

# Chicago Regional Council of Carpenters Benefit Funds



Your Future — Our Focus

**TO: All Chicago Regional Council of Carpenters Welfare Fund Participants, Including Family Members**

**RE: A Brief Explanation of the Attached Privacy Notice (July 2016)**

Federal regulations require your health plan (“the Plan or “Fund”) to follow procedures to protect your privacy – specifically, the privacy of your health information within the control of the Plan.

***You must complete a Privacy Request form found on the last page and send it to the Fund Office if you do not want the Fund Office to discuss your protected health information (PHI) with your spouse or, if you are an adult child covered by the Plan, with your parents or legal guardian(s).***

When you read the attached notice that the Plan is required to send to you, please pay close attention to the following points:

- **The rules allow the Plan to use and disclose your health information:**
  - To pay claims; and
  - To administer the Plan.
- **Unless you object, the rules allow the Plan to communicate orally about your claims with:**
  - Your spouse if you are married; or
  - Your parents or legal guardian if you are an adult child (age 18 or over) covered by the Plan.

### **For Example**

The Fund Office may discuss:

- *Your claims* over the telephone or in person *with your spouse*.
- *Your spouse’s claims* over the telephone or in person *with you*.
- *Your eligible adult child’s claims* over the telephone or in person *with you or your spouse*.

As parents or legal guardians, you and your spouse will generally have continuing access to information regarding your minor children. The Fund will assume the person contacting them is involved with an individual’s care if the person can identify the provider name and date of service.

If you *do not* wish to have the Fund Office discuss your protected health information with your spouse or, if you are an adult child, with your parents or legal guardian, you must complete a Privacy Request form found on the last page and send it to the Fund Office. The form will take effect when the Fund Office receives it.

Sincerely,

*The Board of Trustees*

# CHICAGO REGIONAL COUNCIL OF CARPENTERS WELFARE FUND

## NOTICE OF PRIVACY PRACTICES

*THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN OBTAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.*

### Effective Date of Notice

**July 1, 2016**

The Chicago Regional Council of Carpenters Welfare Fund (the "Plan" or "Fund") is required by law to take reasonable steps to ensure the privacy of your personally identifiable health information and to inform you about:

1. The Plan's uses and disclosures of Protected Health Information (PHI);
2. Your privacy rights with respect to your PHI;
3. The Plan's duties with respect to your PHI;
4. Your right to file a complaint with the Plan and to the Secretary of the U.S. Department of Health and Human Services; and
5. The person or office to contact for further information about the Plan's privacy practices.

The term "Protected Health Information" (PHI) includes all individually identifiable health information transmitted or maintained by the Plan, regardless of form (oral, written, electronic).

### SECTION 1: NOTICE OF PHI USES AND DISCLOSURES

#### **Required PHI Uses and Disclosures**

Upon your request, the Plan is required to give you access to your PHI in order to inspect and copy it. If the information you request is in an electronic health record, you may request that these records be transmitted electronically to yourself or a designated individual.

Use and disclosure of your PHI may be required by the Secretary of the Department of Health and Human Services to investigate or determine the Plan's compliance with the privacy regulations.

#### **Uses and disclosures to carry out treatment, payment and health care operations.**

The Plan and its business associates will use PHI without your authorization or opportunity to agree or object to carry out treatment, payment and health care operations. When required by law, we will restrict disclosures to the Limited Data Set, or if necessary, to the minimum necessary information to accomplish the intended purpose. Limited Data Set means data will be stripped of all individual identifiers other than dates (such as an individual's date of birth) and certain geographic information (such as an individual's town, city, state, or zip code). The Plan and its business associates (and any health insurers providing benefits to Plan participants) may also disclose the following to the Plan's Board of Trustees: (1) PHI for purposes related to Plan administration (payment and health care operations); (2) summary health information for purposes of health or stop loss insurance underwriting or for purposes of modifying the Plan; and (3) enrollment information (whether an individual is eligible for benefits under the Plan). The Trustees have amended the Plan to protect your PHI as required by federal law.

