

**AGC-INTERNATIONAL UNION OF OPERATING ENGINEERS LOCAL 701  
HEALTH AND WELFARE TRUST FUND**

**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.**

**Protecting Your Personal Health Information**

The AGC-International Union of Operating Engineers Local 701 Health and Welfare Trust Fund (the “Plan”) is committed to protecting the privacy of your personal health information. We are required by applicable federal and state laws to maintain the privacy of your personal health information and to provide you with this notice. This notice explains our privacy practices, our legal duties, and your rights concerning your personal health information. Personal health information (referred to in this notice as “PHI”) means any information regarding your health care and treatment that is transmitted or maintained by the Plan and that is identifiable as your personal information, including your name, age, address, and financial information. We will follow the privacy practices that are described in this notice while it is in effect.

**Why does the Plan collect your Personal Health Information?**

We collect PHI from you for a number of reasons, including to determine the appropriate benefits to provide you, to pay claims, to provide case management services, and to conduct quality assessment and improvement activities.

**How does the Plan collect your Personal Health Information?**

We collect PHI from you, your health care providers, and our Business Associates (defined below). For example, Welfare and Pension Administration Service, Inc. is a Business Associate of the Plan and it receives PHI from you on your health care enrollment application.

**How does the Plan protect your Personal Health Information?**

We protect your PHI by:

- Treating all of your PHI that is collected as confidential;
- Including confidentiality policies and practices in our group health plan administrative procedure manual;
- Restricting access to your PHI to those employees who need to see your PHI in order to provide services to you, such as paying a claim for a covered benefit;
- Disclosing the minimum amount of your PHI necessary for a service company to perform its function on our behalf, and requiring the company to agree to protect and maintain the confidentiality of your PHI; and

- Maintaining physical, electronic, and procedural safeguards that comply with federal and state regulations to guard your PHI.

### **How do we use and disclose your Personal Health Information?**

We will not disclose your PHI unless we are allowed or required by law to make the disclosure, or if you (or your authorized representative) give us permission. Uses and disclosures, other than those listed below, require your authorization. If there are other legal requirements under applicable state laws that further restrict our use or disclosure of your PHI, we will comply with those legal requirements as well. Following are the types of disclosure we may make as allowed or required by law:

- **Treatment:** We may use and disclose your PHI for the treatment activities of a health care provider. Treatment means the provision, coordination, or management of health care and related services by one or more health care providers. For example, treatment activities include disclosing your PHI to a provider in order for that provider to treat you.
- **Payment:** Payment means activities undertaken by the Plan to obtain premiums, determine or fulfill its responsibility for coverage and provision of benefits under the Plan, or obtain or provide reimbursement for the provision of health care to you. We may use and disclose your PHI for our payment activities, including the payment of claims from physicians, hospitals and other providers for services delivered to you.
- **Health Care Operations:** 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, business planning and development, medical review, legal services, auditing functions, and business management and general administrative activities. For example, we may use and disclose your PHI for our internal operations, including our customer service activities.
- **Business Associates:** We may share your PHI with third party “business associates” who perform certain activities for us, such as claims processing and other administrative activities. We require these business associates to afford your PHI the same protections afforded by us and referenced in this notice.
- **Plan Sponsor:** We may disclose your PHI to the Plan’s sponsor to permit it to perform Plan administrative activities. The sponsor is the Board of Trustees of the Health Trust. We may also disclose to the Plan’s sponsor information about whether you are participating in the Plan or are enrolled in a health insurance issuer or HMO offered by the Plan. In addition, we may disclose summary health information to the Plan’s sponsor for the purpose of obtaining premium bids from health plans for providing health insurance coverage under the Plan or modifying, amending, or terminating the Plan.
- **To You or Your Authorized Representative:** Upon your request, we will disclose your PHI to you or your authorized representative. If a use or disclosure requires your authorization and if you authorize us to do so, we may use your PHI or disclose it to the

person or entity you name on your signed authorization. Once you provide us with a signed authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. In certain situations when disclosure of your information could be harmful to you or another person, we may limit the information available to you, or use an alternative means of meeting your request.

- **To Your Parents, if You are a Minor:** Some state laws concerning minors permit or require disclosure of PHI to parents, guardians, and persons acting in a similar legal status. We will act consistently with the laws of the state where the treatment is provided, and will make disclosures consistent with such laws.
- **Your Family and Friends:** We may disclose your PHI to a family member or friend who is involved with your care or payment related to your care, or for notification purposes. We may disclose your PHI if you agree to the disclosure, you are provided with an opportunity to object to the disclosure and you do not do so, or the Plan reasonably infers that you do not object. If you are not present for the use or disclosure, or if you are unable to consent to the disclosure of your PHI, such as in a medical emergency, we may disclose your PHI to a family member or friend if we determine that the disclosure is in your best interest.
- **Health-Related Benefits:** We may use your PHI to contact you with information about health-related benefits and services or about treatment alternatives that may be of interest to you.
- **Research; Death; Organ Donation:** We may use or disclose your PHI for research purposes in limited circumstances. We may disclose the PHI of a deceased person to a coroner, medical examiner, funeral director, or organ procurement organization for certain purposes including, but not limited to identifying a deceased person or determining a cause of death.
- **Public Health and Safety:** We may disclose your PHI if we believe disclosure is necessary to avert a serious and imminent threat to your health or safety or the health or safety of others. We may disclose your PHI to appropriate authorities if we reasonably believe that you are a victim of abuse, neglect or domestic violence.
- **Required by Law:** We must disclose your PHI when we are required to do so by law.
- **Process and Proceedings:** We may disclose your PHI in response to a court or administrative order, subpoena, discovery request, or other lawful process.
- **Law Enforcement:** We may disclose limited information to law enforcement officials. We may disclose information in response to a court order, subpoena, warrant, summons, or similar process; to identify or locate a suspect, fugitive, material witness, or missing person; about the victim of a crime; or about a death that may be the result of criminal conduct.

