

IDAHO PIPE TRADES HEALTH AND WELFARE TRUST

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 INFORMATION. PLEASE REVIEW IT CAREFULLY.

This Notice of Privacy Practices describes the permissible uses and disclosures of health information about you by your group health plan (Plan) maintained by the Idaho Pipe Trades Health and Welfare Trust (Trust). It also describes your rights to access and control your health information.

The Health Insurance Portability and Accountability Act (HIPAA) requires the Plan to have written policies safeguarding certain medical information about you called Protected Health Information (PHI). PHI is information that may identify you and that relates to health care services provided to you, the payment for health care services provided to you, or your physical or mental health in the past, present, or future. The Plan is required by HIPAA to maintain the privacy of your PHI, provide you certain rights regarding your PHI, and provide you this Notice of its legal duties and privacy practices with respect to PHI.

The Plan must follow the terms of this Notice of Privacy Practices, but it reserves the right to change this Notice at any time. Such change may affect the use and disclosure of PHI currently maintained by the Plan, as well as any PHI that the Plan may receive or create in the future. If a change is made to this Notice, a copy of the revised Notice will be provided to all individuals covered under the Plan at that time.

PERMITTED USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION

Treatment, Payment and Health Care Operations

The Plan may use or disclose your PHI without your consent or authorization for the following purposes:

1. **Treatment.** Treatment means the provision, coordination, or management of your health care by a doctor, hospital, or other health care provider, including the coordination or management of health care with a third party; consultation between health care providers; or the referral of a patient from one health care provider to another. For example, the Plan may disclose the name of your primary care physician to your cardiac specialist so that the cardiac specialist may ask for copies of relevant medical records.

2. **Payment.** Payment means activities to facilitate payment for the treatment and services you receive from health care providers, including collecting premiums and paying for the health care services you receive. For example, the Plan may use and disclose PHI when it (i) sends PHI to an external medical review company to determine the medical necessity or experimental status of a treatment; (ii) shares PHI with other plans to determine the coordination of benefits or settle subrogation claims; (iii) provides PHI for precertification or case management services; (iv) provides PHI in the billing, collection and payment of premiums and fees to Plan vendors such as PPO or Prescription Drug Card Companies; and (v) sends PHI to a stop loss carrier to obtain reimbursement of claims paid under the Plan.
3. **Health Care Operations.** Health care operations means the support functions related to treatment and payment, such as quality assurance, case management, underwriting, premium rating, business management, and other general administrative activities. The Plan may use and disclose PHI to third parties in connection with health care operations including, for example, (i) conducting studies to evaluate the Plan's performance or the performance of a particular network or vendor; (ii) determining the cost of benefit design changes; (iii) calculating premium rates and obtaining stop loss insurance quotes for the Plan; (iv) obtaining claims reimbursement to the Plan; (v) legal, actuarial and auditing services provided to the Plan; and (vi) analyzing data used in the long term management and planning for the Plan.

The amount of health information used, disclosed, or requested will be limited and, when needed, restricted to the minimum necessary to accomplish the intended purposes, as defined under the HIPAA rules. If the Plan uses or discloses PHI for underwriting purposes, the Plan will not use or disclose PHI that is your genetic information for such purposes.

Other Uses and Disclosures Allowed Without Your Authorization

Federal law also allows the Plan to disclose your PHI, without your authorization, to the following persons or for the following purposes:

- To the U.S. Secretary of Health and Human Services (HHS) or any employee of HHS as part of an investigation to determine the Plan's compliance with the HIPAA Privacy Rules.
- To a Business Associate of the Plan (as defined in HIPAA) as part of a contract or agreement to perform services for the Plan, but only after the Business Associate has agreed in writing to implement appropriate safeguards regarding your PHI.
- To a health oversight agency for activities authorized by law, including audits, investigations, inspections, licensures, and other activities necessary for the government to monitor the health care system, to oversee government benefit programs for which health information is relevant for benefit eligibility, and to comply with civil rights laws.

