

Lithographers & Photoengravers

Local 285 Welfare Fund

911 Ridgebrook Road
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Phone: (866) 559-6512

www.associated-admin.com

PRIVACY AND SECURITY INFORMATION

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.

1. The Fund's Duties

The Lithographers and Photoengravers Local 285 Welfare Fund (the "Fund") is required by law to maintain the privacy of Protected Health Information. The purpose of this Notice ("Notice") is to inform you of the Fund's legal duties and privacy practices with respect to Protected Health Information ("PHI"), and of your rights regarding such information. If you have any questions about this Notice, or about any other matter concerning the privacy of your health information, please contact the Fund's Privacy Officer. For information on how to contact the Privacy Officer, see page 5.

The Fund must follow the duties and privacy practices described in this Notice and must give you a copy of it. The Fund will not use or share your PHI other than as described here unless you tell us we can in writing. Also, the Fund will let you know promptly if a breach occurs that may have compromised the privacy or security of your PHI.

The Fund reserves the right to amend or revise this Notice and the practices described herein. The Fund will notify Participants of any material change to this Notice. This Notice is effective September 23, 2013, and will remain in effect until the Fund publishes a revised Notice.

2. Use and Disclosure of Protected Health Information

The Fund will use or disclose your Protected Health Information:

- To determine your eligibility for benefits and to process and pay your claims;
- To administer its healthcare operations;
- To your health care providers to assist in treating you, to pay your claim, and to notify them whether certain medical treatments or devices are covered by the Fund, along with any restrictions on payment of claims by the Fund.
- To the Fund's business associates, such as insurers, third party administrators and professional service providers, including their attorneys, accountants and actuaries, for payment purposes, health care operations, planning and other professional services necessary for the operation of the Fund.
- To otherwise allow the Fund to operate efficiently;

- To other benefit plans or insurers to coordinate payment of your health care claims with others who may be responsible for payment of your claim.
- For the Fund's planning purposes.
- To business associates, such as actuaries and accountants for business planning purposes or attorneys who are providing legal services to the Fund. The Fund will secure agreements from its business associates to ensure that the privacy of your health information is protected.

In any case, the Fund will only use or disclose the minimum necessary information to accomplish the purpose of the use or disclosure.

The Fund may also disclose Protected Health Information for the following purposes:

- As required or permitted by applicable law or regulation, including to comply with workers' compensation laws.
- To the U.S. Department of Health and Human Services ("HHS") to determine compliance under HIPAA.
- For public health activities and health oversight.
- To public officials regarding victims of suspected abuse, neglect or domestic violence.
- For judicial and administrative proceedings and law enforcement, including subpoenas.
- To coroners, medical examiners, and funeral directors so that those professionals can perform their duties.
- For organ donation and transplantation.
- For research.
- To avert or reduce an imminent threat to anyone's health or safety.
- For specialized government functions (such as intelligence and national security activities).
- To a person subject to the jurisdiction of the FDA for public health purposes related to the quality, safety or effectiveness of FDA-regulated products or activities.
- For the purpose of furthering fraud and abuse investigations.

For more information, see:

<http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html>.

3. Consensual Disclosures

In addition to the permitted disclosures, the Fund may also disclose your Protected Health Information to your designated representative or upon your written authorization (the Fund will provide you with a standard authorization form upon request). You may revoke your authorization to use or disclose your Protected Health Information at anytime. If you do so, the Fund will honor your revocation of authorization, except to the extent that the Fund already relied on your authorization. Once your health information has been disclosed pursuant to your authorization, federal privacy law protections may no longer apply to the disclosed health information, and that information may be re-disclosed by the recipient without your knowledge or authorization.

Generally, the Fund is prohibited from disclosing PHI to your Union and your Employer, other than to tell them whether you are enrolled in or have disenrolled from the Fund. This means that if you want a Union official or your Employer to assist you with your health claims, you must submit a signed authorization to permit the Fund's Staff to discuss your case with them.

4. Other Uses and Disclosures

On a case-by-case basis, the Fund will determine whether to disclose Protected Health Information to your family members, close friends, or other people assisting in your care, as well as to government agencies and other organizations conducting disaster relief. If you are unable to provide consent, the Fund will share your information only if it believes that it is in your best interest. Under state law, parents generally have access to their children's Protected Health Information and may authorize disclosure of such information, except if the parent's authority to consent to health care for the child has been specifically limited by a court order. Unless notified to the contrary, the Fund will assume that a parent has the authority to consent to health care for a minor child. The Fund will also disclose Protected Health Information to court-appointed guardians of incompetent individuals and to individuals to whom you have given medical power of attorney.

