

Connecticut Carpenters Health Fund Privacy Notice

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.

Section 1: Purpose of This Notice and Effective Date

Effective date. The effective date of this Notice is April 14, 2003.

This Notice is required by law. The Connecticut Carpenters Health Plan (the “Plan”) is required by law to take reasonable steps to ensure the privacy of your personally identifiable health information and to inform you about:

- The Plan’s uses and disclosures of Protected Health Information (PHI),
- Your rights to privacy with respect to your PHI,
- The Plan’s duties with respect to your PHI,
- Your right to file a complaint with the Plan and with the Secretary of the United States Department of Health and Human Services (HHS), and
- The person or office you should contact for further information about the Plan’s privacy practices.

Section 2: Your Protected Health Information

A. Protected Health Information (PHI) Defined

The term “Protected Health Information” (PHI) includes all individually identifiable health information relating to your past, present or future physical or mental health condition or to payment for health care. PHI includes information maintained by the Plan in oral, written, or electronic form.

B. When the Plan May Disclose Your PHI

Under the law, the Plan may disclose your PHI without your consent or authorization, and without providing you an opportunity to agree or object, in the following cases:

- *For treatment, payment or health care operations.* The Plan and its business associates will use PHI in order to carry out your treatment, the payment of your benefits, or its health care operations:

- **Treatment** is the provision, coordination, or management of health care and related services. It also includes consultations and referrals between one or more of your providers.

For example, your doctor or hospital may contact the Plan's utilization review company to request required precertification of your in-patient hospitalization stay.

- **Payment** includes actions to make coverage determinations and payment (including billing, claims management, plan reimbursement, reviews for medical necessity and appropriateness of care and 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. If we contract with third parties to help us with payment operations, such as companies that reprice claims to take advantage of discounts, we will also disclose information to them. These third parties are known as “business associates.”

- **Health care operations** includes quality assessment and improvement, reviewing competence or qualifications of health care professionals, underwriting, premium rating and other activities relating to creating or renewing insurance contracts. It also includes disease management, 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 about your claims to refer you into a disease management program, a well-pregnancy program, project future benefit costs or audit the accuracy of its claims processing functions.

- ***Disclosure to the Plan’s Trustees.*** The Plan will also disclose PHI to the Board of Trustees of the Plan for purposes related to treatment, payment, and health care operations, and has amended the Plan to permit this use and disclosure as required by federal law.

For example, the Plan may disclose information to the Board of Trustees to allow them to decide an appeal or review a reimbursement matter.

- ***When required by applicable law.***
- ***Public health purposes.*** To an authorized public health authority if required by law or for public health and safety purposes. PHI may also be used or disclosed if you have been exposed to a communicable disease or are at risk of spreading a disease or condition, if authorized by law. In addition, PHI may be disclosed to an appropriate government agency authorized to receive reports of child abuse or neglect.
- ***Domestic violence or abuse situations.*** When authorized by law to report to public authorities information about abuse, neglect or domestic violence if a reasonable belief exists that you may be a victim of abuse, neglect or domestic violence and the Plan believes the disclosure is necessary to prevent serious harm to you or other potential victims. In such case, the Plan will promptly inform you that such a disclosure has been or will be made unless that disclosure would cause a risk of serious harm.
- ***Health oversight activities.*** To a health oversight agency for oversight activities authorized by law. These activities include civil, administrative or criminal investigations, inspections, licensure or disciplinary actions (for example, to investigate complaints against health care

providers) and other activities necessary for appropriate oversight of government benefit programs (for example, to the Departments of Labor or Health and Human Services).

- **Legal proceedings.** When required for judicial or administrative proceedings. For example, your PHI may be disclosed in response to a subpoena or discovery request that is accompanied by a court order.
- **Law enforcement health purposes.** When required for law enforcement purposes (for example, to report certain types of wounds).
- **Law enforcement emergency purposes.** For certain law enforcement purposes, including:
 - identifying or locating a suspect, fugitive, material witness or missing person, and
 - disclosing information about an individual who is or is suspected to be a victim of a crime.
- **Determining cause of death and organ donation.** We may give PHI to a coroner or medical examiner to identify a deceased person, determine a cause of death or other authorized duties. We may also disclose PHI for cadaveric organ, eye or tissue donation purposes.
- **Funeral purposes.** We may give PHI to funeral directors as necessary to carry out their duties with respect to the decedent.
- **Research.** For research, provided certain strict conditions are met.
- **Health or safety threats.** When, consistent with applicable law and standards of ethical conduct, 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.
- **Workers' compensation programs.** 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 your authorization. You may make a written revocation of your authorization at any time.

