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**LOCAL UNION No. 124 I.B.E.W.  
BENEFIT TRUST OFFICE**

305 East 103rd Terrace  
Kansas City, Missouri 64114  
Log onto Website @ [www.ibew124benefits.org](http://www.ibew124benefits.org)



Telephone (816) 943-0277

**Local Union No. 124 I.B.E.W. Health and Welfare Fund**  
**Privacy Notice**

**Revised 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 IT CAREFULLY.**

**A. FEDERAL LAW**

This Notice is required by a federal privacy law called **The Privacy Rule**. Capitalized terms in this Notice are defined in The Privacy Rule. The Local Union No. 124 I.B.E.W. Health and Welfare Fund has developed policies and procedures in compliance with The Privacy Rule. If you have questions regarding this Notice, you may call the Fund Office.

**B. OUR DUTIES TO YOU REGARDING PROTECTED HEALTH INFORMATION**

1. "Protected Health Information" (PHI) is individually identifiable health information maintained by the Plan in oral, written or electronic form. This information includes demographics (for example, age, address) and relates to your past, present or future physical or mental health or condition and related health care services. The Privacy Rule requires the Local Union No. 124 I.B.E.W. Health and Welfare Fund to do the following:
  - a. Keep your PHI private as required by The Privacy Rule;
  - b. Give you this Notice of our duties under The Privacy Rule and our practices related to the use and disclosure of your PHI;
  - c. Follow the terms of the Notice in effect;

- d. Notify you and the Department of Health and Human Services if your PHI is improperly accessed, acquired, used, or disclosed resulting in a breach as defined by the Privacy Rule as amended by the Health Information Technology for Economic and Clinical Health Act ("HITECH"). In the event the Plan is required to notify you, the notification will include a description of what happened, the information involved, the steps the Plan is taking to prevent further improper use of PHI, and steps that you can take to protect yourself;
  - e. To the extent that the Plan performs any underwriting, the Plan cannot disclose any genetic information of you or your family members for such purposes;
  - f. The Plan is prohibited from using your PHI for marketing purposes or from selling such information without your written authorization; and
  - g. Communicate any changes in this Notice to you.
2. The Local Union No. 124 I.B.E.W. Health and Welfare Fund may revise this Notice at any time. You will receive a Revised Notice within 60 days of any material revision to the Notice. All current participants will be notified at least every three years of the availability of the Notice and how to obtain it. Notice to you shall constitute notice to all your eligible dependents. You may request a copy of this Notice at any time, by calling the Fund Office.

### **3. Documentation.**

The Local Union No. 124 I.B.E.W. Health and Welfare Fund will retain copies of this original Notice and any later revisions for a period of six (6) years from the date of its creation or when it was last in effect, whichever is later.

## **C. HOW THE LOCAL UNION No. 124 I.B.E.W. HEALTH AND WELFARE FUND MAY USE AND DISCLOSE YOUR PHI**

### **1. Minimum Necessary PHI.**

The Local Union No. 124 I.B.E.W. Health and Welfare Fund shall use and disclose PHI only as permitted or required by The Privacy Rule, and shall make reasonable efforts to limit access to PHI, to the minimum necessary to accomplish the intended use or disclosure. This minimum necessary rule shall not apply to:

- a. Disclosure to health care providers for treatment;
- b. Disclosures to an individual (unless limited by a specific authorization);
- c. Disclosures made to the Department of Health and Human Services (HHS) for compliance with Electronic Data Interchange (EDI) rules;
- d. Uses or disclosures required by law in The Privacy Rule;
- e. Uses or disclosures as required by HHS in compliance with The Privacy Rule.

