

## **HIPPA 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 INFORMATION. PLEASE REVIEW IT CAREFULLY.*

*If you have any questions about this notice please contact:*

*Privacy Official  
Electrical Welfare Trust Fund  
10003 Derekwood Lane, Suite 130  
Lanham, MD 20706-4811  
301-731-1050  
1-800-929-EWTF (3983)*

This Notice of Privacy practices describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. The rights described in this Notice apply to you, your spouse, and your dependents. It also describes your rights to access and control your protected health information. "Protected health information" is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

We are required to abide by the terms of this Notice of Privacy Practices. We may change the terms of our notice, at any time. The new notice will be effective for all protected health information that we maintain at that time. Upon your request, we will provide you with a Notice of Privacy Practices by calling our office and requesting that a copy be sent to you in the mail.

If you would like to have a more detailed explanation of these rights or if you would like to exercise one or more of these rights contact:

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### **Changes to this Notice of Privacy Practices**

EWTF reserves the right to amend this Notice of Privacy Practices at any time in the future and to make the new Notice provisions effective for all health information that it maintains. We will promptly revise our Notice and distribute it to you whenever we make material changes to the Notice. Until such time, EWTF is required by law to comply with the current version of this Notice.

### **Personal Representatives**

You may exercise your rights through a personal representative, who will be required to produce evidence of his or her authority to act on your behalf before he or she will be given access to your health information or allowed to take any action for you. Proof of such authority may take one of the following forms:

- A notarized power of attorney for health care purposes.
- A court order of appointment of the individual as your conservator or guardian.

Unless you request otherwise the Fund will consider the following individuals your personal representative, but will always request verification of identity prior to disclosing health information.

- A parent of an unemancipated minor child.
- Your spouse.

If you wish to restrict access to your health information, see the Right to

Restrict above. The Fund may deny access to a personal representative if

necessary to protect your rights.

## Complaints

Complaints about this Notice of Privacy Practices or about how to handle your health information should be directed to

**Privacy Official  
Electrical Welfare Trust  
Fund  
10003 Derekwood Lane, Suite 130  
Lanham, MD 20706-4811  
301-731-1050  
1-800-929-EWTF (3983)**

EWTF will not retaliate against you in any way for filing a complaint. All complaints to EWTF must be submitted in writing. If you believe your privacy rights have been violated, you may file a complaint with the Secretary of the Department of Health and Human Services and mail it to:

**Department of Health and Human  
Services Office of Civil Rights  
Hubert H. Humphrey  
Building 200  
Independence Ave.,  
SW  
Room 509F HHH  
Building  
Washington, DC 20201**

You may also address your complaint to one of the regional Office for Civil Rights. A list of these offices can be found online at <http://www.hhs.gov/ocr/regmail.html>

## Federal Regulations

The federal government regulates the use and disclosure of health information. These regulations are at 45 Code of Federal Regulations Parts 160 and 164. This Notice summarizes your rights under these regulations. The regulations will supersede any discrepancy between the information contained in this notice and the regulations.

**Effective Date of this Notice: January 14, 2014**

## How The Electrical Welfare Trust Fund (EWTF) May Use or Disclose Your Health Information

The following categories describe the ways that EWTF may use and disclose your health information. For each category of uses and disclosures, we will explain what we mean and present some 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 the categories.

- 1. Payment Functions.** We may use or disclose health information about you for payment functions. This includes, but is not limited to functions such as to determine eligibility for plan benefits, obtain premiums, facilitate payment for the treatment and services you receive from health care providers, determine plan responsibility for benefits, and to coordinate benefits. For example, payment functions may include reviewing the medical necessity of health care services, determining whether a treatment is covered under the plan.
- 2. Health Care Operations.** We may use and disclose health information about you to carry out necessary insurance-related activities. For example, such activities may include underwriting, premium rating and other activities relating to plan coverage; conducting quality assessment and improvement activities; submitting claims for stop-loss coverage; disease or care management; conducting or arranging for medical review, legal services, audit services, and fraud and abuse detection programs; and business planning, management and general administration. For example, health care operations functions may include referring you to a disease management or well-baby program, projecting future benefit costs, or reviewing the accuracy of the plan's claims processing functions.
- 3. Required by Law.** As required by law, we may use and disclose your health information. For example, we may disclose medical information when required by a court order in a litigation proceeding such as a malpractice action. In addition, we

are required to give you access to certain health information when you request it. Further, we may be required to use and disclose your health information to the Secretary of the Department of Health and Human Services for purposes of reviewing whether we are in compliance with federal privacy regulations.

