have that decision reviewed and how you can exercise those rights.

Right To Receive an Accounting of Disclosures. You have a right to request an accounting of disclosures about how we have shared your protected health information with others. However, the accounting of disclosures will not include any of the following:

- Disclosures made before April 14, 2004; or
- Disclosures related to treatment, payment, or health care operations; or
- Disclosures we made to you; or
- Disclosures you authorized; or
- Disclosures made to federal officials for national security and intelligence activities; or
- Disclosures about inmates or detainees to correctional institutions or law enforcement officials; or
- Disclosures made more than six years ago (the amount of time we are required to maintain records under the HIPAA Privacy Rule); or
- Disclosures made incident to a use or disclosure permitted or required by the HIPAA Privacy Rule; or
- Disclosures for a facility's directory or to persons involved in your care or certain other notification purposes; or

The Redwood Empire Electrical Workers Health and Welfare Trust Fund (IBEW 551) Notice of Privacy Practices

- Disclosures that were made as part of a limited data set (*i.e.*, a disclosure of protected health information that excludes certain individual identifiers that is generally for the purpose of health care operations or public health issues).

We may temporarily suspend your right to receive an accounting of disclosures under certain circumstances, such as when we are requested to do so by a health oversight agency or law enforcement official.

To request this accounting of disclosures, you must submit your request in writing to the HIPAA Privacy Official. The requested information will be provided within 30 days if the information is maintained on site or within 60 days if the information is maintained offsite. A single 30-day extension is allowed if the plan is unable to comply with deadline. Your request must state a time period for the disclosures you want us to include. You have a right to one free accounting of disclosures in any 12-month period. However, we may charge you for the cost of providing any additional accounting of disclosures in that same 12-month period. We will notify you of any cost involved so that you may choose to withdraw or modify your request before any costs are incurred.

Right To Request Additional Privacy Protections. You have the right to request that we further restrict the way we use and disclose your protected health information for treatment, payment or health care operations. You may also request that we limit how we disclose protected health information about you to someone who is involved in your care or the payment for your care.

NOTE: We are not required to agree to your request for a restriction, and in some cases the restriction you request may not be permitted by law. If we have agreed to a restriction, you have the right to revoke the restriction at any time. Under some circumstances, we will also have the right to revoke the restriction.

To request restrictions, you must submit your request in writing to the HIPAA Privacy Official. Your request must include all of the following information: (i) what protected health information you want to limit; (ii) whether you want to limit how we use the protected health information, how we share it with others, or both; and (iii) to whom you want the limits to apply.

Right To Request Confidential Communications. You have the right to request that we communicate with you about your medical matters in a more confidential way. For example, you may ask that we contact you at home instead of at work. To request more confidential communications, you must submit your request in writing to the HIPAA Privacy Official. You must specify in your request how or where you wish to be contacted. *NOTE: We are not obligated to accommodate your request.* Such requests shall be honored if, in the sole discretion of the Plan, the requests are reasonable and can be accommodated with minimal disruption to Plan administration. However, the Plan must say “yes” if you tell us you would be in danger if the Plan office does not honor your request.

Right to Notice Upon Breach of Unsecured/Unauthorized Protected Health Information: You will receive notice from us upon the occurrence of a breach of your unsecured protected health information maintained by the plan.

Right to Receive Electronic Protected Health Information in a Designated Record Set: If the plan maintains electronic protected health information in a designated record set, you have the right to request a paper copy of such information. We will provide you with a copy of your electronic protected health information in the electronic form and format that you request if it is readily producible, or if not, in a readable electronic form and format that is agreed upon by you and the Plan (e.g., excel, pdf, etc.). We may charge a reasonable fee for responding to such a request for electronic protected health information in a designated record set.

Right to Restrict Disclosure of PHI if Paying Out-of-Pocket. If you paid for services out-of-pocket, in full, for a specific item or service, you have the right to ask your Health Care Provider to not disclose your PHI related to that item or service to the Plan for purposes of payment of health care operations. The Health Care Provider must accommodate your request, except where the Health Care Provider is required by law to make a disclosure.

