

San Francisco Electrical Workers Health & 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.

Our Responsibilities

The San Francisco Electrical Workers Health & Welfare Trust (the "Plan") is required under the Privacy Rule of the Administrative Simplification provision of the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") to (i) maintain the privacy of your protected health information, (ii) provide you with certain rights relating to your protected health information, (iii) provide you with a copy of this Notice and (iv) follow the terms of this Notice.

Protected Health Information (or "PHI") means information that is created or received by the Plan and relates to the past, present or future physical or mental health or condition of a participant; the provision of health care to a participant; or the past, present or future payment for the provision of health care to a participant; and that identifies the participant or for which there is a reasonable basis to believe the information can be used to identify the participant. PHI includes information of persons living or deceased.

The Plan may use your PHI for purposes of making or obtaining payment for your care and conducting health care operations. The Plan has established the policy described in this Notice to help prevent unnecessary disclosure of your PHI. We reserve the right to change this Notice and to make new provisions regarding your PHI that we maintain, as allowed or required by law. If we make any material change to this Notice, we will provide you with a copy of the revised Notice by first class mail to your last known address on file.

The Plan will comply with the requirements of the Health Information Technology for Economic and Clinical Health Act (the "HITECH Act") and its implementing regulations to provide notification to affected individuals, the Department of Health and Human Services, and the media (when required) if the Plan or one of its business associates discovers a breach of unsecured PHI.

How We May Use and Disclose Your Protected Health Information

We may use or disclose your PHI under certain circumstances without your permission. Some, but not all, of these circumstances are described in this section.

To Make or Obtain Payment. The Plan 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 Plan may provide information regarding your coverage or health care treatment to other health plans to coordinate payment of benefits, and to a utilization review service provider to determine to determine eligibility for payment.

To Conduct Health Care Operations. The Plan may use or disclose health information for its own operations to facilitate the administration of the Plan and as necessary to

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provide coverage and services to all of the Plan's participants. Health care operations may include such activities as:

- Quality assessment and improvement activities.
- Activities designed to improve health or reduce health care costs.
- Clinical guideline and protocol development, case management and care coordination.
- Contacting health care providers and participants with information about treatment alternatives and other related functions.
- Underwriting, premium rating or related functions to create, renew or replace health insurance or health benefits.
- Review and auditing, including compliance reviews, medical reviews, legal services and compliance programs.
- Business planning and development including cost management and planning related analyses and formulary development.
- Business management and general administrative activities of the Plan, including customer service and resolution of internal grievances.

For example, the Plan may use your health information to conduct case management, quality improvement and utilization review, or to engage in customer service and grievance resolution activities

For Treatment Alternatives. The Plan may use and disclose your PHI to tell you about or recommend possible treatment options or alternatives that may be of interest to you. Your PHI may be disclosed to physicians, nurses, technicians, medical students or other hospital personnel who are involved in your care.

To Business Associates. The Plan contracts with individuals and entities known as Business Associates to perform various functions for the Plan. To perform these functions, Business Associates will receive, create, maintain, use and/or disclose PHI, but only after agreeing in writing to implement appropriate safeguards to protect your PHI. For example, the Plan may disclose your PHI to a Business Associate to administer claims, for utilization management, pharmacy benefit management or subrogation.

For Disclosure to the Plan Sponsor. The Plan may disclose your PHI to the Board of Trustees (the Plan sponsor) for plan administration functions performed by the Board of Trustees on behalf of the Plan. In addition, the Plan may provide summary health information to the Board of Trustees so that the Board of Trustees may solicit premium bids from health insurers or modify, amend or terminate the Plan. Your PHI cannot be used for employment purposes without your specific authorization.

When Legally Required. The Plan will disclose your PHI when it is required to do so by any federal, state or local law, such as for national security or public health reasons.

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

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Special Situations

This section describes other ways we may use and disclose your PHI.

To Conduct Health Oversight Activities. The Plan may disclose your PHI to a health oversight agency for authorized activities including audits, civil administrative or criminal investigations, inspections, licensure or disciplinary action, or other activities necessary for appropriate oversight of government benefit programs (such as investigations of Medicare fraud).

Organ and Tissue Donation. If you are an organ donor, we may release your PHI to organizations that handle organ procurement or organ, eye or tissue transplantation, or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

Military and Other Specified Government Functions. In certain circumstances, federal regulations require the Plan to use or disclose your PHI 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.

For Worker's Compensation. The Plan may release your PHI to the extent necessary to comply with laws related to worker's compensation or similar programs.

Public Health Risks. We may disclose your PHI for public health actions, including (i) to prevent or control disease, injury, or disability, (ii) to report births and deaths, (iii) to report child abuse or neglect, (iv) to report reactions to medications or problems with products, (v) to notify people of recalls of products they may be using, (vi) to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition, and (vii) to notify the appropriate government authority if we believe that a patient has been the victim of abuse, neglect, or domestic violence. We will only make this disclosure if you agree, or when required or authorized by law.

Lawsuits and Similar Proceedings/Subpoenas. As permitted or required by state law, the Plan may disclose your PHI 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, but only if the Plan has evidence or information such as a proof of service that you or your attorney received notice of the subpoena, discovery request or other lawful process (or the Plan has otherwise notified or attempted to notify you).