The Fund and its business associates will not use or sell your Protected Health Information for marketing purposes, without your express consent. In addition, the Fund will not use or disclose genetic information for underwriting purposes. Notwithstanding anything in this Policy to the contrary, most uses and disclosures of psychotherapy notes require your consent.

5. Use by the Trustees

The Trustees may use your Protected Health Information to the extent necessary to fulfill their responsibilities to manage the Fund and oversee its operations, and for any other permitted purpose. The Trustees will not use or further disclose the information other than as permitted. The Trustees will report to the Fund any use or disclosure of the information that is inconsistent with the use or disclosures provided for which they become aware. The Trustees will generally not retain possession of any PHI received from the Fund once the information is no longer needed for the purpose for which the disclosure was made.

With regard to appeals of claims determinations, to the extent possible, the Fund will submit de-identified information to the Trustees. If you have filed an appeal of a claim determination and do not want your PHI to be de-identified for disclosure to the Trustees, you may submit an authorization to have your PHI disclosed to the Trustees. This is entirely your choice, and your appeal will not be prejudiced in any way if you do not submit such an authorization.

6. Individual Rights

You have the right to inspect and copy Protected Health Information that relates to you. The Fund will usually respond to your request within 30 days. The Fund may charge a fee for the cost of providing a copy of your information. If your request to inspect or copy information is denied, the Fund will tell you in writing the reason for the denial and a description of the complaint procedure.

You may request restrictions or limitations related to the uses or disclosures of Protected Health Information. The Fund is not required to agree to your request, and may decline to do so if it would affect your care. You may request that the Fund only communicate with you confidentially at a certain location or in a certain manner (*e.g.*, only by calling you at work or at home, or only in

writing). The Fund will try to accommodate reasonable requests, but is not required to agree unless failing to agree would place you in danger. If your request is denied, you will be notified in writing. To request any restrictions related to use or disclosure of PHI, contact the HIPAA Privacy Officer.

You have the right to receive an accounting of disclosures made by the Fund for purposes other than treatment, payment or health care operations. You may request an accounting of disclosures made up to six years prior to the request. An accounting needs not include disclosures of Protected Health Information made: (1) to carry out treatment, payment or health care operations; (2) to you; or (3) prior to the HIPAA compliance date. The Fund may charge reasonable costs associated with any accounting in excess of one in a twelve-month period. The privacy regulations also exempt from the accounting requirements incidental disclosures and disclosures of a limited data set. To request an accounting, contact the HIPAA Privacy Officer.

You may request that the Fund amend any health information that refers to or relates to you if there are any inaccuracies or incomplete information. The Fund will make a decision on any request for amendment and respond to you within 60 days; if additional time (up to 30 days) is necessary to respond, the Fund will notify you in writing. If your request for amendment is denied, in whole or in part, the Fund will tell you the reason for the denial in writing. To request an amendment of your health information, contact the HIPAA Privacy Officer.

If you received this Notice electronically, you are entitled to receive a paper copy of the Notice.

7. Glossary of Terms

You and *your* refer to Participants and their spouses and dependents who are eligible for benefits from the Fund.

HIPAA means the Health Insurance Portability and Accountability Act of 1996, as amended. HIPAA's privacy regulations are located at 45 CFR § 160.101 *et seq.*

Business Associate means an individual or entity that is not an employee of the Fund, but that, on behalf of the Fund, performs or assists in a function which involves the use or disclosure of individually identifiable health information.

Protected Health Information ("PHI") means individually identifiable health information created, received or maintained by a covered entity in its health care capacity, such as: name; address; employer; date of birth; contact information (phone numbers, fax numbers, Email address); social security numbers, medical record numbers, member or account numbers.

8. Questions and Complaints

If you have any questions or complaints about the Fund's privacy practices or this Notice or if you wish to obtain additional information about the Fund's privacy practices, please contact:

Laura Walsh
Lithographers and Photoengravers Local 285 Welfare Fund
911 Ridgebrook Road
Sparks, MD 21152
866-559-6512

You may file a complaint regarding the Fund's practices regarding Protected Health Information with the Fund's Privacy Officer. The Privacy Officer will inform you of the disposition of your complaint. If you believe that your privacy rights have been violated or that the Fund is not complying with the privacy requirements of HIPAA, you may file a complaint with the Secretary of the U. S. Department of Health and Human Services by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/. The Fund will not take any action against you if you file an internal complaint or a complaint with the Secretary.