

# NORTHERN CALIFORNIA PIPE TRADES TRUST FUNDS FOR UA LOCAL 342

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## **HIPAA 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 HEALTH INFORMATION. PLEASE REVIEW IT CAREFULLY AND CONTACT THE TRUST FUND OFFICE IF YOU HAVE ANY QUESTIONS.**

The Northern California Pipe Trades Health and Welfare Plan (“Plan”) has contracted with outside organizations (Kaiser Permanente Health Plan and Blue Shield of California) to administer its medical, hospital and prescription drug benefits. **The Trust Fund Office (“TFO”) does not have access to medical records retained by these Carriers and Health Maintenance Organizations. While these providers do not share your medical records with the TFO, they may share very limited personal information with the TFO as required to pay benefits and/or properly administer the Plan’s benefits.**

Please be aware that the Plan and staff at the TFO take this matter very seriously and information is kept strictly confidential. There are requirements that they must follow which may require you to authenticate your identity and we must ensure that you have made written authorization before information is released on your behalf. If you and/or an eligible dependent(s) wish to authorize someone to access your information, you and/or your eligible dependent must complete an “Authorization for Release of Benefit Information Form” (“Form”) and return it to the TFO. A Form is available on the Website. You may make copies of the Form for use as necessary.

### **A. OUR RESPONSIBILITIES**

The Plan is required by federal and state law to maintain the security and privacy of your Protected Health Information (“PHI”). The term “health information” or “PHI” 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 the payment of such health care. In conducting its business, the Plan will create records regarding you and the medical services that are provided to you. The Plan will not use or share your health information other than as permitted by the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) and you have provided a written authorization to the TFO. If you provide written authorization to the Plan, you may change your mind at any time, but you must notify the TFO in writing.

The Plan is required by law to maintain the confidentiality of health information that identifies you or your dependent(s) by name. The Plan is also required by law to provide you with this Notice of the Plan's legal duties and privacy practices concerning your PHI. The Plan has established this policy to guard against unnecessary disclosure of your health information. The Plan will notify you promptly if a breach occurs that may have compromised the privacy or security of your PHI.

Please be advised that other entities that provide medical services to you related to your participation in the Plan, such as Kaiser, Blue Shield, Vision Service Plan, Principal Life and Delta Dental, have issued or may issue you a separate Notice regarding disclosure of PHI that is maintained by those entities on the Plan’s behalf.

This Notice and its contents are intended to conform to the requirements of HIPAA and it applies to all records containing your identifiable health information that are created, transmitted, or retained by the Plan or Business Associates (including their subcontractors) that help administer the Plan.

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 rights in this Notice apply to you, your eligible spouse, and your eligible dependents.

The Board of Trustees has appointed Kim Biagi to be the **Privacy Officer** and Contact Person for the Plan. She may be contacted as follows:

**Kim Biagi, Privacy Officer**  
**Northern California Pipe Trades Health and Welfare Plan**  
**1855 Gateway Blvd., Suite 350**  
**Concord, CA 94520 - 8445**  
**Phone: 925/356-8921 or 800/780-8984, ext. 246**

For more information please visit:

[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html)

## **B. THE PLAN MAY USE AND DISCLOSE YOUR HEALTH INFORMATION AS FOLLOWS**

The following categories describe the ways the Plan may use and disclose your health information. For each category of uses and disclosures, we will provide an explanation and present examples. Not every use or disclosure in a category will be listed. However, all the ways we are permitted to use and disclose information will fall within one of these categories.

**1. Treatment.** The Plan may use your PHI to inform you about or recommend possible treatment options or alternatives that may be of interest to you. Treatment includes the provision, coordination, or management of health care and related services. Your provider, for example, may ask you to undergo laboratory tests (such as blood or urine) and use those results to help you reach a diagnosis; many of the people who work for your providers may use or disclose your PHI to treat you and/or to assist others in your treatment. The Plan may also disclose your PHI to others who may assist in your care, such as your physician, therapist, spouse, children, or parents.

**2. To Make or Obtain Payment.** The Plan may use and disclose your PHI to make payment to or collect payment from third parties, such as providers or other health plans, for the services and items you receive as part of your health coverage. For example, the Plan may confirm with a provider that you received treatment and may request details regarding such treatment in order to determine if the Plan will cover or pay for your treatment, advise a physician or other provider that you are eligible for coverage, or use and disclose your PHI to obtain payment from third parties that may be responsible for payment.

