

TO ALL PARTICIPANTS OF THE FOLLOWING IBT LOCAL 731 HEALTH AND WELFARE PLANS

- **Health and Welfare Fund of the Excavating, Grading and Asphalt Craft Local No. 731**
 - **Local No. 731, I. B. of T., Private Scavengers Health and Welfare Fund**
 - **Local No. 731, I. B. of T., Garage Attendants, Linen and Laundry Health and Welfare Fund**
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PRIVACY NOTICE

This formal notice, which became effective October 1, 2013, describes how medical information about the Participant may be utilized and disclosed and how the Participant can receive access to said information.

The Participant's Rights

Each Participant has the right to:

- Receive a copy of the Participant's health and claims records
- Correct the Participant's health and claims records
- Request confidential communication
- Request that The Fund limit the information the Fund share
- Attain a list of those with whom The Fund has shared the Participant's information
- Provide a copy of this privacy notice
- Choose someone to act on the Participant's behalf
- File a complaint if the Participant believes their privacy rights have been violated

The Participant's Choices

The Participant has some choices in the way that The Fund utilizes and shares information as the Fund:

- Answers coverage questions from the Participant's family and friends
- Provides disaster relief

The Fund's Utilization and Disclosures

The Fund may utilize and share the Participant's information as the Fund:

- Helps manage the health care treatment the Participant receives
- Manages our organization
- Pays for the Participant's health services
- Administers the Participant's Health Plan
- Assists with public health and safety issues
- Performs research
- Complies with law
- Responds to organ and tissue donation requests and work with a Medical Examiner or Funeral Director

- Addresses workers' compensation, law enforcement, and other government requests
- Responds to lawsuits and legal proceedings

The Participant's Rights

When it comes to the Participant's healthcare information, the Participant has certain rights. This section explains the Participant's rights and the Fund's responsibilities regarding assistance on behalf of the Participant.

Receive a copy of health and claims records

- The Participant may request to review or receive a copy of their health and claims records and other health information that the Fund has on file.
- The Fund shall provide a copy or a summary of the Participant's health and claims records, usually within thirty (30) days of the Participant's request. The Fund may charge a reasonable, cost-based fee.

Request that the Fund correct health and claims records

- The Participant may ask the Fund to correct their health and claims records if the Participant thinks they are incorrect or incomplete. Contact the Fund Office to accomplish this task.
- The Fund may decline said Participant's request and provide the Participant with a written response within sixty (60) days explaining the reason(s) for denial.

Request confidential communications

- The Participant may request that the Fund contact them in a specific manner (for example, via home or office telephone) or to forward mail to an alternate address.
- The Fund shall consider all reasonable requests, and shall affirm the Participants request if said Participant informs the Fund that it would endanger the Participant or his/her dependents if the Fund does not agree to said request.

Request the Fund to limit what the Fund utilize or shares

- The Participant may ask the Fund not to utilize or share certain health information for treatment, payment, or the Fund's operations.
- The Fund is not required to agree to the Participant's request, and the Fund may also decline said request if it would affect the Participant's care.

Request a list of those with whom the Fund has shared information

- The Participant may request a list (accounting) of the times the Fund has shared the Participant's health information for up to six (6) years prior to the date the Participant made said request, and the reason why.
- The Fund will include all the disclosures except for those concerning treatment, payment, and health care operations, and certain other disclosures (such as any the Participant requested the Fund to make). The Fund Office shall provide one annual accounting per year at no cost, but will charge a reasonable, cost-based fee if the Participant asks another within the same twelve (12) month period.

Request a copy of this privacy notice

The Participant may request a paper copy of this notice at any time, even if the Participant has agreed to receive the notice electronically. The Fund Office shall provide the Participant with a paper copy upon said request.

Choose someone to act on behalf of the Participant

- If the Participant has assigned someone to act as medical power of attorney, or if someone has been delegated to serve as the Participant's legal guardian, that person can exercise the Participant's rights and make choices and decisions regarding the Participant's health information.
- The Fund will make sure the person has this authority and can act for the Participant before the Fund take any action.

File a complaint if the Participant feels his/her rights have been violated

- The Participant has the right to file a complaint if they feel the Fund has violated his/her rights by contacting the Fund, utilizing the information provided on page 1.
- The Participant may file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by forwarding a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, or by calling 1-877-696-6775, or visiting **www.hhs.gov/ocr/privacy/hipaa/complaints/**.
- The Fund will not retaliate against the Participant for filing a complaint.