## **2. For Treatment, Payment and Health Care Operations.**

- a. Local Union No. 124 I.B.E.W. Health and Welfare Fund may use and disclose PHI for treatment, payment and health care operations as defined in The Privacy Rule, without your individual authorization or consent.
- b. All PHI created or maintained by Local Union No. 124 I.B.E.W. Health and Welfare Fund may be disclosed to its Third Party Administrator for administration of the plan of benefits.
- c. The Board of Trustees is the plan sponsor of the Local Union No. 124 I.B.E.W. Health and Welfare Fund. As fiduciaries, each Trustee, may have access to the PHI maintained or created by the Local Union No. 124 I.B.E.W. Health and Welfare Fund for treatment, payment and health care operations, in accordance with the Plan Document.
- d. The following are some examples but not all, of treatment, payment and health care operations which require use and disclosure of your PHI, and are permitted by The Privacy Rule: claims processing, including claims assistance and issuing of checks; claims appeals; voluntary precertification; subrogation; coordination of benefits; claims repricing; underwriting & budgeting; and plan design.
- e. Local Union No. 124 I.B.E.W. Health and Welfare Fund may disclose information over the telephone to assist you with claims to:
  - (1) parents of minor children who are eligible dependents;
  - (2) parents of adult children who are eligible dependents; or

(3) your spouse or other individuals you have designated for this purpose.

f. The minimum necessary PHI may be used and disclosed to all Business Associates of Local Union No. 124 I.B.E.W. Health and Welfare Fund, including but not limited to its Third Party Administrator, any Preferred Provider Organization, Pharmacy Benefit Manager, and retained professionals.

**3. As required by Law.**

The Local Union No. 124 I.B.E.W. Health and Welfare Fund may use or disclose PHI without the written authorization of an individual if required by law. However, if the law requires the Welfare Fund to inform the individual, such notice may be given orally or in writing. The use or disclosure as required by law is limited to the relevant requirements of any such law.

**4. As required for Public Health Activities.**

The Local Union No. 124 I.B.E.W. Health and Welfare Fund may disclose PHI for public health activities as required and permitted by The Privacy Rule and as stated in its Privacy Policy.

**5. For Judicial and Administrative Proceedings.**

The Local Union No. 124 I.B.E.W. Health and Welfare Fund may disclose PHI for judicial and administrative proceedings as permitted by The Privacy Rule and as stated in its Privacy Policy.

**6. To a health oversight agency.**

The Local Union No. 124 I.B.E.W. Health and Welfare Fund may disclose PHI to a health oversight agency as required by The Privacy Rule and its Privacy Policy for properly authorized oversight activities.

**7. For law enforcement purposes.**

The Local Union No. 124 I.B.E.W. Health and Welfare Fund may disclose PHI for a law enforcement purpose to a law enforcement official as required by The Privacy Rule, if required by law and if in compliance with any relevant legal requirements. If de-identified information will reasonably suffice, PHI will not be disclosed.

**8. To a coroner.**

Local Union No. 124 I.B.E.W. Health and Welfare Fund may disclose PHI to a coroner or medical examiner for the purpose of identifying a deceased person, determining a cause of death or other duties as authorized by law. Local Union No. 124 I.B.E.W. Health and Welfare Fund may disclose PHI to funeral directors consistent with applicable law as necessary to carry out their duties with respect to the decedent. If necessary for funeral directors to carry out their duties, Local Union No. 124 I.B.E.W. Health and Welfare Fund may disclose the PHI prior to and in reasonable anticipation of the individual's death.

**9. To a correctional institution.**

Local Union No. 124 I.B.E.W. Health and Welfare Fund may disclose PHI about an individual to a correctional institution or a law enforcement official:

- a. If the correctional institution has lawful custody of the individual; and
- b. The correctional institution or such law enforcement official represents that such PHI is necessary as stated in The Privacy Rule.

**10. For disaster relief.**

The Local Union No. 124 I.B.E.W. Health and Welfare Fund may use or disclose PHI to a public or private entity authorized by law or by its charter to assist in disaster relief efforts for the purpose of coordinating with such entities other uses or disclosures permitted by The Privacy Rule.

**11. For insurance.**

The Welfare Fund may use and disclose PHI for the purpose of underwriting, premium rating or other activities relating to the creation, renewal or replacement of a contract of health insurance or health benefits, including stop-loss insurance.

**12. For Worker's Compensation.**

Local Union No. 124 I.B.E.W. Health and Welfare Fund may disclose PHI as authorized by and to the extent necessary to comply with laws relating to Worker's Compensation or other similar programs established by law that provide benefits for work related injuries or illness without regard to fault.

**13. Privacy Policy.**

Local Union No. 124 I.B.E.W. Health and Welfare Fund may use and disclose PHI as otherwise permitted in its Privacy Policy. Other uses and disclosures not stated in the Privacy Policy shall be pursuant to your written authorization only.

