

**The Redwood Empire Electrical Workers Health and Welfare Trust Fund (IBEW 551)
Self-Funded Medical Indemnity Plan and Alcohol and/or Chemical Dependency Benefit
Notice of Privacy Practices**

This Notice of Privacy Practices is effective April 14, 2004.

**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.**

Any reference to "plan," "us," "we," or "our" in this Notice refers to the following Covered Entities: The Redwood Empire Electrical Workers Health and Welfare Trust Fund (IBEW 551) Self-Funded Medical Indemnity Plan and the Alcohol and/or Chemical Dependency benefit.

You may be covered under one or both of these programs; please contact the Trust Fund office if you have questions about if you are covered under these programs.

As group health plans, we are required by federal law (called the "HIPAA Privacy Rule") to safeguard your 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.

This Notice applies only to the Covered Entities listed above. It does not apply to the Kaiser Foundation Health Plan, the Health Net Plan, the Vision Services Plan, the Dental Plan, or to any other plan or entity provided by the Redwood Empire Electrical Workers Health and Welfare Plan. If you are covered by one of those plans, you will receive a privacy notice for the other health plans provided under the Redwood Empire Electrical Workers Health and Welfare Plan from the applicable provider.

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

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.

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.

WHAT IS PROTECTED HEALTH INFORMATION?

Protected health information is individually identifiable health 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

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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.

**WHEN WE MAY USE AND DISCLOSE
YOUR PROTECTED HEALTH INFORMATION
WITHOUT YOUR WRITTEN AUTHORIZATION**

There are situations in which we are allowed to use and disclose your protected health information without your written authorization. Those situations are:

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.

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.

Health Care Operations: We may use and disclose your protected health information in order to administer our health plan(s). For example, we disclose protected health information for claims administration.

Explanation of Benefits: When we process a claim for benefits under the health plan, we will mail an explanation of benefits ("EOB") to the primary member at the address we have on file. 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 conducting benefit appeals, determining issues related to eligibility and enrollment and performing its fiduciary obligations.

Disclosure to Business Associates: We may disclose your protected health information to Business Associate(s) 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.

**OTHER PERMITTED OR REQUIRED USES AND DISCLOSURES OF
YOUR PROTECTED HEALTH INFORMATION
WITHOUT YOUR WRITTEN AUTHORIZATION**

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.

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.

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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.

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 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.

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.

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

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practicably be provided, we may exercise our professional judgment and determine that it is in your best interest to disclose your protected health information.

**WHEN WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION PURSUANT
TO AN AUTHORIZATION**

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

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 Trust Fund Office at 2525 Cleveland Avenue, Suite C, Santa Rosa, CA 95403.

YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION

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.

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.

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 Trust Fund Office at 2525 Cleveland Avenue, Suite C, Santa Rosa, CA 95403. We may charge a fee for the costs of copying, mailing, or other supplies we use to fulfill your request, if granted.

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 Trust Fund Office at 2525 Cleveland Avenue, Suite C, Santa Rosa, CA 95403.

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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
- 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 Trust Fund Office at 2525 Cleveland Avenue, Suite C, Santa Rosa, CA 95403. 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 Trust Fund Office at 2525 Cleveland Avenue, Suite C, Santa Rosa, CA 95403. 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

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instead of at work. To request more confidential communications, you must submit your request in writing to the Trust Fund Office at 2525 Cleveland Avenue, Suite C, Santa Rosa, CA 95403. You must specify in your request how or where you wish to be contacted. *NOTE: We are not obligated to accommodate your request.*

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.

To request a copy of the Notice, you must contact the Trust Fund Office 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.

HOW TO FILE A COMPLAINT

If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of Health and Human Services. To file a complaint with us, contact Trust Fund Office at 2525 Cleveland Avenue, Suite C, Santa Rosa, CA 95403.

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.

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.