

LABORERS' NATIONAL HEALTH AND WELFARE FUND
905 16th Street, NW, Washington, DC 20006
800-235-5805

**NOTICE OF PRIVACY PRACTICES
REGARDING PROTECTED HEALTH INFORMATION
OF FUND PARTICIPANTS AND FAMILY MEMBERS**
(Effective September 23, 2013)

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW THIS NOTICE CAREFULLY.

Introduction

As your medical and health benefits plan, the Laborers' National Health and Welfare Fund (the Fund) necessarily obtains health information about you for purposes permitted or required by law such as determining coverage, paying benefit claims, and administering the Fund.

A federal law called the Health Insurance Portability and Accountability Act of 1996 (HIPAA) limits the Fund's use and disclosure of individual health information it obtains and maintains, and grants you certain privacy rights with respect to your health information. The U.S. Department of Health and Human Services has issued regulations (called the "HIPAA Privacy Rules") to implement HIPAA's privacy provisions.

This Notice, which is required by law, explains how the Fund uses and discloses your health information, and what rights you have with respect to your health information. The Fund may change this Privacy Notice in the future, but it must always follow the terms of the Privacy Notice in effect.

Zenith American Solutions (Zenith), a third-party administration company, is the Fund's Administrator. Zenith is responsible for the day-to-day administration of the Fund. If you have any questions about this Notice, please contact the HIPAA Compliance Director at Zenith, 10440 Little Patuxent Parkway, Suite 700, Columbia, Maryland 21044, telephone: 800-235-5805.

Protected Health Information (PHI)

HIPAA and the HIPAA Privacy Rules apply to "Protected Health Information" ("PHI"). PHI is information:

- > that is created, received, transmitted or stored by the Fund,
- > that relates to your physical or mental health, health care provided to you, or payment for your health care in the past, present, or future,
- > that either identifies you or provides a reasonable basis for identifying you (that is, information that is individually identifiable with you).

In general, HIPAA and the HIPAA Privacy Rules prohibit the Fund from using or disclosing your PHI unless (a) the use or disclosure is required or permitted by the law or regulation, or (b) you consent or authorize the use or disclosure.

Use or Disclosure of PHI for Treatment, Payment or Health Care Operations

The Fund may use or disclose your PHI for treatment, payment or health care operations without your written authorization.

“Treatment” means the provision, coordination, or management of health care and related services by one or more health care providers, including the coordination or management of health care by a health care provider with a third party; consultation between health care providers relating to patient; or the referral of a patient for health care from one health care provider to another. The Fund may use or disclose your PHI to facilitate medical treatment or services by your health care providers such as doctors, nurses, technicians, medical students, other hospital personnel or pharmacists who are involved in taking care of you.

“Payment” includes: collection of contributions or premiums; provision of benefits; obtaining, providing or paying for reimbursement for health care; determining coverage and benefits; adjudicating subrogation of health care claims; coordination of benefits with another health plan that may also cover you; billing and collection; making stop loss insurance claims; determining medical necessity; and performing utilization reviews. The Fund may use and disclose your PHI in order to determine your eligibility for Fund benefits, to process claims for payment for your treatment, or to determine whether any other plan or party might be responsible for paying for the treatment. This includes consultation with medical review services, claims repricing services, provider network services, and adjudication of claims appeals by the Fund’s Board of Trustees.

“Health Care Operations” are certain administrative, financial, legal, and quality assessment and improvement activities of the Fund to run its operations and to support the core functions of treatment and payment. For example, the Fund may disclose the minimum necessary PHI to the Fund’s attorney, benefit consultant, auditor, and other professionals when these professionals perform services for the Fund that require use of PHI. PHI may also be used for: performing underwriting, premium rating, and other activities related to Fund coverage; submitting stop loss coverage claims; conducting medical review, legal services, audit services, and fraud and abuse detection programs; and managing the business of the Fund and make sure it is administered properly and effectively.

Persons who perform services for the Fund are called “Business Associates”. Federal law requires the Fund to have written contracts with its Business Associates before it shares PHI with them, and the disclosure of your PHI must be consistent with the Fund’s contract with them. Other examples of Business Associates are the Fund’s claims repricing services, utilization review companies, prescription benefit managers, PPOs and HMOs.

Except when disclosure of your PHI is required by law (as described below), the Fund may not disclose your PHI to a health plan for purposes of treatment, payment or health care operations if you have requested that such disclosure be restricted and the PHI pertains only to a health care item or service for which the health care provider has been paid in full by you out of pocket.