**3. Health Care Operations/Administering the Plan.** The Plan may use and disclose your PHI for its own operations to facilitate the administration of the Plan and as necessary to provide coverage and services to all of the Plan's Participants. The Plan may use it to evaluate the quality of care you receive from a provider or to conduct reviews of the Plan's costs. Health care operations may include such additional activities as:

- Quality assessment and improvement activities.
- Activities designed to improve health or reduce health care costs.
- Clinical guideline and protocol development, case management, and care coordination.
- Contacting Providers and Participants with information about treatment alternatives and other related functions.
- Underwriting, premium rating or related functions to create, renew, or replace your various Plan benefits.
- Review and auditing, including compliance reviews, medical reviews, legal services, and compliance programs.
- Business planning and development including cost management and planning related analyses and formulary development.
- Business management and general administrative activities of the Plan, including customer service and resolution of internal grievances.

By way of example, the Plan may use your PHI to conduct case management, quality improvement and utilization review, or to engage in customer service and grievance activities.

4. **Sharing of Information with UA Local 342.** The Plan works on a day-to-day basis with UA Local 342 and the UA Local 342 Joint Apprenticeship Trust. There is sharing of information such as work hours, your social security number, and other information.

5. **Business Associates & Subcontractors.** The Plan may also share your PHI with “Business Associates”, including its subcontractors or agents that perform certain administrative services for the Plan. 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.

**For more information please visit**

[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

## **C. USE AND DISCLOSURE OF YOUR PHI IN SPECIAL CIRCUMSTANCES**

1. **Public Health Risks.** The Plan may disclose your PHI to public health authorities that are authorized by law to collect information, such as maintaining vital records (such as births and deaths); reporting child abuse or neglect; preventing or controlling disease, injury, or disability; notifying a person about the potential exposure to a communicable disease; or notifying a person about a potential risk for spreading or contracting a disease or condition and other situations.

2. **Health Oversight Activities.** The Plan may disclose your PHI to a health oversight agency for activities authorized by law. Such activities could include 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), compliance with civil rights laws, and the health care system in general. This includes disclosing your PHI to the Department of Health and Human Services if the Secretary is conducting a compliance audit.

3. **Lawsuits and Similar Proceedings/Subpoenas.** The Plan may use and disclose your PHI in response to a court order if you are a party involved in a lawsuit, administrative proceeding, arbitration, or similar proceeding or as otherwise may be required by state law. The Plan may also disclose your PHI in response to a discovery request, subpoena, or other lawful process by another party involved in the dispute if the Plan has evidence or information such as a proof of service that you or your attorney received notice of the subpoena, discovery request, or other lawful process or the Plan has otherwise notified or attempted to notify you.
4. **Law Enforcement.** To the extent permitted or required by state law, the Plan may release your PHI under limited circumstances, if requested to do so by a law enforcement official in response to a warrant, summons, court order, subpoena, to identify or locate a suspect, or similar legal process. This might include if the Plan has a suspicion that your death was the result of criminal conduct or in an emergency to report a crime.
5. **Board of Trustees.** The Plan may disclose your PHI to the Board of Trustees for Plan administration functions performed by the Board of Trustees, or the Board's delegate, on behalf of the Plan. This may include information pertaining to claims and appeals or Participant inquiries in limited circumstances. In addition, the Plan may provide a summary of health information to the Board of Trustees so that the Board may solicit premium bids from health insurers or similar entities. The Plan also may disclose to the Board information on whether you are participating in the Plan.
6. **Serious Threats to Health or Safety.** The Plan may use and disclose your PHI when Plan officials believe, in good faith, that such disclosure is necessary to reduce or prevent a serious threat to your health and safety or to the health and safety of another individual or the public.
7. **Military/National Security.** Federal law requires that in limited circumstances, the Plan may disclose your PHI if you are a member of the U.S. or foreign military forces (including veterans) to facilitate specified government functions related to the military and veterans, national security and intelligence activities, protective services for the President and others, correctional institutions and inmates, and if required by the appropriate military command authorities.
8. **Inmates.** If you are an inmate or under the custody of protective authorities, the Plan may disclose your PHI to correctional institutions or law enforcement officials.
9. **Worker's Compensation.** The Plan may release your PHI to comply with laws related to workers compensation or similar programs. These programs provide benefits for work-related injuries or illness.
10. **Appeals.** The Plan may release your PHI to the Board of Trustees or an Appeals Committee if it is needed to make a decision regarding an appeal. Generally, no PHI is disclosed unless the participant acknowledges/requests such disclosure.
11. **Child Immunization Proof to Schools.** The Plan may disclose proof of immunization of a student to a 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.

**12. Decedent's PHI.** The Plan may disclose your PHI to your family members and others who were involved in your care or payment of your care prior to your death, unless doing so is inconsistent with your prior expressed wishes provided to the Plan. This includes sharing PHI with a coroner, medical examiner, or funeral director. For example, this may be necessary to identify a deceased person or determine the cause of death. However, PHI of persons who are deceased for more than 50 years is not protected under the HIPAA privacy and security rules. For an explanation of your right to request restrictions, please see Section E.2. below.

