

# ALASKA TEAMSTER-EMPLOYER WELFARE TRUST

## 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.**

### USE AND DISCLOSURE OF HEALTH INFORMATION

Pursuant to regulations issued by the federal government, the Trust is providing you this Notice about the permissible uses and disclosures of health information about you under the Alaska Teamster-Employer Welfare Trust Summary Plan Description ("Plan"). If an applicable state law provides greater privacy protections for health information than federal law, the Plan will comply with the stricter state law.

Federal law requires the Plan to have a special policy for safeguarding a category of medical information related to you called protected health information or "PHI". The Trust has established a policy to guard against the improper or unnecessary disclosure of your health information and to help assure that when disclosures are permitted or required under federal law, only the minimum information necessary to accomplish the task is disclosed. The federal law is the Privacy Rule of the Administrative Simplification provision of the Health Insurance Portability and Accountability Act of 1996 ("HIPAA").

THE FOLLOWING SUMMARIZES THE CIRCUMSTANCES UNDER WHICH AND PURPOSES FOR WHICH YOUR HEALTH INFORMATION MAY BE USED AND DISCLOSED.

***To Make or Obtain Payment.*** The Trust may use or disclose your health information to make payment to or collect payment from third parties, such as other health plans or providers, for the care you receive. For example, the Trust may provide information regarding your coverage or health care treatment to other health plans to coordinate payment of benefits.

***To Facilitate Treatment.*** The Trust may disclose information to facilitate treatment which involves the provision, coordination or management of health care or related services. For example, the Trust may disclose the name of your treating dentist to a treating orthodontist so that the orthodontist may ask for your dental x-rays.

***To Conduct Health Care Operations.*** The Trust may use or disclose health information for its own operations to facilitate the administration of the Trust and as necessary to provide coverage and services to all of the Trust's participants. Health care operations include such activities as: contacting health care providers and participants with information about treatment alternatives and other related functions; clinical guideline and protocol development; case management and care coordination; activities designed to improve health or reduce health care costs; underwriting, premium rating or related functions to create, renew or replace health insurance or health benefits; business management and general administrative activities of the Trust, including customer service and resolution of internal grievances, review and auditing, including compliance reviews, medical reviews, legal services and compliance programs, quality assessment and improvement

activities, business planning and development including cost management and planning related analyses and formulary development. For example, the Trust may use your health information to conduct case management, quality improvement and utilization review or to engage in customer service.

***In Connection With Judicial and Administrative Proceedings.*** If required or permitted by law, the Trust may disclose your health information in the course of any judicial or administrative proceeding in response to an order of a court or administrative tribunal as expressly authorized by such order or in response to a subpoena, discovery request or other lawful process. The Trust will make reasonable efforts to either notify you about the request or to obtain an order protecting your health information.

***When Legally Required For Law Enforcement Purposes.*** The Trust will disclose your health information when it is required to do so by any federal, state or local law. Additionally, as permitted or required by law, the Trust may disclose your health information to a law enforcement official for certain law enforcement purposes, including, but not limited to, if the Trust has a suspicion that your death was the result of criminal conduct or in an emergency to report a crime.

***For Treatment Alternatives.*** The Trust may use and disclose your health information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

***For Distribution of Health-Related Benefits and Services.*** The Trust may use or disclose your health information to provide to you information on health-related benefits and services that may be of interest to you.

***For Disclosure to the Plan Trustees.*** The Trust may disclose your health information to the Board of Trustees and necessary advisors for plan administration functions performed by the Board of Trustees on behalf of the Trust, such as those listed in this summary, or to handle claims appeals, solicit bids for services, or modify, amend or terminate the plan.

***To Conduct Health Oversight Activities.*** The Trust may disclose your health information to a health oversight agency for authorized activities including audits, civil, administrative or criminal investigations, inspections, licensure or disciplinary action. The Trust, however, may not disclose your health information if you are the subject of an investigation and the investigation does not arise out of or is not directly related to your receipt of health care or public benefits.

***In the Event of a Serious Threat to Health or Safety.*** The Trust may, consistent with applicable law and ethical standards of conduct, disclose your health information if the Trust, in good faith, believes that such disclosure is necessary to prevent or lessen a serious and imminent threat to your health or safety or to the health and safety of the public.

***To a Coroner, Medical Examiner or Funeral Director.*** The Trust may release your health information to a coroner or medical examiner to identify you or determine your cause of death, or to a funeral director to carry out his or her duties.

***For Specified Government Functions.*** In certain circumstances, federal regulations require the Trust to use or disclose your health information to facilitate specified government functions related to the military and veterans, national security and intelligence activities, protective services for the president and others, and correctional institutions and inmates.

***To Comply With an Applicable Federal, State or Local Law.*** The Trust may release your health information to the extent necessary to comply with applicable federal, state or local law, including workers' compensation or similar programs.

***To the U.S. Department of Health and Human Services.*** The Trust may disclose health information to the U.S. Department of Health and Human Services to demonstrate the Plan's compliance with federal health information privacy law.

## **AUTHORIZED TO USE OR DISCLOSE HEALTH INFORMATION**

Other than stated above, the Trust will not disclose your health information other than with your written authorization. If you have authorized the Trust to use or disclose your health information, you may revoke that authorization in writing at any time.