**Other Required or Permitted Uses or Disclosures of PHI
Without Your Written Authorization**

The Fund is required or permitted by law to use or disclose your PHI without your written authorization

for the following purposes:

- > The Fund will use or disclose your PHI to the extent it is required by applicable law to do so.
- > The Fund may use or disclose your PHI in emergencies or after you provide verbal consent under certain circumstances.
- > The Fund may disclose your PHI to family members, relatives, close personal friends, or other individuals involved in your care or the payment for your care to the extent that the Fund determines it is in your best interest if you are unavailable or incapacitated; or to the extent the PHI is relevant to that person's involvement in your care; or if you are deceased.
- > The Fund may use or disclose your PHI to avoid a serious threat to the health or safety of you or others.
- > The Fund is required to disclose your PHI to the Secretary of Health and Human Services of the U.S. Government when the Secretary is investigating or determining the Fund's compliance with HIPAA and the Privacy Rules.
- > The Fund may disclose your PHI to a public health authority for certain public health activities such as (a) reporting of a disease or injury, births or deaths; (b) conducting public health surveillance, investigations or interventions; (c) reporting known or suspected child abuse or neglect; (d) ensuring the quality, safety, or effectiveness of a FDA-regulated product or activity; (e) notifying a person who is at risk of contracting or spreading a disease; and (f) notifying an employer about a member of its workforce, for the purpose of workplace medical surveillance or the evaluation of work related illness and injuries, but only to the extent the employer needs that information to comply with the OSHA, MSHA, or State law requirements having a similar purpose.
- > The Fund may disclose your PHI to the appropriate government authority if the Fund reasonably believes that you are a victim of abuse, neglect or domestic violence.
- > The Fund may disclose your PHI to a health oversight agency for oversight activities authorized by law, including (a) audits; (b) civil, administrative, or criminal investigations; (c) inspections; (d) licensure or disciplinary actions; (e) civil, administrative or criminal proceedings or actions; and (f) other activities.
- > The Fund may disclose your PHI in the course of any judicial or administrative proceeding in response to an order by a court or administrative tribunal, or in response to a subpoena, discovery request, grand jury subpoena, or other lawful process.
- > The Fund may disclose your PHI for a law enforcement purpose to law enforcement officials. Such purposes include disclosures required by law, or in compliance with a court order or subpoena, grand jury subpoena, or administrative request.
- > The Fund may disclose your PHI in response to a law enforcement official's request for the purpose of identifying or locating a suspect, fugitive, material witness or missing person.

- > The Fund may disclose your PHI if you are the victim of a crime and you agree to the disclosure or, if the Fund is unable to obtain your consent because of incapacity or emergency, and law enforcement demonstrates a need for the disclosure and/or the Fund determines in its professional judgment that such a disclosure is in your best interest.
- > The Fund may disclose your PHI to law enforcement officials to inform them of your death, if the Fund believes your death may have resulted from criminal conduct.
- > The Fund may disclose your PHI to law enforcement officials if it believes it is evidence of a crime that occurred on the Fund's office premises.
- > The Fund may disclose your PHI to a coroner or medical examiner for identification purposes. The Fund may disclose your PHI to a funeral director to carry out his duties upon your death or in reasonable anticipation of your death.
- > The Fund may disclose your PHI to an organ procurement organization for cadaveric organ, eye, or tissue donation purposes.
- > The Fund may use or disclose your PHI for research purposes, if the Fund obtains one of the following: (a) documented institutional review board or privacy board approval; (b) representations from the researcher that the use or disclosure is being used solely for preparatory research purposes; (c) representations from the research that the use or disclosure is solely for research on the PHI of decedents; or (d) an agreement to exclude specific information identifying the individual.
- > The Fund may use or disclose your PHI if you are in the Armed Forces and your PHI is needed by military command authorities. The Fund may also disclose your PHI for the conduct of national security and intelligence activities.
- > If you are an inmate in a correctional institution, the Fund may use or disclose your PHI to the correctional institution.
- > The Fund may use or disclose your PHI as authorized by and to the extent necessary to comply with laws relating to workers compensation or similar programs.
- > 50 years following the date of your death, your PHI will cease to be protected

Uses or Disclosures of PHI With Your Authorization

The Fund may use or disclose your PHI to a third party pursuant to your authorization:

- > Unless otherwise permitted by law or described in this Notice, the Fund will not use or disclose your PHI to someone other than you (such as your spouse) unless you sign and execute an "Authorization Form". You can revoke an Authorization Form at any time by submitting a "Cancellation of Authorization Form" to the Fund. The Cancellation of Authorization Form revokes the Authorization Form on the date it is recorded by the Fund.
- > The Fund may provide your Personal Representative with access to your PHI in the same manner

as it would provide you with access, but only upon receipt of documentation demonstrating that your Personal Representative has authority under applicable law to act on your behalf. A separate Authorization Form will not be required to provide your Personal Representative with your PHI.

