

# 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.**

### **USE AND DISCLOSURE OF HEALTH INFORMATION**

The San Francisco Electrical Workers Health & Welfare Trust ("the Health Plan") may use your health information, that is, information that constitutes protected health information as defined in the Privacy Rule of the Administrative Simplification provision of the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), for purposes of making or obtaining payment for your care and conducting health care operations. The Health Plan has established a policy to guard against unnecessary disclosure of your health information.

**THE FOLLOWING IS A SUMMARY OF THE CIRCUMSTANCES UNDER WHICH AND PURPOSES FOR WHICH YOUR HEALTH INFORMATION MAY BE USED AND DISCLOSED:**

**To Make or Obtain Payment.** The Health 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 Health Plan may provide information regarding your coverage or health care treatment to other health plans to coordinate payment of benefits.

**To Conduct Health Care Operations.** The Health Plan may use or disclose health information for its own operations to facilitate the administration of the Health Plan and as necessary to provide coverage and services to all of the Health 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 Health Plan, including customer service and resolution of internal grievances.

For example, the Health 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.

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**For Treatment Alternatives.** The Health Plan 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 Health Plan 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 Sponsor.** The Health Plan may disclose your health information to the Board of Trustees for plan administration functions performed by the Board of Trustees on behalf of the Health Plan. In addition, the Health 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. The Health Plan also may disclose to the Board of Trustees information on whether you are participating in the health plan.

**When Legally Required.** The Health Plan will disclose your health information when it is required to do so by any federal, state or local law.

**To Conduct Health Oversight Activities.** The Health Plan 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, or other activities necessary for appropriate oversight of government benefit programs (such as investigations of Medicare fraud).

**Lawsuits and Similar Proceedings/Subpoenas.** As permitted or required by state law, the Health Plan 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, but only if the Health 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 Health Plan has otherwise notified or attempted to notify you).

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

**In the Event of a Serious Threat to Health or Safety.** The Health Plan may, consistent with applicable law and ethical standards of conduct, disclose your health information if the Health 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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**Military and Other Specified Government Functions.** In certain circumstances, federal regulations require the Health Plan 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.

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

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

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

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

You have the following rights regarding your health information that the Health Plan maintains:

**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 Health Plan's disclosure of your health information to someone involved in the payment of your care. The Health 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 Health 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 Health Plans "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 Health Plan 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 Health 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 Health Plans "Privacy 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 Health Plan will attempt to honor your reasonable requests for confidential communications.

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**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 Health Plans “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 health information, the request must be made in writing to the Health Plans “Privacy Official”, the Health 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 Health Plan amend the records. That request may be made as long as the information is maintained by the Health Plan. A request for an amendment of records must be made in writing to the Health Plans “Privacy Official” at 720 Market St., Suite 700, San Francisco, CA 94102 or Fax to (415) 263-3674. The Health 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 Health Plan, if the health information you are requesting to amend is not part of the Health 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 Health Plan determines the records containing your health information are accurate and complete.

**Right to an Accounting of Disclosures.** You have the right to request a list of certain disclosures of your health information that the Health 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 Health Plans “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 start earlier than April 14, 2003 and may not be made for periods of time going back more than six (6) years. The Health 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 Health 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 Health Plans “Privacy Official” at (415) 263-3670. [You also may obtain a copy of the current version of the Health Plan's Notice at its Web site, [www.eisb.org](http://www.eisb.org)]

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### **DUTIES OF THE HEALTH PLAN**

The Health Plan 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 Health Plan is required to abide by the terms of this Notice, which may be amended from time to time. The Health Plan reserves the right to change the terms of this Notice and to make the new Notice provisions effective for all health information that it maintains. If the Health Plan changes its policies and procedures, the Health Plan will revise the Notice and will provide a copy of the revised Notice to you within 60 days of the change.

### **RIGHT TO FILE A COMPLAINT**

You have the right to express complaints to the Health 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 Health Plan should be made in writing to the Health Plans "Privacy Official" at 720 Market St., Suite 700, San Francisco, CA 94102 or Fax to (415) 263-3674. The Health 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 Health Plan has designated the Health Plans "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<sup>1</sup>**

This Notice is effective April 14, 2003.

**IF YOU HAVE ANY QUESTIONS REGARDING THIS NOTICE, PLEASE CONTACT THE HEALTH PLANS "PRIVACY OFFICIAL" AT 720 MARKET ST., SUITE 700, SAN FRANCISCO, CA 94102 OR (415) 263-3670.**

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<sup>1</sup> Reviewed/Revised 06/2016