

# PLUMBERS' UNION LOCAL NO. 12 WELFARE FUND

## IMPORTANT NOTICE REGARDING THE USE OF THE PARTICIPANT PORTAL

The following provisions are effective September 1, 2023.

### PRIVACY PRACTICES FOR USE OF PARTICIPANT PORTAL

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU THAT YOU ENTER INTO THE PARTICIPANT PORTAL OR THAT MAY BE PROVIDED TO YOU ON THE PARTICIPANT PORTAL MAY BE USED AND DISCLOSED. THIS NOTICE ALSO DESCRIBES HOW YOU CAN GET ACCESS TO YOUR HEALTH AND MEDICAL INFORMATION AND INFORMATION ABOUT ITS USE AND DISCLOSURE.**

**PLEASE REVIEW IT CAREFULLY.**

The Fund is committed to protecting the privacy of your personal information, which we refer to as “Protected Health Information” in this notice. The Plumbers’ Union Local No. 12 Welfare Fund (the “Fund”) takes seriously maintaining the confidentiality of your medical and other personal information that it comes to possess in paying your health claims.

In compliance with the federal law known as HIPAA (Health Insurance Portability and Accountability Act of 1996), as amended, and federal regulations, the Fund has established privacy policies and practices relating to the Protected Health Information of participants, their eligible dependents and other covered persons. This notice summarizes only how the Fund handles and seeks to protect your health information. ***It does not apply to your medical or other information which the Fund does not receive, and it does not pertain to how your medical providers, including your treating physician, may use, disclose or protect such information.*** If you have any questions about this notice please contact the Privacy Officer listed below.

The Fund has established safeguards to protect Protected Health Information from improper use or disclosure. These include security measures to protect the offices of the Fund from improper access, electronic safeguards, and administrative and procedural security measures. In addition, personnel of the Fund and the Fund’s vendors are trained to aid in the implementation of the Fund’s privacy policies and practices.

This Terms of Use describes how we may use and disclose your Protected Health Information that you submit or receive from the Fund via the Participant Portal to carry out payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your Protected Health Information.

### ***What is my “Protected Health Information” that is subject to the Fund’s privacy practices?***

"Protected Health Information" (“PHI”) means any medical information (including information about your mental health) about you that either in and of itself identifies you or is coupled with information that identifies you as the subject of that medical information. In other words, medical information that is “individually identifiable.” It consists of the following kinds of information:

- ▶ Medical information which you or your treating physician provides to the Fund.
- ▶ Claims by you or submitted to the Fund on your behalf by medical providers, such as when a hospital, physician or other medical provider seeks payment for medical services provided to you.

- ▶ Other information including enrollment, eligibility and demographic information, that relates to your past, present or future physical or mental health or condition and related health care services.

### ***Does the Fund have a right to receive my health information?***

In order to process and provide the benefits it provides under the Fund, and to answer your questions through the Participant portal, the Fund will require information from you and your medical providers, and it must receive your Protected Health Information. It would be impossible for the Fund to administer the Plan of Benefits in regard to you without your PHI – in the same way that a provider could not treat you without your PHI. The law recognizes this and calls such entities as the Fund (or medical providers) as ‘Covered Entities,’ meaning that these entities that need your PHI to function must comply with the rules of HIPAA.

Participants, their eligible dependents and other covered persons under the Fund, as a condition of enrollment and participation, agree (even though the Fund can receive or use your PHI without your consent in certain circumstances that have to do with the administration of the benefits and the Fund, itself) that, except where restricted by law, the Fund may have access to: (1) all health records and medical data from health care providers providing services covered under the Fund, and (2) information concerning health coverage or claims from all providers, motor vehicle insurance, medical payment policies, homeowner’s insurance, and all types of health benefit Funds. You also agree to help the Fund obtain this information when necessary.

### ***How is the Fund going to use my PHI without my Authorization?***

Your PHI can be used and disclosed without your consent for the basic purposes of the Fund: processing claims, payment of claims, and health care operations. But, again, by enrolling in, or accepting coverage under, this Fund, participants, their eligible dependents or other persons covered by the Fund agree that the Fund may obtain and use PHI for designated purposes. When necessary, you agree to help the Fund obtain information needed for the purposes listed below. The Fund will retain your PHI if required in the administration of the Fund or as required by applicable law.

### **Other Permitted and Required Uses and Disclosures That May Be Made Without Your Authorization or Opportunity to Object**

There are several exceptions provided by federal regulations where we may use or disclose your Protected Health Information without your authorization. Some of these include the following:

- **Disclosures Required By Law:** The Fund will disclose your PHI if required by statute or a court of law limited to the relevant requirements of the law or court. You will be notified, as required by law, of any such uses or disclosures.
- **Public Health:** Your PHI may be disclosed for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose of controlling disease, injury or disability.
- **Communicable Diseases:** If authorized by law, your PHI may be disclosed to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.
- **Health Oversight:** Your PHI may be disclosed to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections.
- **Abuse or Neglect:** Your PHI may be disclosed to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, in compliance with state or federal law, if the Fund believes that you have been a victim of abuse, neglect or domestic violence, your PHI may be disclosed to the governmental entity or agency authorized to receive such information.
- **Legal Proceedings:** Your PHI may be disclosed in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), in certain conditions in response to a subpoena, discovery request or other lawful process.
- **Law Enforcement:** As long as applicable legal requirements are met, your PHI may be disclosed for law enforcement purposes including (1) legal processes and otherwise required by law, (2) limited information

requests for identification and location purposes, (3) pertaining to victims of a crime, (4) suspicion that death has occurred as a result of criminal conduct, (5) in the event that a crime occurs on the premises of the Fund, and (6) medical emergency (not on the Fund's premises) and it is likely that a crime has occurred.