The Participant's Choices

For certain health information, the Participant may inform the Fund of their choices regarding what information the Fund shares.

If the Participant has a clear preference for how the Fund shares the Participant's information concerning the situations herein described below, kindly contact the Fund Office.

Inform the Fund of what you would like the Fund to do on your behalf, and The Fund will do so. Regarding the cases below, the Participant has both the right and choice to instruct the Fund to:

- Share information with the Participant's family, close friends, or others involved in payment regarding the Participant's care
- Share information in a disaster relief situation

If the Participant is not able to inform the Fund of their preference, for example if the Participant is unconscious, the Fund may proceed to share the Participant's information if the Fund Office believes it may be in the Participant's best interest to do so. The Fund may also share the Participant's information when needed to lessen a serious and imminent threat to health or safety.

Involving the following circumstances, the Fund never shares the Participant's information unless the Participant provides the Fund written permission to do so:

- Marketing purposes
- Sale of your information

The Fund's Utilization and Disclosures

How does the Fund typically utilize or share the Participant's health information?

The Fund typically utilizes or shares the Participant's health information in the following manners:

Pay for the Participant's health services

The Fund may utilize and disclose the Participant's health information due to the fact that the Fund pays for the health services.

Administer the Participant's Plan

The Fund may disclose the Participant's health information to their health plan sponsor for plan administration.

Example: The Fund provides the Board of Trustees with certain statistics to explain the cost of covering Plan participants.

What other ways can the Fund utilize or share the Participant's health information?

The Fund is allowed or required to share the Participant's information in other ways - usually in ways that contribute to good and welfare of the public, such as public health and research. The Fund must meet many conditions and associated criteria by law prior to sharing Participant information. To access additional information: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Assist with public health and safety issues

The Plan can share health information concerning the Participant regarding certain situations such as:

- Preventing disease
- Assisting with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Perform research

The Fund may utilize or share the Participant's information for health research.

Compliance with law

The Fund shall share information regarding the Participant if State or Federal Laws require such, including with the Department of Health and Human Services (if the Department desires to verify that the Fund is in compliance with federal privacy laws).

Respond to organ and tissue donation requests and work cooperate with medical examiners or Funeral Directors

- The Fund may share health information about the Participant with organ procurement organizations.
- The Fund may share health information with a Coroner, Medical Examiner, or Funeral Director when an individual expires.

Address workers' compensation, law enforcement, and other government requests

The Fund will utilize or share health information concerning the Participant:

- Regarding workers' compensation claims
- For law enforcement purposes or with a Law Enforcement Officials
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and Presidential protective services

Respond to lawsuits and legal actions

The Fund will share health information regarding the Participant in response to a court or administrative order, or in response to a formal subpoena.

The Fund's Responsibilities

- The Fund is required by law to maintain the privacy and security of the Participant's protected health information.
- The Fund will inform the Participant promptly if a breach occurs that may have compromised the privacy or security of the Participant's information.
- The Fund must follow the duties and privacy practices described within this notice and provide a copy to the Participant.
- The Fund will not utilize or share the Participant's information other than as described herein, unless the Participant informs the Fund that they may in writing. If the Participant instructs the Fund to do so, the Participant may change their mind at any time. The Participant must notify the Fund in writing of its desire to do so.

For more information access: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of this Notice

The Fund may revise the terms of this notice, and said revisions shall apply to all information the Fund has on file regarding the Fund Participants. The revised notice will be available upon request, accessible at the Fund's website and a copy will also be sent via U.S. Mail.

Contacting the Fund regarding Privacy Issues

- If a Participant has any questions or concerns regarding this notice or his/her privacy rights, the Participant may contact the Fund Office via telephone at (630) 887-4150, via e-mail at info@ibt731benefitfunds.com, or via U.S. Mail at 1000 Burr Ridge Parkway, Suite 301, Burr Ridge, Illinois 60527.
 - The Fund maintains a website at <https://ecommerce.issisystems.com/isite200/eremit.dll/20001>.
 - The Fund's Privacy Official is the Fund Department's Administrator, Richard J. Clarson, CEBS. If the Participant desires to discuss any privacy issues, the Participant may do so by contacting the Administrator at the Fund Office.
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