C. **When the Disclosure of Your PHI Requires Your [Written Authorization](#)**

- **Disclosure to Other Benefit Plans.** On certain occasions, the Pension Fund may need to receive information from the Health Fund. In those cases, we will request an authorization from you to release such information in order to enable the Pension Fund to process your application for benefits.
- **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 or medications prescribed to you. Although the Plan does not routinely obtain psychotherapy notes, it must generally obtain your written authorization before the Plan will use or disclose psychotherapy notes about you other than for treatment, payment or health care operations. However, the Plan may use and disclose such notes when needed by the Plan to defend itself against litigation filed by you.

D. **Use or Disclosure of Your PHI That Requires You Be Given an Opportunity to Agree or Disagree Before the Use or Release**

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

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

You should note that under certain circumstances described earlier, federal law allows the use and disclosure of your PHI without your consent, authorization or opportunity to object to such use or disclosure.

Section 3: Your Individual Privacy Rights

Following is a description of your individual privacy rights. It is important to note that while all requests should be directed to the Plan, the Plan contracts with numerous vendors, also called “business associates,” who provide services to the Plan and services and benefits to you on the Plan’s behalf. Once the Plan is notified that you choose to invoke any of the individual rights listed below, it will notify the appropriate vendor on your behalf. Because some of your PHI is maintained and used by these business associates to provide or process your benefits, the Plan requires that they administer certain aspects of the individual privacy rights.

To exercise any of the following rights, you must contact the Privacy Official, whose contact information is located in Section 6, to receive the appropriate form which you must complete in full and submit to the Privacy Official.

A. You May Request Restrictions on PHI Uses and Disclosures

You may request the Plan to:

- Restrict the uses and disclosures of your PHI to carry out treatment, payment or health care operations, or
- Restrict uses and disclosures to family members, relatives, friends or other persons identified by you who are involved in your care.

The Plan, however, is not required to agree to your request.

B. You May Request Confidential Communications

The Plan will accommodate an individual’s reasonable request to receive communications of PHI **by alternative means or at alternative locations** where the request includes a statement that disclosure could endanger the individual. You will have to indicate the requested alternative means and/or locations on the form you request from and submit to the Privacy Official.

C. You May Inspect and Copy PHI

You have a right to inspect and obtain a copy of your PHI contained in a “designated record set” (defined later), as long as the Plan maintains the PHI. However, you do not have a right to inspect or copy psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding; or PHI that is subject to law(s) that otherwise prohibits access to PHI.

The Plan must provide the requested information within 30 days if the information is maintained on site or within 60 days if the information is maintained offsite. A single 30-day extension is allowed if the Plan is unable to comply with the deadline.

You or your personal representative will be required to complete a form to request access to the PHI in your designated record set. A reasonable fee may be charged.

Under limited circumstances, access may be denied. If access is denied, you or your personal representative will be provided with a written denial setting forth the basis for the denial, a description of how you may exercise your review rights and a description of how you may complain to the Plan and HHS.

The term "designated record set" includes your medical records and billing records that are maintained by or for a covered health care provider. Records include enrollment, payment, billing, claims adjudication and case or medical management record systems maintained by or for a health plan or other information used in whole or in part by or for the covered entity to make decisions about you. Information used for quality control or peer review analyses and not used to make decisions about you is not included.

D. You Have the Right to Amend Your PHI

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

The Plan has 60 days after receiving your request to act on it. The Plan is allowed a single 30-day extension if the Plan is unable to comply with the 60-day deadline. If the Plan denies your request in whole or part, the Plan must provide you with a written denial that explains the basis for the decision. You or your personal representative may then submit a written statement disagreeing with the denial and have that statement included with any future disclosures of your PHI.

E. You Have the Right to Receive an Accounting of the Plan's PHI Disclosures

At your request, the Plan will also provide you with an accounting of certain disclosures by the Plan of your PHI. We do not have to provide you with an accounting of disclosures related to treatment, payment, or health care operations, or disclosures made to you or authorized by you in writing.