- **Military and National Security:** We may disclose to military authorities the PHI of Armed Forces personnel under certain circumstances. We may disclose to authorized federal officials PHI required for lawful intelligence, counterintelligence, and other national security activities.
- **Health Oversight Activities:** We may disclose your PHI to a health oversight agency for oversight activities authorized by law, including audits; civil, administrative, or criminal investigations, proceedings, or actions; inspections; licensure or disciplinary actions; or certain other activities.
- **Inmates:** We may disclose your PHI to a correctional institution or a law enforcement office having lawful custody of you as an inmate in certain circumstances.
- **Workers' Compensation:** We may disclose your PHI for workers' compensation or other similar programs that provide benefits for work-related injuries or illness.
- **Public Health Activities:** We may disclose your PHI for public health activities, including disclosures to:
  - a public health authority that is authorized by law to collect or receive information for the purpose of preventing or controlling disease, injury, or disability;
  - a public health authority authorized by law to receive reports of child abuse or neglect;
  - a person who has responsibility under the Food and Drug Administration for any FDA-regulated product or activity regarding its quality, safety, or effectiveness; and
  - a person exposed to a communicable disease or at risk of contracting or spreading a disease.

**What rights do you have as an individual regarding our use and disclosure of your Personal Health Information?**

You have the right to request all of the following:

- **Access to Your Personal Information:** You have the right to review and receive a copy of your PHI. We may charge you a nominal fee for providing you with copies of your PHI. This right does not include the right to obtain copies of the following records: psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding; and protected health information that is subject to other state or federal laws that prohibit us from releasing such information. We may also limit, in certain circumstances, your access to your PHI if we determine that providing the information could possibly harm you or another person. If we limit access based upon the belief that it could harm you or another person, you have the right to request a review of that decision.

- **Amendment:** You have the right to request that we amend your PHI. Your request must be in writing, and it must identify the information that you think is incorrect and explain why the information should be amended. We may decline your request for certain reasons, including if you ask us to change information that we did not create. If we decline your request to amend your records, we will provide you a written explanation. You may respond with a statement of disagreement to be appended to the information you wanted amended. If we accept your request to amend the information, we will make reasonable efforts to inform others, including people you have authorized, of the amendment and to include the changes in any future disclosures of that information.
- **Accounting of Disclosures:** You have the right to receive a report of instances in which we or our business associates disclosed your PHI for purposes other than for treatment, payment, health care operations, and certain other activities. You are entitled to such an accounting for the 6 years prior to your request, though not for disclosure made prior to April 14, 2003. We will provide you with the date on which we made a disclosure, the name (and, if known, the address) of the person or entity to whom we disclosed your PHI, a description of the PHI we disclosed, the reason for the disclosure, and other applicable information. If you request this list more than once in a 12-month period, we may charge you a reasonable fee for creating and sending these additional reports.
- **Restriction Requests:** You have the right to request that we place additional restrictions on our use or disclosure of your PHI for treatment, payment, health care operations or to persons you identify. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency or if disclosure is required by law or by the Secretary of the Department of Health and Human Services).
- **Confidential Communication:** You have the right to request that we communicate with you in confidence about your PHI by alternative means or at an alternative location. If you advise us that disclosure of all or any part of your PHI could endanger you, we will comply with any reasonable request provided you specify an alternative means of communication.
- **Paper Notice:** You have the right to obtain a paper copy of this notice upon request. If you receive this notice by electronic mail (e-mail), you are also entitled to receive this notice in paper form. Please contact us using the information listed at the end of this notice to obtain this notice in paper form.

### **Can you “opt out” of certain disclosures?**

You may have received notices from other organizations that allow you to “opt out” of certain disclosures. The most common type of disclosure that applies to “opt outs” is the disclosure of PHI to a non-affiliated company so that company can market its products or services to you. As a self-insured health plan, we must follow many federal and state laws that prohibit us from making these types of disclosures. Because we do not make disclosures that apply to “opt outs,” it is not necessary for you to complete an “opt out” form or take any action to restrict such disclosures.

**When is this notice effective?**

This revised notice is effective April 14, 2006, and will remain in effect until we change it. The Plan has been subject to federal and state laws requiring the protection of your PHI since April 14, 2003.

**What if the Plan changes its notice of privacy practices?**

We reserve the right to change our privacy practices and the terms of this notice at any time, provided such changes are permitted by applicable law. The new notice provisions will be effective for all PHI that we maintain. A revised notice will be distributed within 60 days of the effective date of any material change to the uses or disclosures stated or individual rights referenced in this notice. For your convenience you may request a copy of our current notice of privacy practices at any time by contacting us at the number below.

**How can you reach us?**

If you want additional information regarding our Privacy Practices, or if you believe we have violated any of your rights listed in this notice, please contact our Privacy Contact Person:

Claims Manager  
Welfare & Pension Administration Service, Inc.  
P.O. Box 34203  
Seattle, Washington 98124-1203  
Phone: 1-800-331-6158  
FAX: 1-206-441-9110

If you have a complaint, you may also submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon request. Your privacy is one of our greatest concerns and we will not penalize you or retaliate against you in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.