For Law Enforcement Purposes. As permitted or required by state law, the Plan may disclose your PHI to a law enforcement official for certain law enforcement purposes, including, but not limited to, if the Plan has a suspicion that your death was the result of criminal conduct or in an emergency to report a crime.

National Security and Intelligence Activities. We may release your PHI to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

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Required Disclosures

Government Audits. We are required to disclose your PHI to the Secretary of the U.S. Department of Human Services when the Secretary is investigating or determining our compliance with the HIPAA privacy rule.

Disclosures to You. 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 the most recent disclosures of your PHI if the disclosure was for reasons other than payment, treatment or health care operations, and the PHI was not disclosed pursuant to your authorization.

Other Disclosures

Family Members. With only limited exceptions, we will send all mail to the member employee. This includes mail relating to the employee's spouse and other family members who are covered by the Plan. If an individual covered under the Plan has requested restrictions or confidential communication as discussed below, and if we have agreed to the request, we will send mail as provided by the requested restriction or confidential communication.

Personal Representatives. We will disclose your PHI to individuals authorized by you, or to an individual designated as your personal representative, so long as you provide the Plan with a written authorization and any supporting documents. Your authorization may be revoked by you at any time, provided the revocation is in writing.

Authorizations. Other than as stated above, the Plan will not disclose your PHI other than with your written authorization. If you authorize the Plan to use or disclose your PHI, you may revoke that authorization in writing at any time.

Your Rights

You have the following rights regarding your PHI that the Plan maintains:

Right to Request Restrictions. You may request restrictions on certain uses and disclosures of your PHI. You have the right to request a limit on the Plan's disclosure of your PHI to someone involved in the payment of your care. The Plan is not required to comply with the agreed upon restriction(s) in emergency situations when the restricted PHI is needed for treatment. Additionally, the Plan is not required to agree to your request. If you wish to make a request for restrictions, please make your request in writing to the SFEW Health Plan Privacy Official at 720 Market St., Suite 700, San Francisco, CA 94102 or Fax to (415) 263-3674. For your convenience a "Request for Restrictions" Form is available.

Right to Receive Confidential Communications. You have the right to request that the Plan communicate with you in a certain way if you feel the disclosure of your PHI could endanger you. For example, you may ask that the Plan 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 SFEW Health Plan Privacy

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Official at 720 Market St., Suite 700, San Francisco, CA 94102 or Fax to (415) 263-3674. For your convenience a "Request for Confidential Communications" form is available. The Plan 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 PHI. A request to inspect and copy records containing your PHI must be made in writing to the SFEW Health Plan Privacy Official at 720 Market St., Suite 700, San Francisco, CA 94102 or Fax to (415) 263-3674. If you request a copy of your PHI, the request must be made in writing to the SFEW Health Plan Privacy Official. The Plan may charge a reasonable fee for copying, assembling costs and postage, if applicable, associated with your request. The requested information will be provided within 30 days if the information is maintained on site or within 60 days if the information is maintained off site. A one-time 30 day extension may be necessary in unique circumstances. Please note that under government regulations, you do not have a right to copies of psychotherapy notes.

Right to Amend Your Health Information. If you believe that your health information records are inaccurate or incomplete, you may request that the Plan amend the records. That request may be made as long as the information is maintained by the Plan. A request for an amendment of records must be made in writing to the SFEW Health Plan Privacy Official at 720 Market St., Suite 700, San Francisco, CA 94102 or Fax to (415) 263-3674. The Plan may deny the request if it does not include a reason to support the amendment. The request also may be denied if your health information records were not created by the Plan, if the health information you are requesting to amend is not part of the Plan'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 Plan determines the records containing your PHI are accurate and complete.

Right to an Accounting of Disclosures. You have the right to request a list of certain disclosures of your PHI that the Plan is required to keep a record of under the Privacy Rule, such as disclosures for public purposes authorized by law or disclosures that are not in accordance with the Plan's privacy policies and applicable law. The request must be made in writing to the SFEW Health Plan Privacy Official at 720 Market St., Suite 700, San Francisco, CA 94102 or Fax to (415) 263-3674. The request should specify the time period for which you are requesting the information, but may not be made for periods of time going back more than six (6) years. The Plan 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 Plan 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 Plans Privacy Official at (415) 263-3670. [You also may obtain a copy of the current version of the Plan's Notice at its Web site, www.eisb.org]

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Right to File a Complaint. You have the right to express complaints to the Plan 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 Plan should be made in writing to the SFEW Health Plan Privacy Official at 720 Market St., Suite 700, San Francisco, CA 94102 or Fax to (415) 263-3674. The Plan encourages you to express any concerns you may have regarding the privacy of your information. You will not be retaliated against in any way for filing a complaint.

Contact Person

The Plan has designated the Plan's Privacy Official as its contact person for all issues regarding patient privacy and your privacy rights. You may contact this person at 720 Market St., Suite 700, San Francisco, CA 94102 or (415) 263-3670.

Appeals Process

If the Privacy Official or any other plan representative denies any request or takes other action (or fails to take such actions) with respect to this Privacy Notice and your Privacy Rights under the plan, you may submit a written appeal to the Board of Trustees in accordance with the appeal procedures set forth in the Plan's Summary Plan Description.

Effective Date

This Notice is effective January 1, 2010, replacing the prior notice.

If you have questions regarding this Notice, please contact the SFEW Health Plan Privacy Official at 720 Market Street, Suite 700, San Francisco, CA 94102, or at (415) 263-3670.