- > The Fund may provide information related to proof of immunization to a school required by state law to have such information, after the Fund obtains and documents that the student's parent or guardian, or the student if the student is an adult or emancipated minor, has agreed either orally or in writing to the disclosure. An Authorization Form will not be required.
- > The Fund may disclose your PHI to family members, relatives, close personal friends, or other individuals involved in your care or the payment of your care upon your verbal consent if you are available to provide it.
- > The Fund may use or disclose psychotherapy notes only pursuant to an Authorization Form, unless the use or disclosure is for the Fund's defense in a legal action or other proceeding brought by the individual who is the subject of the notes, or the use is otherwise required or permitted by law.
- > The Fund may use or disclose PHI for marketing purposes only pursuant to an Authorization Form. A use or disclosure is considered marketing if it is used for a communication that encourages the use of a product or service. However, the following uses and disclosures are not considered marketing: refill reminders or other usage reminders about a current treatment, as long as the Fund does not receive remuneration from a third party that is more than the cost of sending the reminder; for providing communications about alternative treatments, therapies, providers, health-related products or services available to an individual or for coordinating care of an individual unless the Fund receives remuneration from a third party to make the communication.
- > The Fund may sell PHI only pursuant to an Authorization Form. A sale of PHI is a use or disclosure of the PHI in exchange for direct or indirect remuneration from the entity that receives the PHI from the Fund. However, the following transactions are not considered to be a sale of PHI, even if the Fund receives remuneration for them: a use or disclosure pursuant to research, public health, treatment, payment, or other purposes required by law, a use or disclosure made by or to a Business Associate for actions it performs as part of its agreement with the Fund to undertake certain functions, a use or disclosure to you when requested, a use or disclosure made as part of the sale, transfer, merger, or other consolidation of the Fund, and any other purpose permitted by law as long as the remuneration received is only a reasonable, cost-based fee to cover the expense to prepare and transmit the PHI, or a fee otherwise expressly permitted by other law.

Your Individual Rights

You have certain important rights with respect to your PHI. You should contact the Fund's HIPAA Compliance Director to exercise any of these rights. The Fund's **HIPAA Compliance Director (Privacy Officer)** can be contacted at the Fund Office, 905 16th Street, NW Washington, DC 20006, telephone: 800-235-5805. Sending a request to any other person or address may delay the processing and implementation of your request.

- > You have a right to your own PHI.
- > You have a right to request that the Fund restrict the use or disclosure of your PHI to carry out payment or health care operations. The request should be sent in writing to the Fund's HIPAA Compliance Director (Privacy Officer) and include the information whose use or disclosure you want to restrict and how you want the use or disclosure to be restricted.

The Fund is not required to agree to a requested restriction unless it pertains solely to PHI related to a health care item or service for which the health care provider involved has been paid in full by you out of pocket and for which you are not reimbursed by the Fund. If the Fund agrees with the requested restriction, the Fund will comply with it unless the information is needed to provide emergency treatment to you.

- > You have a right to receive confidential communications about your PHI from the Fund by alternative means or at alternative locations if you believe that disclosure of all or part of your PHI may endanger you. For example, you may request that the Fund only contact you at your workplace or via your work e-mail. Your request for such a restriction should be sent in writing to the Fund's HIPAA Compliance Director (Privacy Officer) and must include the alternative means or location for communicating with you as well as a statement that communicating with you otherwise would endanger you.

The Fund will accommodate your request for alternative confidential communications if it is reasonable. Reasonableness includes, when appropriate, making alternative arrangements regarding any required payments. As a condition of granting your request, you will be required to provide the Fund with information concerning how payment will be handled. For example, if you submit a claim for benefits, applicable law or contracts may require that the Fund disclose certain financial information (such as the "explanation of benefits" or EOB) to the Fund participant rather than to the patient. Unless you make other payment arrangement, the EOB (which may contain PHI) will be released to the participant.

The Fund will need a reasonable period after receipt of your request to process and implement it. This will usually take 2 business days. During this period PHI (*e.g.* EOB) may be disclosed by means or to a location inconsistent with your request.

You may revoke a request for alternative confidential communications by sending a written request to revoke to the Fund's HIPAA Compliance Director (Privacy Officer). Such a revocation will be applied to all of your PHI, including PHI previously protected by the restriction.