*Treatment* is the provision, coordination or management of health care and related services. It also includes but is not limited to consultations and referrals between one or more of your providers.

For example, the Plan may disclose to a treating physician the name of your treating radiologist so that the physician may ask for your X-rays from the treating radiologist.

*Payment* includes but is not limited to actions to make coverage determinations and payment (including billing, claims processing, subrogation, reviews for medical necessity and appropriateness of care, utilization review and preauthorizations).

For example, the Plan may tell a doctor whether you are eligible for coverage or what percentage of the bill will be paid by the Plan.

*Health care operations* include but are not limited to quality assessment and improvement, reviewing competence or qualifications of health care professionals, underwriting, premium rating and other insurance activities relating to creating or renewing insurance contracts. It also includes case management, conducting or arranging for medical review, legal services and auditing functions including fraud and abuse compliance programs, business planning and development, business management and general administrative activities.

For example, the Plan may use information to project future benefit costs or audit the accuracy of its claims processing functions.

**Uses and disclosures that require your written authorization.**

The Plan will obtain your authorization before releasing your PHI in those circumstances where the law or the Plan's privacy practices do not otherwise permit disclosure. For example, your written authorization generally will be obtained before the Plan will use or disclose psychotherapy notes about you prepared by your psychotherapist. Psychotherapy notes are separately filed notes about your conversations with your mental health professional during a counseling session. They do not include summary information about your mental health treatment.

**Uses and disclosures that require that you be given an opportunity to agree or disagree prior to the use or release.**

Disclosure of your PHI to family members, other relatives and your close personal friends is allowed if:

1. The information is directly relevant to the family member or friend's involvement with your care or payment for that care; and
2. You have either agreed to the disclosure or have been given an opportunity to object and have not objected.

Additional rules and exceptions apply with family members. You may request additional information from the Plan.

**Uses and disclosures for which your consent, authorization or opportunity to object is not required.**

The Plan is allowed to use and disclose your PHI without your authorization under the following circumstances:

1. For treatment, payment and health care operations.
2. Enrollment information can be provided to the Trustees.
3. Summary health information can be provided to the Trustees for the purposes designated above.
4. When required by law.
5. When permitted for purposes of public health activities, including when necessary to report product defects and to permit product recalls. PHI may also be disclosed if you have been exposed to a communicable disease or are at risk of spreading a disease or condition, if required by law.
6. When required by law to report information about abuse, neglect or domestic violence to public authorities if there exists a reasonable belief that you may be a victim of abuse, neglect or domestic violence. In such case, the Plan will promptly inform you that such a disclosure has been or will be made unless that notice would cause a risk of serious harm. For the purpose of reporting child abuse or neglect, it is not necessary to inform the minor that such a disclosure has been or will be made. Disclosure may generally be made to the minor's parents or other representatives although there may be circumstances under federal or state law when the parents or other representatives may not be given access to the minor's PHI.
7. The Plan may disclose your PHI to a public health oversight agency for oversight activities required by law. This includes uses or disclosures in civil, administrative or criminal investigations; inspections; licensure or disciplinary actions (for example, to investigate complaints against providers); and other activities necessary for appropriate oversight of government benefit programs (for example, to investigate Medicare or Medicaid fraud).