**13. Organ and Tissue Donation Requests.** The Plan may release your PHI to organizations that handle organ and tissue procurement, banking or transplantation (as necessary), if you are an organ or tissue donor.

**14. Research.** The Plan may disclose your PHI for health research, subject to conditions.

#### **D. AUTHORIZATION TO USE OR DISCLOSE HEALTH INFORMATION**

Other than as summarized above and in this section, the Plan will not release your PHI without your signed authorization. The TFO has an "Authorization for Release of Benefit Information Form" that you may sign to authorize release of all or a part of your PHI. You may revoke, amend, or limit in writing any such authorization at any time. Such release applies to all eligible dependents (except minors in certain situations). This form may be found on the Website.

Even in situations in which release of PHI may be permitted as described above, the Board may request your written authorization to release information to the Board of Trustees or others.

In most instances the Plan will require your written authorization to release your PHI to your spouse, parent, sibling, other family member, or friend, or others involved in your health care or payment for your care. If the Board or the Board's delegate (such as the TFO) has a good faith reason to believe that you authorize release of information to your spouse without written consent, the Plan may release your PHI. This would also include releasing information to a parent for a minor child who is participating in the Plan. If you are unable to tell the Plan your preference, for example, if you are unconscious, the Plan may share your information if the Plan believes it is in your best interest. The Plan may also share your information when needed to lessen a serious and imminent threat to health or safety.

Except as provided for in this Notice or as permitted by law, the following uses and disclosures will be made only with your written authorization, subject to your right to revoke your authorization in writing:

**1. Psychotherapy Notes.** Psychotherapy notes are separately filed notes about a patient's conversations with a mental health professional. Although this Plan does not routinely obtain psychotherapy notes, it must generally obtain a written authorization before the Plan will use or disclose psychotherapy notes.

**2. Marketing Authorization.** The Plan is not permitted to provide your PHI to any other person or company for marketing to you any products or services and cannot receive payment in exchange for making such marketing communication available to you, unless permitted under HIPAA or with your prior written authorization. This Plan does not use or disclose nor does it intend to use or disclose your PHI for marketing purposes.

3. **Sale of PHI.** The Plan is prohibited from selling or receiving payments for the sale of your PHI unless permitted under HIPAA or with your prior written authorization. This Plan does not sell your PHI nor does it intend to sell your PHI.

4. **Fundraising Purposes.** Except as permitted under HIPAA or with your prior written authorization, the Plan cannot use or disclose your PHI for fundraising purposes. You have the right to opt out of receiving any fundraising communications whether received in writing or over the phone. Although the Plan does not use nor does it intend to use your PHI for fundraising purposes, if you receive any fundraising communication and want to opt out of receiving such communication, please call the TFO at 925/356-8921.

5. **Genetic Information.** Your PHI includes genetic information. Although this Plan does not routinely obtain genetic information, in regards to underwriting, 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. The term “genetic information” is defined to mean, with respect to any individual, information about: (1) such individual’s genetic tests, (2) genetic tests of family members of such individual, and (3) the manifestation of a disease or disorder in family members of such individual. It also includes not only, for example, the results of a genetic test, but also any request for, or receipt of, genetic services, or participation in clinical research that includes genetic services, by such individual or any family member. The Plan also will not use you or your dependents’ genetic information to decide whether it will give you or your dependents’ coverage and the price of that coverage.

6. **Right to Choose Someone to Act for You (Personal Representative).** You may exercise your rights through a Personal Representative, who will be required to produce evidence of his/her authority to act on your behalf before he/she will be given access to your health information or be allowed to take any action for you. The TFO will verify that the person has this authority and can act for you before it takes any action. Proof of such authority may take one of the following forms: (a) notarized power of attorney for health care purposes or (b) court order of appointment of the individual as your conservator or guardian.

7. **Other Uses of Health 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 the Plan permission to use or disclose health information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, the Plan will no longer use or disclose health information about you for the reasons covered by your written authorization. You understand that the Plan is unable to take back any disclosures already made with your permission.

## **E. YOUR RIGHTS REGARDING YOUR IDENTIFIABLE HEALTH INFORMATION**

You have the following rights regarding your identifiable health information that the Plan maintains about you:

1. **Right to Request Confidential Communications.** You have the right to request that the Plan communicate with you about your health and related issues in a particular manner or at a specific location. You may, for example, request that the Plan contact you at home rather than at work, at a certain phone number, or by e-mail. The Plan will consider your reasonable requests for confidential communications depending on the circumstances of the request. However, the Plan must agree to your request if you advise that you would be in danger if the TFO does not honor your request.