- When required by federal, state, or local law. For example, the Plan will disclose your PHI in response to a court or administrative order. We may also disclose your PHI in response to a subpoena, summons, or discovery request in connection with a lawful judicial or administrative proceeding, but only if reasonable efforts have been made to tell you about the request or to obtain a court order protecting the requested information.
- For public health activities, including disclosure to a public health authority for prevention or control of disease, to a government or health authority to report child abuse or neglect, or to notify a person who may have been exposed to a communicable disease.
- As required for law enforcement purposes; for example, to notify authorities of a criminal act.
- As required to comply with Workers' Compensation or other similar programs established by law.
- If you are a member of the armed forces, as required by appropriate military command authorities.
- To the Plan Trustees, to the extent necessary to carry out administrative functions of the Plan such as evaluating renewal quotes for stop loss insurance for the Plan, reviewing claim appeals, approving subrogation settlements and evaluating the performance of the Plan. Your PHI cannot be used for employment purposes without your written authorization.
- To a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. The Plan may also disclose PHI to a funeral director if needed to carry out his duties.
- In providing you with information about treatment alternatives and health services that may be of interest to you as a result of a specific condition that the Plan is reviewing.

The examples of permitted uses and disclosures listed above are not provided as an all-inclusive list of the ways in which PHI may be used. They are provided to describe in general the types of uses and disclosures that may be made.

OTHER USES AND DISCLOSURES

When you request, we are required to disclose to you the portion of your PHI that contains medical records, billing records, and any other records used to make decisions regarding your health care benefits. We are also required, when requested, to provide you with an accounting of most disclosures of your protected health information if the disclosure was for reasons other than for payment, treatment, or health care operations, and if the protected health information was not disclosed pursuant to your individual authorization.

We will also disclose your protected health information to individuals authorized by you, or to an individual designated as your personal representative, attorney-in-fact, etc., so long as you provide us with a written notice/authorization and any supporting documents (i.e., power of attorney).

Other uses and disclosures of your PHI will only be made upon receiving your WRITTEN AUTHORIZATION. For example, we will not use or disclose your PHI for marketing, and we will not sell your PHI without your authorization. You may revoke an authorization at any time by providing written notice that you wish to revoke an authorization. The Plan will honor a request to revoke as of the day it is received for future uses and disclosures.

YOUR RIGHTS IN RELATION TO PROTECTED HEALTH INFORMATION

Right to Request Restrictions on Uses and Disclosures

You have the right to request that the Plan restrict its uses and disclosures of your PHI in relation to treatment, payment and health care operations, as described above. You also have the right to request the Plan limit the disclosure of your PHI to someone who is involved in your care, such as a family member or personal representative. Any such request must be made in writing to the Privacy Contact Person listed below in this Notice and must state the specific restrictions requested and to whom that restriction would apply.

The Plan is not required to agree to a restriction that you request. However, if it does agree to the requested restriction, it may not violate that restriction except as necessary to allow the provision of emergency medical care to you.

An entity covered by these HIPAA rules (such as your health care provider) or its business associate must comply with your request that health information regarding a specific health care item or service not be disclosed to the Plan for purposes of payment or health care operations if you have paid for the item or service, in full out of pocket.

Right to Receive Confidential Communications

In general, the Plan will communicate by mail and will send all mail to the employee at the employee's address, including mail relating to a spouse or other family members covered under the Plan and their use of benefits. You have the right to request that communications involving PHI be provided to you at an alternative location or by an alternative means of communication. The Plan is required to accommodate a reasonable request if you clearly state in your request that the normal method of disclosure would endanger you. For example, you may ask that the Plan communicate with you only at a certain telephone number or at a certain email address. Any such request must be made in writing to the Privacy Contact Person listed below in this Notice.