8. The Plan may disclose your PHI when required for judicial or administrative proceedings. For example, your PHI may be disclosed in response to a subpoena or discovery request provided certain conditions are met. One of those conditions is that satisfactory assurances must be given to the Plan that the requesting party has made a good faith attempt to provide written notice to you, and the notice provided sufficient information about the proceeding to permit you to raise an objection and no objections were raised or were resolved in favor of disclosure by the court or tribunal.
9. When required for law enforcement purposes, including for the purpose of identifying or locating a suspect, fugitive, material witness or missing person. Also, when disclosing information about an individual who is or is suspected to be a victim of a crime but only if the individual agrees to the disclosure or the Plan is unable to obtain the individual's agreement because of emergency circumstances. Furthermore, the law enforcement official must represent that the information is not intended to be used against the individual, the immediate law enforcement activity would be materially and adversely affected by waiting to obtain the individual's agreement and disclosure is in the best interest of the individual as determined by the exercise of the Plan's best judgment.
10. When required to be given 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. Also, disclosure is permitted to funeral directors, consistent with applicable law, as necessary to carry out their duties with respect to the decedent.
11. When consistent with applicable law and standards of ethical conduct if the Plan, in good faith, believes 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 and the disclosure is to a person reasonably able to prevent or lessen the threat, including the target of the threat.
12. When authorized by and to the extent necessary to comply with workers' compensation or other similar programs established by law.

Except as otherwise indicated in this notice, uses and disclosures will be made only with your written authorization subject to your right to revoke such authorization. Any revocation of any authorization must be in writing. The Authorization Form to Release Protected Health Information found on the Fund's website ([www.crccbenefits.org](http://www.crccbenefits.org)) under "Forms" describes how to revoke an authorization. A revocation is not effective unless it is received by the Privacy Official.

## **SECTION 2: RIGHTS OF INDIVIDUALS**

### **Right to Request Restrictions on Uses and Disclosures of PHI**

You may request the Plan to restrict the uses and disclosures of your PHI. However, the Plan is not required to agree to your request.

You or your authorized personal representative will be required to submit a written request to exercise this right. Such requests should be made to the Plan's Privacy Official. You must complete a Privacy Request form found on the last page of this document and mail it to the Fund Office. The form will take effect when the Fund Office receives it. Additional copies can be downloaded and printed from the Fund's website at [www.crccbenefits.org](http://www.crccbenefits.org). On the left hand side of the screen, under Health Plans, select "Forms." Scroll down and click on "Privacy Notice – HIPAA-HITECH."

The Plan must comply with your request to restrict a disclosure of your confidential information for payment or health care operations purposes if you paid for these services in full, out of pocket.

### **Right to Request Confidential Communications**

The Plan will accommodate reasonable requests to receive communications of PHI by alternative means or at alternative locations if necessary to prevent a disclosure that could endanger you.

You or your authorized personal representative will be required to submit a written request to exercise this right. Such requests should be made to the Plan's Privacy Official.

### **Right to Inspect and Copy PHI**

You have a right to inspect and obtain a copy of your PHI contained in a "designated record set," for as long as the Plan maintains the PHI.

*"Protected Health Information"* (PHI) includes all individually identifiable health information transmitted or maintained by the Plan, regardless of form.

*"Designated Record Set"* includes the medical records and billing records about individuals maintained by or for a covered health care provider; enrollment, payment, billing, claims adjudication and case or medical management record systems maintained by or for the Plan; or other information used in whole or in part by or for the Plan to make decisions about individuals. Information used for quality control or peer review analyses and not used to make decisions about individuals is not in the designated record set. 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 single 30-day extension is allowed if the Plan is unable to comply with the deadline.

You or your authorized personal representative will be required to submit a written request to request access to the PHI in your designated record set. Such requests should be made to the Plan's Privacy Official.

If access is denied, you or your authorized personal representative will be provided with a written denial, setting forth the basis for the denial, a description of how you may appeal the Plan's decision and a description of how you may file a complaint with the Secretary of the U.S. Department of Health and Human Services.

The Plan may charge a reasonable, cost-based fee for copying records at your request.

If the information you request is in an electronic health record, you may request that these records be transmitted electronically to yourself or a designated individual.

### **Right to Amend PHI**

You have the right to request the Plan to amend your PHI or a record about you in your designated record set for as long as the PHI is maintained in the designated record set.