Additionally, your written authorization will generally be required before the Trust will use or disclose psychotherapy notes. Psychotherapy notes are separately filed notes about your observations with your mental health professional during a counseling session. They do not include summary information about your mental health treatment. The Trust may use and disclose such notes when needed to defend against litigation filed by you.

## **YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION**

Federal law provides you with certain rights regarding protected health information that pertains to you. Parents of minor children and other individuals with legal authority to make health decisions for a participant in the Trust may exercise these rights on behalf of the participant, consistent with state law.

***Right to Request Restrictions.*** You may request restrictions on certain uses and disclosures of your health information. You have the right to request a limit on the Trust's disclosure of your health information to someone involved in the payment of your care. However, the Trust is not required to agree to your request. If you wish to request restrictions, please make the request in writing to the Trust's Privacy Contact Person listed below.

***Right to Receive Confidential Communications.*** You have the right to request that the Trust communicate with you in a certain way if you feel the disclosure of your health information could endanger you. For example, you may ask that the Trust only communicate with you at a certain telephone number or by email. If you wish to receive confidential communications, please make your request in writing to the individual identified as the Trust's Privacy Contact Person below. The Trust will attempt to honor your reasonable requests for confidential communications.

***Right to Inspect and Copy Your Health Information.*** You have the right to inspect and copy your health information. A request to inspect and copy records containing your health information must be made in writing to the Privacy Contact Person listed below. If

you request a copy of your health information, the Trust may charge a reasonable fee for copying, assembling costs and postage, if applicable, associated with your request.

The Trust may not give you access to your health information records when they have been created in anticipation of a civil, criminal, or administrative action or proceeding. The Trust may also deny your request to inspect and obtain a copy of your protected health information, if doing so would violate another law or endanger the life or physical safety of you or another individual.

In the event that your request to inspect or obtain a copy of your information is denied, you may have that decision reviewed by the Board of Trustees.

**Right to Amend Your Health Information.** If you believe that your health information records are inaccurate or incomplete, you may request that the Trust amend the records. That request may be made as long as the information is maintained by the Trust. A request for an amendment of records must be made in writing to the Trust's Privacy Contact Person listed below. The Trust may deny the request if it does not include a reasonable reason to support the amendment. The request also may be denied if your health information records were not created by the Trust, if the health information you are requesting be amended is not part of the Trust's records, if the health information you wish to amend falls within an exception to the health information you are permitted to inspect and copy, or if the Trust determines the records containing your health information are accurate and complete.

**Right to an Accounting.** You have the right to request a list of disclosures of your health information made by the Trust for any reason other than for treatment, payment or health operations, as described earlier in this notice. The Trust is not required to provide an accounting of disclosures made directly to you, or of disclosures made as a result of your written authorization, or as a result of a requirement of law. The request for an accounting must be made in writing to the Privacy Contact Person listed below. The request should specify the time period for which you are requesting information, but may not start earlier than **April 14, 2003** when the Privacy Rule became effective. Accounting requests may not be made for periods of time going back more than six (6) years. The Trust will provide the first accounting you request during any 12-month period without charge. Subsequent accounting requests may be subject to a reasonable cost-based fee. The Trust will inform you in advance of the fee, if applicable.

**Right to a Paper Copy of this Notice.** You have a right to request and receive a paper copy of this Notice at any time, even if you have received this Notice previously or agreed to receive the Notice electronically. To obtain a paper copy, please contact the Privacy Contact Person listed below. *[You also may obtain a copy of the current version of the Trust's Notice at its Web site, [www.959trusts.com](http://www.959trusts.com)]*

**Privacy Contact Person.** To exercise any of these rights related to your health information contact:

Carole Roesler  
Phone No: 907-751-9712  
Fax No: 907-751-9738

### **DUTIES OF THE TRUST**

The Trust is required by law to maintain the privacy of your health information as set forth in this Notice and to provide to you this Notice of its duties and privacy practices. The Trust is required to abide by the terms of this Notice, which may be amended from time to time. The Trust reserves the right to change the terms of this Notice and to make new Notice provisions effective for all health information that it maintains. If the Trust changes its policies and procedures, the Trust will revise the Notice and will provide a copy of the revised Notice to you within 60 days of the change. You have the right to express complaints to the Trust and to the Secretary of the Department of Health and Human Services if you believe that your privacy rights have been violated. Any complaints to the Trust should be made in writing to the Privacy Official identified below. The Trust encourages you to express any concerns you may have regarding the privacy of your health information. You will not be retaliated against in any way for filing a complaint.

### **CONTACT PERSON/PRIVACY OFFICIAL**

The Trust has designated Carole Roesler as its contact person for all issues regarding privacy rights. You may contact this person at 520 East 34<sup>th</sup> Avenue, Suite 107, Anchorage AK 99503 or telephone that person at 907-751-9700.

The Trust has also designated Dennie Castillo as its Privacy Official. This person may be contacted at 520 East 34<sup>th</sup> Avenue, Suite 107, Anchorage AK 99503 or telephone that person at 907-751-9700

### **EFFECTIVE DATE**

This Notice is effective **April 14, 2003**.