The Plan has 60 days to provide the accounting. The Plan is allowed a single 30-day extension if the Plan gives you 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 may charge a reasonable, cost-based fee for each subsequent accounting.

F. Your 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 the Notice previously or agreed to receive the Notice electronically. Your request to receive a paper copy of the Notice must be made in writing to the Privacy Official, whose contact information is in Section 6.

G. Your Personal Representative

You may exercise your rights through a personal representative. Your personal representative will be required to produce evidence of authority to act on your behalf before the personal representative will be given access to your PHI or be allowed to take any action for you. Proof of such authority will be a completed, signed and approved [Appointment of Personal Representative form](#) which you may obtain from the Privacy Official.

The Plan retains the right to deny access to your PHI to a personal representative in the following situation. If the Plan has a reasonable belief that (1) you have been or may be subjected to domestic abuse, violence or neglect by such person or treating such person as your personal representative could endanger you, and (2) the Plan, in its exercise of professional judgment, decides that it is not in your best interest to treat the individual as your representative.

The Plan will recognize certain individuals as personal representatives without you having to complete an Appointment of Personal Representative form. For example, absent notice of any restrictions to the contrary, the Plan will automatically consider a spouse to be the personal representative of an individual covered by the Plan. In addition, the Fund will consider a parent, guardian or other person acting *in loco parentis* as the personal representative of an unemancipated minor unless applicable law requires otherwise. A spouse or a minor's parent may act on an individual's behalf, including requesting access to his or her PHI. Spouses and unemancipated minors may, however, request that the Plan restrict access of PHI to family members as described at the beginning of Section 3 of this Notice.

If you have any questions about the circumstance under which the Plan will automatically consider an individual to be your personal representative, contact the Privacy Official and ask for a copy of the Plan's Policy and Procedure for the Recognition of Personal Representatives.

Section 4: The Plan's Duties

A. Maintaining Your Privacy

The Plan is required by law to maintain the privacy of your PHI and to provide you and your eligible dependents with notice of its legal duties and privacy practices with respect to PHI.

This notice is effective beginning on April 14, 2003 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 you and to all past and present participants and beneficiaries for whom the Plan still maintains PHI. A Privacy Notice will be sent by U.S. Mail.

Any revised version of this notice will be distributed within 60 days of the effective date of any material change to:

- The uses or disclosures of PHI,
- Your individual rights,
- The duties of the Plan, or
- Other privacy practices stated in this notice.

B. Disclosing Only the Minimum Necessary Protected Health Information

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 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:

- Disclosures to or requests by a health care provider for treatment,
- Uses or disclosures made to you,

- Uses or disclosures made pursuant to your authorization,
- Disclosures made to the Secretary of the United States Department of Health and Human Services pursuant to its enforcement activities under HIPAA,
- Uses or disclosures required by law, and
- Uses or disclosures required for the Plan’s compliance with the HIPAA privacy regulations.

This notice does not apply to information that has been de-identified. De-identified information is information that:

- Does not identify you, and
- Cannot reasonably be expected to identify you.

In addition, the Plan may use or disclose “summary health information” to the Plan's Board of Trustees for purposes of obtaining cost bids or modifying, amending or terminating the group health plan. Summary information summarizes the claims history, claims expenses or type of claims experienced by individuals for whom the Plan's Board of Trustees has provided health benefits under a group health plan. Identifying information will be deleted from summary health information, in accordance with HIPAA.

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 written complaint with the Plan in care of the Privacy Official at the address listed in Section 6.

You may also file a complaint with:

Secretary of the U.S. Department of Health and Human Services
 Hubert H. Humphrey Building
 200 Independence Avenue S.W.
 Washington, D.C. 20201

The Plan will not retaliate against you for filing a complaint.

Section 6: If You Need More Information

If you have any questions regarding this notice or the subjects addressed in it, you may contact the following official at the Fund Office:

Privacy Official
Connecticut Carpenters Health Fund
10 Broadway
Hamden, CT 06518
Phone: (203) 281-5511, Toll Free: (800) 922-6026
Fax: (203) 288-3235

Section 7: Conclusion

PHI use and disclosure by the Fund is regulated by the federal Health Insurance Portability and Accountability Act, known as HIPAA. You may find these rules at Parts 160 and 164 of Title 45 of the *Code of Federal Regulations*. This notice attempts to summarize the regulations. The regulations will prevail if there is any discrepancy between the information in this notice and the regulations.