The Plan has 60 days after the request is made to act on the request. A single 30-day extension is allowed if the Plan is unable to comply with the deadline. If the request is denied in whole or part, the Plan must provide you with a written denial that explains the basis for the denial. You or your authorized personal representative may then submit a written statement disagreeing with the denial and have that statement included with any future disclosures of your PHI. Such requests should be made to the Plan's Privacy Official.

You or your authorized personal representative will be required to submit a written request to request amendment of the PHI in your designated record set.

### **Right to Receive an Accounting of PHI Disclosures**

At your request, the Plan will also provide you an accounting of disclosures by the Plan of your PHI during the six years prior to the date of your request. However, such accounting will not include PHI disclosures made as authorized by law. For example, the accounting will not include disclosures made: (1) to carry out treatment, payment or health care operations (including to business associates pursuant to a business associate agreement and to the Trustees as authorized by the Plan or the HIPAA privacy regulations) except as provided below; (2) to individuals about their own PHI; (3) pursuant to your authorization; (4) prior to April 14, 2003; and (5) where otherwise permissible under the law and the Plan's privacy practices. In addition, the Plan need not account for certain incidental disclosures.

If the accounting cannot be provided within 60 days, an additional 30 days is allowed if the individual is given a written statement of the reasons for the delay and the date by which the accounting will be provided.

If you request more than one accounting within a 12-month period, the Plan will charge a reasonable, cost-based fee for each subsequent accounting. Such requests should be made to the Plan's Privacy Official.

### **Right to Receive a Paper Copy of This Notice Upon Request**

You have the right to obtain a paper copy of this Notice. Such requests should be made to the Plan's Privacy Official.

### **A Note About an Authorized Personal Representatives**

You may exercise your rights through an authorized personal representative. Only the Authorized Personal Representative Designation Form issued by the Plan will be accepted. No other authorized personal representative designation forms will be accepted. Your authorized personal representative will be required to produce evidence of his/her authority to act on your behalf before that person will be given access to your PHI or allowed to take any action for you. Proof of such authority may take one of the following forms:

1. A power of attorney for health care purposes, notarized by a notary public;
2. A court order of appointment of the person as the conservator or guardian of the individual; or
3. An individual who is the parent or legal guardian of an unemancipated minor child may generally act as the child's authorized personal representative (subject to state law).

The Plan retains discretion to deny access to your PHI by an authorized personal representative to provide protection to those vulnerable people who depend on others to exercise their rights under these rules and who may be subject to abuse or neglect.

Copies of the Authorized Personal Representative Designation Form can be downloaded and printed from the Fund's website at [www.crccbenefits.org](http://www.crccbenefits.org). On the left hand side of the screen, under Health Plans, select "Forms." Scroll down and click on "Authorized Personal Representative Designation Form."

## **SECTION 3: THE PLAN'S DUTIES**

The Plan is required by law to maintain the privacy of PHI and to provide individuals (participants and beneficiaries) with notice of the Plan's legal duties and privacy practices.

This Notice is effective July 1, 2016, and the Plan is required to comply with the terms of this Notice. However, the Plan reserves the right to change its privacy practices and to apply the changes to any PHI received or maintained by the Plan prior to that date. If a privacy practice is changed, a revised version of this Notice will be provided to all currently eligible participants for whom the Plan still maintains PHI. The revised Notice will be distributed in the same manner as the initial Notice was provided or in any other permissible manner.

Any revised version of this Notice will be distributed within 60 days of the effective date of any material change to the Plan's policies regarding the uses or disclosures of PHI, the individual's privacy rights, the duties of the Plan or other privacy practices stated in this Notice.

### **Minimum Necessary Standard**

When using or disclosing PHI or when requesting PHI from another covered entity, the Plan will make reasonable efforts not to use, disclose or request more than a Limited Data Set, or if necessary, the minimum amount of PHI necessary to accomplish the intended purpose of the use, disclosure or request, taking into consideration practical and technological limitations.