How To Obtain a Copy of This Notice or a Revised Notice. You may request a paper copy at any time, even if you have previously agreed to receive this Notice electronically. We may change our privacy practices at any time. If we materially change our privacy practices, we will revise this Notice so you will have a current summary of our practices. The revised Notice will apply to all of your protected health information, and we will be required by law to abide by its terms.

The Redwood Empire Electrical Workers Health and Welfare Trust Fund (IBEW 551)
Notice of Privacy Practices

To request a copy of the Notice, you must contact the HIPAA Privacy Official at (707) 526-1996. You may also obtain a copy of this Notice by requesting a copy in person from the Trust Fund Office at 2525 Cleveland Avenue, Suite C, Santa Rosa, CA 95403. The effective date of the Notice will always appear in the Notice.

Our Responsibilities

1. We are required by law to maintain the privacy of protected information.
2. Privacy of information is one of our highest priorities. We regularly review our security standards and practices to protect against unauthorized access or release of private information.
3. We restrict access to non-public personal information about a member to those employees who need to know that information in order to provide our services.
4. We maintain physical, electronic and procedural safeguards that comply with federal regulations to protect a member's personal information.
5. We reserve the right to modify or change our privacy policies and related procedures at any time, in accordance with applicable federal and state laws. If we do so, we will communicate any material changes to the member as required by law.
6. We will let you know promptly if a breach occurs that may have compromised a privacy or security of your information.
7. We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.
8. We must follow the duties and privacy practices described in this notice and give you a copy of it.
9. **Retaliation and Waiver.** We will not intimidate, threaten, coerce, discriminate against, or take other retaliatory action against you (or any other individual) for the exercise of any right established under the HIPAA Privacy Rule, including filing a complaint with us or with the Secretary of Health and Human Services; testifying, assisting or participating in an investigation, compliance review, proceeding or hearing under the HIPAA Privacy Rule; or opposing any act or practice made unlawful by the HIPAA Privacy Rule, provided that you (or the individual) have a good faith belief that the practice opposed is unlawful and the manner of the opposition is reasonable and does not involve a disclosure of protected health information in violation of the HIPAA Privacy Rule. We will not require you to waive your privacy rights under the HIPAA Privacy Rule as a condition of treatment, payment, enrollment in a group health plan, or eligibility for benefits.
10. **Compliance With the GENETIC INFORMATION NONDISCRIMINATION ACT.** Genetic information is protected health information. In accordance with the Genetic Information Nondiscrimination Act, we will not use or disclose genetic information for underwriting purposes, which includes eligibility determinations, premium computations, applications of any pre-existing condition exclusions, and any other activities related to the creation, renewal or replacement of a contract of health insurance or health benefits.

Changes to This Notice

We reserve the right to change our Privacy Policies and Procedures and this Notice at any time. We reserve the right to make the revised or changed Notice effective for protected health information we already have about you as well as any protected health information we receive in the future. If we materially change our Privacy Policies and Procedures, we will revise this Notice so that you will have a current summary of our practices.

**The Redwood Empire Electrical Workers Health and Welfare Trust Fund (IBEW 551)
Notice of Privacy Practices**

Requests for Information & Complaints

If a member has any questions about the information contained in this notice, or feels their privacy has been violated and wants to lodge a written complaint, the member may do so by contacting either us or the Secretary of Health and Human Services.

HIPAA PRIVACY OFFICIAL

Alice Marshall
2525 Cleveland Avenue, Suite C Santa Rosa, CA
95403
(707) 526-1996

Office for Civil Rights

U.S. Department of Health and Human Services
200 Independence Avenue S.W., Washington, D.C. 20201

Phone (877) 696-6775

Or visiting <https://www.hhs.gov/civil-rights/filing-a-complaint/index.html>

You must file a complaint within 180 days after the occurrence of the event or violation. All complaints must be submitted in writing. You will not be penalized for filing a complaint and the Plan will not retaliate against you for filing a complaint.