## **D. INDIVIDUAL RIGHTS**

### **1. Right to request restriction of uses and disclosures of PHI.**

An individual may request that the Local Union No. 124 I.B.E.W. Health and Welfare Fund restrict its use and disclosure of PHI about an individual to carry out Treatment, Payment and Health Care Operations, including disclosures to family members about treatment. The Board of Trustees or an authorized committee of the Board of Trustees of Local Union No. 124 I.B.E.W. Health and Welfare Funds shall have the discretion to grant or deny such a request for a restriction except for the following request for a restriction:

- a. The disclosure is to a health plan for purposes of carrying out payment or health care operations (and not for treatment); and
- b. The PHI pertains solely to a health care service or item for which the provider has been paid out of pocket and in full.

### **2. Right to receive confidential communications.**

The Local Union No. 124 I.B.E.W. Health and Welfare Fund shall accommodate reasonable written requests by individuals to receive communications of PHI from Local Union No. 124 I.B.E.W. Health and Welfare Fund by alternative means or at alternative locations if the individual clearly states that the disclosure of all or part of that information could endanger the individual.

### **3. Right to inspect and copy PHI.**

An individual has a right of access to inspect and obtain a copy of PHI about the individual in a designated record set maintained by Local Union No. 124 I.B.E.W. Health and Welfare Fund. If the Plan uses or maintains your PHI in an electronic health record, you have a right to obtain a copy of the PHI in an electronic format. You have a right of access to inspect and obtain a copy of PHI for as long as the PHI is maintained in the designated record set, except for:

- a. Psychotherapy notes;

- b. Information compiled in reasonable anticipation of or for use in a civil, criminal or administrative action or proceeding.

**4. Right to amend PHI.**

The Local Union No. 124 I.B.E.W. Health and Welfare Fund shall amend PHI or a record about the individual in a designated record set for as long as the PHI is maintained in the designated record set upon an individual's written request.

**5. Right to accounting of PHI.**

An individual has the right to receive an accounting of disclosure of PHI made by the Local Union No. 124 I.B.E.W. Health and Welfare Fund in the six years prior to the date on which the accounting is requested, except as provided for in subparagraph (a) below. The following disclosures need not be accounted for:

- a. To carry out Treatment, Payment and Health Care Operations, except that you may request an accounting of electronic health records disclosed for payment or health care operations which were made up to three years before the date of your request;
- b. To individuals about their own PHI;
- c. Incident to a use or disclosure otherwise permitted or required by The Privacy Rule;
- d. Pursuant to an authorization;
- e. For national security or intelligence purposes;
- f. To correctional institutions or law enforcement officials as required by The Privacy Rule; or
- g. That occurred prior to the compliance date for the Local Union No. 124 I.B.E.W. Health and Welfare Fund.

**6. Right to receive this Notice.**

You have the right to receive a paper copy of this Notice even if you have agreed to receive the Notice electronically.

**7. Procedure.**

You may contact the Fund Office to find out the procedures to exercise your rights.

#### **E. COMPLAINTS**

1. You may initiate a complaint regarding the Local Union No. 124 I.B.E.W. Health and Welfare Fund's compliance with The Privacy Rule by filing a written statement within 60 days of the act or omission to the Board of Trustees, 305 E. 103<sup>rd</sup> Terrace, Kansas City, Missouri 64114.
2. You may initiate a complaint regarding the Local Union No. 124 I.B.E.W. Health and Welfare Fund's compliance with The Privacy Rule by filing a written complaint with the Secretary of Health and Human Services within 180 days of when you believe the Local Union No. 124 I.B.E.W. Health and Welfare Fund is not complying with the applicable requirements of The Privacy Rule or should have known that the act or omission complained of occurred, unless this time limit is waived by the Secretary for good cause shown in accordance with procedures adopted by the Secretary.

#### **F. CONTACT INFORMATION**

You may contact the Privacy Officer or Board of Trustees of the Local Union No. 124 I.B.E.W. Health and Welfare Fund by writing to the Fund Office at the following address: 305 E. 103<sup>rd</sup> Terrace, Kansas City, Missouri 64114.