**2. Right to Request Restrictions.** You have the right to request a restriction on the Plan's use or disclosure of your PHI for treatment, payment, or health care operations. You have the right to request that the Plan limit its disclosure of your PHI to individuals involved in your care or the payment for your care, such as family members and friends, which will apply even after your death, if requested. The Plan is not required to agree to your request; however, if the Plan agrees, it is bound by the agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you. If you wish to make a request for restrictions, please make your request in writing to the Privacy Officer at the address noted.

**3. Right to Inspect and Obtain Electronic and Hard Copies of your PHI.** You have the right to inspect and obtain a copy of the PHI that may be used to make decisions about you, including medical and billing records, your eligibility, and payment of claims, appeals or other similar documents. You have the right to request a copy of your PHI in hard copy form or electronic form contained in a designated record set for so long as the Plan maintains the PHI. The electronic form you request may be in the form of MS Word, Excel, text, or text-based PDF, among other formats. If the format you request is not readily producible, the Plan will provide you with a copy of your PHI in a readable format as agreed to by you and the Plan. You must submit your request in writing to the Privacy Officer at the address noted above.

The Plan may charge a reasonable fee for copying, assembling costs and postage, if applicable, associated with your request. Your requested information will be furnished within 30 days if the information is maintained on-site or within 60 days if the information is maintained off-site. A one-time 30 day extension may be necessary in unique circumstances. Pursuant to government regulations, you do not have a right to copies of psychotherapy notes.

**4. Right to Amend/Correct Your Health Information.** You may ask the Plan to amend or correct your PHI if you believe it is incorrect or incomplete. You may request an amendment or correction for as long as the information is kept by the Plan. You should set forth the reasons for the amendment. The Plan may deny your request and will notify you if you do not include a reason to support the amendment, if your PHI was not created by the Plan, if the PHI is not part of the Plan's records, or if the Plan determines that the records containing your PHI are accurate and complete.

**5. Accounting of Disclosures.** You have the right to request an "accounting of disclosures," which is a list of certain disclosures the Plan has made of your PHI. Your request should specify the time period for which you are requesting the information but may not be made for periods going back more than six years. The Plan will provide the first accounting you request during any 12 month period without charge. Subsequent accounting requests may be subject to a reasonable cost-based fee. Your request 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 the deadline.

**6. Right to a File a Complaint.** If you believe your privacy rights have been violated, you may file a complaint with the TFO by contacting the Privacy Officer listed above in Page 2 or with the U.S. Department of Health and Human Services, Office for Civil Rights by sending a letter to 200 Independence Avenue S.W., Washington, D.C. 20201, calling 877/696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/). You must file a complaint within 180 days after the occurrence of the event or violation. You may also contact the Privacy Officer if you have any questions or concerns regarding your Privacy rights or regarding the specifics of filing a complaint. 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.

7. **Right to Provide an Authorization.** As noted above, the Plan may request your written authorization for uses and disclosures that are not identified by this Notice or permitted by law. Any written authorization you provide regarding the use and disclosure of your PHI may be revoked at any time.

8. **Right to Notice in Event of Unauthorized Disclosure (Breach Notice).** You have the right to receive and the Plan is required to provide a Notice to you, as soon as reasonably possible, but no later than 60 days after discovery of a breach of your unsecured PHI. There will be a presumption that any unauthorized acquisition, access, use, or disclosure of your PHI, in violation of the Privacy rule is a breach, *unless* the Plan demonstrates that there is a low probability that your PHI has been compromised based on the results of a risk assessment or an exception permitted by the Privacy Rule applies. This Plan has implemented a policy to require the performance of a risk assessment in all cases of impermissible uses or disclosures of PHI to ensure your PHI will not be compromised and intends on complying with any future guidance on risk assessments.

9. **Right to Restrict Disclosure of PHI If Paying Out-of-Pocket.** If you paid out-of-pocket, in full, for a specific item or service, you have the right to ask that your Health Care Provider 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 honor your request, except where the Health Care Provider is required by law to make a disclosure 45 C.F.R. §164.520(b)(1)(iv)(A).

#### **F. CHANGES TO THIS NOTICE**

The effective date of this Notice is April 1, 2016. The Plan reserves the right to revise or amend this Notice at any time in the future. Any Amendment will be effective for all of your records that the Plan has created or maintained in the past, and for any of your records that are created or maintained in the future. You may request a paper copy of the most current Notice at any time and/or refer to the Website. Upon request, the TFO will promptly provide you with a copy of the most current Notice. Whenever the Plan makes an important change, we will send you an updated Notice of Privacy Practices.

#### **G. IF YOU NEED MORE INFORMATION**

Questions regarding this information should be addressed to the TFO at 925/356-8921 ext. 246 or toll free at 800/780-8984 ext. 246.