

# **LABORERS' NATIONAL HEALTH AND WELFARE FUND**

## **PRIVACY NOTICE**

**EFFECTIVE: APRIL 14, 2003**

**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.**

The Laborers' National Health and Welfare Fund (the "Fund") recognizes the importance of maintaining secure and confidential personal information that it receives and maintains about its participants and beneficiaries. Keeping our participants' and beneficiaries' personal information secure and confidential is required by law, and the Fund must provide these individuals with this notice describing its legal duties and privacy practices.

In providing health benefits or life insurance, the Fund collects the following types of personal information provided to it: (1) information you or your employer provides to the Fund on an application or enrollment form in order to obtain coverage under one of the plans of benefits, including personal information such as address, telephone number, date of birth, social security number; (2) premium payments and account balance information; (3) the fact that you are or have been one of the Fund's participants or beneficiaries; (4) information received from any of your physicians or other health care providers; (5) information related to your health status, including diagnosis and claims payment information; (6) information about you from your employer or a consumer reporting agency; and (7) other information about you that is necessary for the Fund to provide you with health benefits or life insurance.

The Fund will not disclose any personal information about its current or former participants or beneficiaries to anyone, except as permitted by law.

The Fund may, from time to time, disclose personal information without prior authorization as permitted by law, to a third party to perform services or functions on the Fund's behalf. If such a disclosure is made, then the Fund will at the same time enter into a contract with the third party that prohibits the third party from disclosing or using the information other than to carry out the purposes for the disclosure except as permitted by law.

### **How the Fund May Use or Disclose Your Health Information**

The Fund may use or disclose your health information for certain purposes without your written consent. These purposes include, but are not limited to, the following:

## Payment Purposes:

*For Verification.* The Fund may use your health information to verify that medical treatment or services billed by health care providers were actually provided to you. For example, your physician may send a bill to the Fund for your medical treatment. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures and supplies used.

*For Precertification.* The Fund may use your health information to precertify, i.e., pre-approve, the Fund's coverage of medical treatment or services that health care professionals may recommend for you. For example, your physician may contact the Fund to seek precertification of the Fund's coverage of a proposed inpatient procedure. The information provided by the physician to the Fund may include information that identifies you, as well as your diagnosis and the proposed procedures and supplies to be used.

*For Reimbursement of Fund.* The Fund may use and disclose your health information to others, including health plans, insurance companies, government agencies and other third parties, for purposes of coordinating benefit payments between two or more plans or receiving reimbursement for payments made for treatment and services that you receive. For example, the Fund may seek reimbursement from the Medicare program for payments made to a physician for services for which Medicare was the primary payor. The information provided to the Medicare program may contain information that identifies you, your diagnosis, and treatment or supplies used during the course of treatment.

*For Benefit Claims Processing and Review.* The Fund may use your health information to process and review (i) medical claims that you submit requesting reimbursement of payments made for medical treatment or services provided to you by health care providers, and (ii) claims submitted for life insurance and accidental death and dismemberment benefits. For example, you may submit a claim to the Fund for reimbursement for covered charges for your medical treatment. The information you provide to the Fund with your claim may include information that identifies you, as well as your diagnosis and the procedures and supplies used.

## Health Operations and Treatment Purposes:

*For Case Management and Treatment Alternatives.* The Fund may use and disclose your health information to others, including, but not limited to, nursing facilities and hospice programs, for purposes of coordinating, monitoring and managing your case in the event of serious illness. For example, a case manager may review your case to identify additional medical resources and alternative treatments that may be available to you. The information provided to the case manager may contain information that identifies you, your diagnosis, and treatment or supplies used during the course of treatment. For example, the Fund may disclose the identity of your primary care physician to emergency medical staff if requested for treatment purposes.

## Other Purposes:

*Appointments and Health-Related Information.* The Fund may use your information to contact you about treatment alternatives or other health-related benefits and services that may be of interest to you.

*Required by Law.* The Fund may use and disclose information about you as required by law. For example, the Fund may disclose information for the following purposes:

- for judicial and administrative proceedings pursuant to legal authority;
- to report information related to victims of abuse, neglect or domestic violence; and
- to assist law enforcement officials in their law enforcement duties.