However, the minimum necessary standard will not apply in the following situations:

1. Disclosures to or requests by a health care provider for treatment;
2. Uses or disclosures made to the individual;
3. Disclosures made to the Secretary of the U.S. Department of Health and Human Services;
4. Uses or disclosures that are required by law; and
5. Uses or disclosures that are required for the Plan's compliance with legal regulations.

### *De-Identified Information*

This notice does not apply to information that has been de-identified. De-identified information is information that does not identify an individual and with respect to which there is no reasonable basis to believe that the information can be used to identify an individual.

### *Summary Health Information*

The Plan may disclose "summary health information" to the Trustees for obtaining insurance premium bids or modifying, amending or terminating the Plan. "Summary health information" summarizes the claims history, claims expenses or type of claims experienced by participants and excludes identifying information in accordance with HIPAA.

## **SECTION 4: FINAL HIPAA RULE**

Final modifications to the HIPAA Privacy, Security, and Enforcement Rules mandated by the Health Information Technology for Economic and Clinical Health (HITECH) Act generally referred to as the HIPAA Final Rule, are as follows:

1. You have the right to be notified of a data breach relating to your unsecured health information.
2. You have the right to ask for a copy of your electronic medical record in an electronic form provided the information already exists in that form.
3. To the extent the Plan performs any underwriting, the Plan cannot disclose or use any genetic information for such purposes.
4. The Plan may not use your PHI for marketing purposes or sell such information without your written authorization.

## **SECTION 5: YOUR RIGHT TO FILE A COMPLAINT WITH THE PLAN OR THE HHS SECRETARY**

If you believe that your privacy rights have been violated, you may file a complaint with the Plan. Such complaints should be made to the Plan's Privacy Official and/or you may file a complaint with the Secretary of the U.S. Department of Health and Human Services, Hubert H. Humphrey Building, 200 Independence Avenue SW, Washington, D.C. 20201. The Plan will not retaliate against you for filing a complaint.

## **SECTION 6: WHOM TO CONTACT AT THE PLAN FOR MORE INFORMATION**

If you have any questions regarding this notice or the subjects addressed in it, you may contact the Plan's Privacy Official. Such questions should be directed to the Plan's Privacy Official at: Chicago Regional Council of Carpenters Welfare Fund, Attn: Privacy Official, 12 East Erie Street, 8<sup>th</sup> Floor, Chicago, IL 60611

### **Conclusion**

PHI use and disclosure by the Plan is regulated by a federal law known as HIPAA (the Health Insurance Portability and Accountability Act). You may find these rules at 45 *Code of Federal Regulations* Parts 160 and 164. The Plan intends to comply with these regulations. This Notice attempts to summarize the regulations. The regulations will supersede any discrepancy between the information in this Notice and the regulations.

If you do not wish to have the Fund Office discuss your protected health information with your spouse or, if you are an adult child, with your parents or legal guardian, you must complete the Privacy Request form found on the last page and send it to the Fund Office. The form will take effect when the Fund Office receives it.



## PRIVACY RESTRICTION REQUEST

Complete one form per individual requesting to restrict their PHI

Full Name

UID or BCBS Card ID #

Relationship to Participant:  Participant  Spouse  Dependent

The Fund Office does not have my permission to discuss my protected health information with:

- My Spouse - Name of Spouse: \_\_\_\_\_
- My Parent(s) or Legal Guardian(s) (only applies to Welfare Plan covered dependents)

Signature

Date

Return your completed form (both pages) via the method most convenient for you.

📠 **FAX:** (312) 337-6641

✉️ **EMAIL:** [jperfect@crcbenefits.org](mailto:jperfect@crcbenefits.org)

✉️ **MAIL:** CRCC Benefit Fund Office, 12 E. Erie St., Attn: Jennifer Perfect, Chicago, IL 60611

**If you have already filed a Privacy Restriction Request with the Fund Office,  
it is not necessary to refile.**