4. **Public Health.** As required by law, we may disclose your health information to public health authorities for purposes related to: preventing or controlling disease, injury or disability; reporting abuse or neglect, including child abuse or neglect; reporting domestic violence; reporting to the food and Drug Administration problems with products and reactions to medications; and reporting disease or infection exposure.
5. **Health Oversight Activities.** We may disclose your health information to health agencies during the course of audits, investigations, inspections, licensure and other proceedings related to oversight of the health care system.
6. **Judicial and Administration Proceedings.** We may disclose your health information when required in the course of any administrative or judicial proceeding.
7. **Law Enforcement.** We may disclose your health information to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order or subpoena and other law enforcement purposes.
8. **Coroners, Medical Examiners and Funeral Directors.** We may disclose your health information to coroners, medical examiners and funeral directors. For example, this may be necessary to identify a deceased person or determine the cause of death.
9. **Organ and Tissue Donation.** We may disclose your health information to organizations involved in procuring, banking or transplanting organs and tissues, as necessary.
10. **Public Safety.** We may disclose your health information to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or general public.
11. **National Security.** We may disclose your health information for military, national security, prisoner and government benefit purposes.
12. **Workers' Compensation.** We may disclose your health information when authorized by and as necessary to comply with workers' compensation or similar laws.
13. **Marketing.** We may contact you to give you information about health-related benefits and services that may be of interest to you.
14. **Disclosures to Plan Sponsors.** We may disclose your health information to the Board of Trustees of this group health plan, for purposes of administering benefits under the plan.

### **When EWTF May not Use or Disclose Your Health Information**

Except as described in this Notice of Privacy Practices, we will not use or disclose your health information without written authorization from you. If you do authorize us to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time. If you revoke your authorization, we will no longer be able to use or disclose health information about you for the reasons covered by your written authorization, though we will be unable to take back any disclosures we have already made with your permission.

### **Disclosure of Your Health Information to Family Members**

Unless you object to us, we will disclose your health information to your spouse and dependents if the information is directly relevant to payment for health care by the Fund.

### **When EWTF Must Provide You a Breach Notification**

If your protected health information is used, accessed, or disclosed in a manner not described in this Notice of Privacy Practices, we will investigate the "breach" and take available steps to mitigate the harm. In addition, we will send a "breach notification" notice to you and any other affected individual within 60 days of the breach. The breach notification notice will: (1) briefly describe the breach; (2) describe the types of protected health information that were disclosed; (3) describe the steps to take to protect yourself from potential harm caused by the breach; (4) describe what we are doing to investigate and mitigate the breach and to prevent future breaches; and (5) instruct you to contact us.

## Statement of Your Health Information Rights

- 1. Right to Request Restrictions.** You have the right to request restrictions on certain uses and disclosures of your health information. EWTF is not required to agree to the restrictions that you request. If you would like to make a request for restrictions, you must submit your request in writing to the address at the bottom of this page.
- 2. Right to Request Confidential Communications.** You have the right to receive your health information through a reasonable alternative means or at an alternative location. We are not required to agree to your request. To request confidential communications, you must submit your request in writing to the address at the bottom of this page.
- 3. Right to Inspect and Copy.** You have the right to inspect and copy health information about you that may be used to make decisions about your plan benefits. To inspect and copy such information, you must submit your request in writing to the address at the bottom of this page.

We must act on your request within 30 days if the information is maintained on site or within 60 days if it is maintained offsite. A 30-day extension is allowed. If your request is denied, you will be provided with a written denial setting forth the basis for the denial, a description of how you may exercise those review rights, and a description of how you may complain to the Secretary of the Department of Health and Human Services.

If you request a copy of the information, we may charge you a reasonable fee to cover expenses associated with your request.
- 4. Right to Request Amendment.** You have a right to request that EWTF amend your health information that you believe is incorrect or incomplete. We are not required to change your health information and if your request is denied, we will provide you with information about our denial and how you can disagree with the denial. To request an amendment, you must submit your request in writing to the address at the bottom of this page. You must also provide a reason for your request.

We must act on your request within 60 days. A 30-day extension is allowed.
- 5. Right to Accounting of Disclosures.** You have the right to receive a list or “accounting of disclosures” of your health information made by us, except that we do not have to account for disclosures made for purposes of payment functions or health care operations, made to you, or made pursuant to a written authorization signed by you or your personal representative. To request this accounting of disclosures, you must submit your request in writing to the address at the bottom of this page.

Your request should specify a time period of up to six years and may not include dates before April 14, 2003. EWTF will provide one list per 12-month period free of charge; we may charge you for additional lists. We must act on your request within 60 days. A 30-day extension is allowed if we tell you why the delay is necessary and let you know when the accounting will be available.
- 6. Right to Paper Copy.** You have a right to receive a paper copy of this Notice of Privacy Practices at any time. To obtain a paper copy of this Notice, send your written request to the address below.

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- 7. Right to Choose Someone to Act for You:** If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action.
- 8. Right to File a Complaint:** You can complain if you feel we have violated your rights by contacting us using the information on page 1. You can file a complaint 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 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/). We will not retaliate against you for filing a complaint.

## Your Choices

**For certain health information, you can tell us your choices about what we share.** If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions. In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in payment for your care
- Share information in a disaster relief situation

*If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*

In these cases we *never* share your information unless you give us written permission:

- Marketing purposes
- Sale of your information