- > You have a right of access to inspect and copy your PHI that is maintained by the Fund in a "designated record set". A "designated record set" consists of records or other information containing your PHI that is maintained, collected, used or disseminated by or for the Fund in connection with: (1) enrollment, payment, claims adjudication, and case or medical management record systems maintained by or for the Fund, or (2) decisions that the Fund makes about you. The Fund may charge a fee for the cost of copying and mailing the PHI to you.
- > You have a right to receive an electronic copy of PHI that is maintained electronically by the Fund upon written request to the Fund's HIPAA Compliance Director (Privacy Officer). The

Fund will provide you the electronic copy either in the format that you request if it is easily producible to that format, or, if not readily producible to the format you request, then as a PDF or in another format agreed upon between you and the Fund. The Fund may charge a fee for the labor necessary to compile and prepare electronic PHI for you, and for the cost of the electronic media, such as a CD or data storage device, used to provide the electronic PHI to you.

- > You have a right to request that the Fund amend your PHI that is maintained by the Fund in a designated record set, if you believe that your PHI is incomplete or incorrect. Your request for an amendment should be sent in writing to the Fund's HIPAA Compliance Director (Privacy Officer) and must describe the requested amendment and the reason for it.

The Fund may deny your request for certain reasons permitted by law. For example, the Fund may deny the request if the information you want to amend is not maintained by the Fund but by another entity. If the Fund denies the request, you have a right to submit a statement of disagreement to the Fund. Your statement of disagreement will be linked with the disputed information and all future disclosures of the disputed information will include your statement.

- > You have a right to receive an accounting of disclosures of your PHI other than: (a) disclosures made for treatment, payment and health care operations purposes; (b) disclosures authorized by you or your personal representative in a signed writing; (c) disclosures that were made more than 6 years before the date on which you submit your request; and (d) exceptions permitted by law. An accounting will be a list that includes the date(s) of the disclosure, to whom the PHI was disclosed, a brief description of the PHI disclosed, and the purpose of the disclosure.

You may request an accounting by sending a written request to the Fund's HIPAA Compliance Director (Privacy Officer). The first accounting list you request within a 12-month period will be free of charge. For any additional list, the Fund may charge you the cost of providing it to you. We will notify you of the cost involved and give you an opportunity to withdraw or amend your request before any costs are assessed.

- > You have a right to be notified in the event of a breach of unsecured PHI (described below under "Duties of the Fund").
- > You have the right to receive a paper copy of this Notice upon request.
- > You have the right to revoke any authorization you have provided to the Fund to use or disclose your PHI by completing and providing to the Fund a "Cancellation of Authorization Form" or other written statement revoking your authorization.

Duties of the Fund

The Fund has the following obligations:

- > The Fund is required by law to maintain the privacy of PHI and to provide individuals with notice of its legal duties and privacy practices with respect to PHI. A complete copy of the Fund's Privacy Policy may be obtained by contacting the Fund's HIPAA Compliance Director (Privacy Officer).

- > If unsecured PHI is acquired, used or disclosed in a manner that is not permitted under the Privacy Policy that compromises the security or privacy of that PHI (a “Breach”), the Fund is required to provide appropriate notice as defined by law without unreasonable delay and in no case later than 60 days after the discovery of the Breach by the Fund or receipt of information of the Breach. The Fund may delegate this duty to a Business Associate.
- > The Fund is required to comply with the terms of this Notice as long as it remains in effect.
- > The Fund will provide a paper copy of this Notice to you upon request.

Changes to Notice

The Fund reserves the right to change the terms of this Notice from time to time, and to make the changed Notice effective for all PHI it maintains, regardless of whether the PHI was created or received by the Fund prior to issuing the changed Notice.

Whenever there is a material change to the Fund’s uses and disclosures of PHI, individual rights, the duties of the Fund, or other privacy practices stated in this Notice, the Fund will promptly revise and distribute the new Notice to participants and beneficiaries.

Contacts and Complaints

If you believe that your privacy rights have been violated, you may send a written complaint to the Fund’s HIPAA Compliance Director (Privacy Officer) at the following address:

HIPAA Compliance Director
Laborers’ National Health and Welfare Fund
905 16th Street, NW
Washington, DC 20006

You may also file a complaint with the U.S. Secretary of Health and Human Services in Washington, D.C. Complaints filed with the Secretary must be in writing, contain the name of the organization or person against which the complaint is being made, describe the problem, and be filed within 180 days of when you became, or should have become, aware of the problem.

The Fund will not intimidate, threaten, coerce, discriminate against, or take any other retaliatory action against any person for filing a complaint with the Fund or the Department of Health and Human Services.

For further information about the Fund’s policies and procedures regarding PHI privacy, contact the Fund’s HIPAA Compliance Director (Privacy Officer).

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