Right to Inspect and Copy Your Protected Health Information

You have the right to inspect and copy your PHI that is contained in a group of records or records system that is maintained by or for the Plan (called a "designated record set"). This may include claim information, medical and billing records, and any other records created by or for the Plan in connection with claim and coverage decisions relating to you, except for psychotherapy notes; information compiled in reasonable anticipation of, or for use in a civil, criminal, or administrative action or proceeding; and PHI that is subject to laws that

prohibit access to that information. The Plan may also deny you access to your records if your access is likely to endanger your life or physical safety or that of another person. If your request for access is denied, you may have a right to have that decision reviewed. Requests for access to your PHI and requests for review of denial of access should be directed in writing to the Privacy Contact Person listed below in this Notice. You may request a paper copy, in which case the Plan may charge a reasonable fee for copying (including labor and supplies), postage, and for preparing an explanation or summary of your PHI, if you request an explanation or summary and agree to pay the Plan's costs for preparing the explanation or summary. If the information you request is maintained electronically, you may also request an electronic copy and the Plan will provide the information in the form and format you request, if the information can be readily produced in that form and format. If not, the Plan will work with you to reach agreement on an electronic form and format, and if no agreement is reached, a paper copy of the information will be provided.

Right to Amend Protected Health Information

If you believe that the information in your health records is inaccurate or incomplete, you have the right to request that your PHI in a designated record set be amended. This request must explain the reasons for the requested amendment and may be made for as long as the Plan maintains the PHI. The Plan may deny your request for amendment if it determines that the PHI was not created by the Plan, is not part of the designated record set, is not information that is available for inspection, or that the PHI is accurate and complete. If your request for amendment is denied, you have the right to file a statement of disagreement with the Plan, and the Plan may prepare a written rebuttal to your statement. Any future disclosures of the disputed information will include your statement and the Plan's rebuttal. If the Plan prepares a rebuttal statement, a copy of the rebuttal will be provided to you. Requests for amendment of your PHI should be made in writing to the Privacy Contact Person listed below in this Notice.

Right to Receive an Accounting of Disclosures

You have the right to receive an accounting of certain disclosures of your PHI. The accounting will not include disclosures for treatment, payment and health care operations, as described above, disclosures made to you or pursuant to your authorization, disclosures made to friends or family in your presence or due to an emergency, disclosures for national security purposes, or disclosures incident to otherwise permissible disclosures. Your right to an accounting of disclosures cannot exceed a period of six years prior to the date of your request. Requests for an accounting of disclosures of your PHI should be made in writing to the Privacy Contact Person listed below in this Notice. The first accounting you request within a 12-month period will be free of charge. For additional accountings, you may be charged for the costs of providing the accounting. You will be notified of the cost involved and may choose to withdraw or modify your request before any costs are incurred.

Right to Receive Notification of Breach

You will be notified if we (or a Business Associate) discover a breach of your unsecured health information as required by law.

Right to Receive a Paper Copy of this Notice

This Notice is available on www.ipitt.org. You have the right to receive a paper copy of this Notice upon request. This right applies even if you have previously agreed to receive this Notice electronically. Requests for a paper copy of this Notice should be directed to the Privacy Contact Person listed below in this Notice.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the Plan and/or with the Office of Civil Rights of the United States Department of Health and Human Services. To file a complaint with the Plan, please contact the Idaho Pipe Trades Trust Office, 1220 SW Morrison St, Ste 300, Portland, OR 97205-2222. Complaints must be filed in writing. You will not be penalized for filing a complaint and the Plan will not retaliate against you for filing a complaint.

PRIVACY CONTACT

To exercise any of the rights described in this Notice, or for further information about any of the matters covered in this Notice, you may contact the Idaho Pipe Trades Trust Office at 1-800-808-1687 or 208-288-1610, 1220 SW Morrison St, Ste 300, Portland, OR 97205-2222.

EFFECTIVE DATE OF NOTICE

This Notice is published and becomes effective on September 23, 2013.