- **Criminal Activity:** If the Fund believes that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public, or to identify or apprehend an individual, the Fund may disclose your PHI to law enforcement authorities.
- **Required Uses and Disclosures:** Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of HIPAA.

### ***With whom will the Fund give or share my PHI?***

The Fund may disclose your PHI to administer and process payment of claims from you or on your behalf (such as from health care providers), to confirm your eligibility status for health care providers from whom you are requesting or receiving treatment, to third party administrators (such as the prescription benefit manager to process prescription drug claims), and other third parties with whom the Fund has business associate agreements. For example, in order to maintain the prescription drug card program, the Fund has contracted with a company that maintains electronically your eligibility information and that of other covered persons, as well as other records of prescription drug usage and utilization.

The Fund may need to provide your PHI to other health Funds (or obtain information from them) to coordinate benefits. In some cases, the Fund shares information with individuals or companies who are working as contractors or consultants for the Fund.

### ***Uses and Disclosures of Protected Health Information Based upon Your Written Authorization***

Some uses and disclosures of your PHI will be made *only* with your written authorization, unless otherwise permitted or required by law as described below. You may revoke this authorization, at any time, in writing, except to the extent that the Fund has taken an action in reliance on the use or disclosure indicated in the authorization.

## **Your Rights**

The following is a statement of your rights with respect to your PHI and a brief description of how you may exercise these rights.

**You have the right to inspect and copy your PHI by contacting the Privacy Officer.** This means you may inspect and obtain a copy of PHI about you that is contained in our records for as long as the Fund maintains it. Please note, however, that the Fund does not provide medical care. All covered persons receive care and treatment from hospitals, physicians and other medical providers based in their own facilities. If you wish to obtain a copy of your medical records, you should contact your health care provider directly.

Under federal law, however, you may not inspect or copy the following records: psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and PHI that is subject to law that prohibits access to PHI. Depending on the circumstances, a decision to deny access may be reviewable. In some circumstances, you may have a right to have this decision reviewed. Please contact the Privacy Officer if you have questions about access to your PHI.

**You have the right to request a restriction on certain uses and disclosures of your PHI.** While you have the right to request a restriction on the Fund's use and disclosure for payment and health care operations of your PHI, the Fund is not required to agree to such restriction. If the Fund does agree to the restriction, it may at a later date, after notice is provided to you, decide to no longer agree to such restriction. If the Fund has agreed to a restriction, you may also notify the Fund that you no longer want that restriction in place.

**You have the right to request to receive confidential communications from the Fund by alternative means or at an alternative location.** For example, a spouse or other dependent could request that notice be sent to his or her employment rather than to the home address. The Fund will accommodate reasonable requests. The Fund may also condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. The Fund will not request an explanation from you as to the basis for the request. Please make this request in writing to our Privacy Officer.

**You may have the right to have the Fund amend your PHI.** This means you may request an amendment of PHI about you in a designated record set for as long as the Fund maintains this information. In certain cases, the Fund may deny your request for an amendment. If the Fund denies your request for amendment, you have the right to file a statement of disagreement with us and the Fund may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. Please contact our Privacy Officer to determine if you have questions about amending your medical record.

**You have the right to receive an accounting of certain disclosures the Fund has made if any, of your PHI.**

This right applies to disclosures for purposes other than treatment, payment or health care operations as described in the Notice of Privacy Practices. It excludes disclosures the Fund may have made to you, to your Authorized Representative, to family members or friends involved in your care, or for notification purposes. You have the right to receive specific information regarding these disclosures that occurred after April 14, 2003. You may request a shorter timeframe. The right to receive this information is subject to certain exceptions, restrictions and limitations.

#### **Notices**

You have the right to receive a copy of this Notice of Privacy Practices for Use of Participant Portal or the Fund's Notice of Privacy Practices. For a copy, please contact the Privacy Officer.

#### **Authorized Representative**

You may, but are not required to, authorize the use or disclosure of your PHI to a person or entity outside of the Fund. In the event you wish to sign an authorization, you may obtain an authorization form from the Privacy Officer.

#### **Complaints**

You may complain to the Privacy Officer or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by the Fund. You may file a complaint with the Privacy Officer by notifying our Privacy Officer of your complaint in writing sent to the below listed address. The Fund will not retaliate against you for filing a complaint.

### ***The Fund's Responsibilities***

The Fund is required by law to protect the privacy and security of your information and to provide you with prompt notice of a breach that compromises the privacy or security of your PHI. The Fund is also required by law to comply with duties and privacy and security practices that are described in this notice and the general Notice of Privacy Practices and to provide a copy of these notices to you. In addition, the Fund will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

If you wish to inspect your records, receive a listing of disclosures, or correct or add to the information in your record, or if you have any questions, complaints or desire additional information, please contact the following Privacy Officer:

***Can the Fund Change its privacy practices summarized in this notice?***

The Fund is required to abide by the terms of this Notice and the Notice of Privacy Practices. The Fund may change the terms of the Notice of Privacy Practices at any time. The new notice will be effective for all PHI that the Fund maintains at that time. The notice will be mailed to Fund participants within 60 days of a material revision to this existing notice. Upon your request, the Fund will provide you with any revised Notice of Privacy Practices if you call or write to the Privacy Officer and request that a revised copy be sent to you in the mail.

Matthew Coletti, Administrator and Privacy Officer  
Plumbers' Union Local No. 12 Welfare Fund  
1230-1236 Massachusetts Avenue  
Boston, MA 02125  
(617) 288-5400