*Public Health.* Your health information may be used or disclosed for public health activities such as assisting public health authorities and other legal authorities to prevent or control disease, injury or disability, or for other health oversight activities.

*Decedents.* Health information may be disclosed to funeral directors, medical examiners or coroners to enable them to carry out their lawful duties.

*Organ and Tissue Donation.* Your health information may be used or disclosed for cadaveric organ, eye or tissue donation purposes. For example, the Fund may disclose your health information to organizations involved in procuring, banking or transplanting organs and tissues.

*Health and Safety.* Your health information may be disclosed to avert a serious threat to the health or safety of you or any other person pursuant to applicable law.

*Government Functions.* Specialized government functions such as protection of public officials or reporting to various branches of the armed services that may require use or disclosure of your health information.

*Workers Compensation.* Your health information may be used or disclosed in order to comply with laws and regulations related to Workers Compensation.

## **When the Fund May Not Use or Disclose Your Health Information**

Uses or disclosures of your health information not listed above or otherwise permitted by law will not be made without your written authorization. You have the right to refuse to sign an authorization. You also have the right to revoke the authorization at any time upon giving written notice of such revocation to the Fund. Your revocation of the authorization, however, will not be effective for uses or disclosures of your health information made by the Fund prior to receiving your written notice of revocation.

## **Your Health Information Rights**

You have the right to:

- request a restriction on certain uses and disclosures of your health information; however, the Fund is not required to agree to a requested restriction;
- obtain a paper copy of this Notice of Privacy Practices upon request;
- inspect and obtain a copy of your health information;
- amend or correct your health information maintained by the Fund; however the Fund is not required to agree to change your health information;
- request to receive your health information by alternative means or at alternative locations;
- revoke your authorization to use or disclose health information except to the extent that action has already been taken; and
- receive an accounting of disclosures made of your health information.

If you would like a more detailed explanation of the rights listed above, or if you would like to exercise one or more of these rights, you may contact Stephen Pronio at Zenith Administrators, 5565 Sterrett Place, Suite 210, Columbia, MD 21044, (410) 884-1440.

## **Complaints**

You may complain to the Fund and to the U.S. Department of Health and Human Services (“HHS”) if you believe your privacy rights have been violated by the Fund or by anyone acting on the Fund’s behalf. You may file a complaint with the Fund by sending a letter detailing your complaint to the Fund’s Complaint Officer, Stephen Pronio, Fund Administrator, at 5565 Sterrett Place, Suite 210, Columbia, MD 21044, (800) 235-5805. Once a complaint is received by the Complaint Officer, it will be investigated and a written response will be provided to you within 60 days. You may also file a complaint with HHS by writing the Secretary, U.S. Department of Health and Human Services, at 200 Independence Avenue, S.W., Washington, DC 20201. Written complaints to HHS must refer to the Laborers’ National Health and Welfare Fund, describe the violation(s), and must be filed within 180 days after you first knew or should have known about the privacy violations. You will not be retaliated against in any way for filing a complaint.

## **Obligations of the Fund**

The Fund is required to:

- maintain the privacy of protected health information;
- provide you with this notice of its legal duties and privacy practices with respect to your health information;
- abide by the terms of this notice;
- notify you if we are unable to agree to a requested restriction on how your health information is used or disclosed;

- accommodate reasonable requests you may make to communicate health information by alternative means or in alternative locations; and
- obtain your written authorization to use or disclose your health information for reasons other than those listed above and permitted under law.

The Fund is required by law to abide by the terms of the Privacy Notice currently in effect. The Fund reserves the right to change the terms of its Privacy Notice and to make the new Privacy Notice provisions effective for all protected health information it maintains. New Privacy Notices will be sent to you by mail.

### **Contact Information**

If you have any questions about this notice, or desire further information, please contact:

Stephen Pronio.  
Fund Administrator  
5565 Sterrett Place, Suite 210  
Columbia, MD 21044  
(800) 235-5805

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