



APRIL 2019

NCPTTF Privacy and Security Policy

This document and the attached Notice of Privacy Practices along with privacy training are intended to comply with the regulations issued by the Department of Health and Human Services pursuant to the Health Insurance Portability and Accountability Act (HIPAA) signed into law in 1996.

I. INTRODUCTION

The Board of Trustees of the Northern California Pipe Trades Health and Welfare Trust Fund (“Plan Sponsor”) sponsors the Northern California Pipe Trades Health and Welfare Plan (“the Plan”). In certain circumstances, the Plan is permitted to disclose to the Plan Sponsor (and its delegates such as the Trust Fund Office) and Business Associates, Protected Health Information of Plan participants and other persons covered by the Plan (the “Covered Individual”).

The Health Insurance Portability and Accountability Act of 1996, and both the privacy and security regulations thereunder found at 45 CFR Parts 160 and 164, as amended from time to time require the Plan to restrict the Plan Sponsor’s ability to Use and Disclose Protected Health Information that is received from the Plan and to implement reasonable and appropriate security measures to the ePHI required by the Plan and to implement reasonable and appropriate security measures to the ePHI maintained and used by the Plan. One of the requirements is that the Plan Sponsor will amend the Plan as set forth in 45 CFR § 164.504(f) (2) (for privacy) and 45 CFR §164.314(b) (2) (for security).

The privacy practices of the Plan are designed to protect the privacy, use and disclosure of Protected Health Information (known as "PHI").

II. WHAT IS HIPAA

Title I (Health Care Access, Portability and Renewability) of HIPAA protects people who have lost or changed their jobs from losing their health care coverage. (**Note:** Plans are no longer required to issue certificates of creditable coverage after December 31, 2014. Plans are also no longer allowed to impose preexisting condition exclusions.)

Title II is the Administrative Simplification requirement of HIPAA and is broken into three parts: (1) The Transaction Rule; (2) The Privacy Rule; and (3) The Security Rule.

This NCPTTF office is required to comply with HIPAA.

- The **Transaction Rule** outlines Standards for Electronic Transactions.
- The **Privacy Rule** mandates that any information about a Plan Participant’s past, present or future physical and/or mental health condition or payment for care or information that identifies or could be used to identify the Plan Participant must be protected. This is called **Protected Health Information (“PHI”)**. The Privacy Rule is intended to prevent the wrongful disclosure of PHI to persons not entitled to such information.
- The **Security Rule** provides for the security of individual health information and electronic signature use by health plans.

In addition, there are various other requirements that the Plan and the Trust Fund office will be required to follow in order to maintain compliance.

III. DEFINITIONS

Business Associate. The term “Business Associate” has the meaning set forth in 45 CFR § 160.103.

Covered Entity. “Covered Entity” shall have the same meaning as the term “covered entity” at 45 CFR 160.103.

Disclose or Disclosure. The terms “Disclose” or “Disclosure” mean the release or transfer of, provision of access to, or divulging in any other manner individually identifiable health information to persons outside the Plan Sponsor.

Electronic Protected Health Information. The term “Electronic Protected Health Information” or “ePHI” will have the meaning set forth in 45 CFR § 160.103.

HIPAA Privacy Rule. The term “HIPAA Privacy Rule” means the applicable requirements of the privacy rules of Health Insurance Portability and Accountability Act of 1996 and related regulations, Title 45 Parts 160 and 164 of the Code of Federal Regulations, as amended from time to time.

HIPAA Security Rule. The term “HIPAA Security Rule” will mean the standards for Security of Electronic Protected Health Information at 45 CFR part 160 and 164, subparts A and C.

Plan Administration Functions. The term “Plan Administration Functions” means administrative functions performed by the Plan Sponsor on behalf of the Plan and excludes functions performed by the Plan Sponsor in connection with any other benefit or benefit plan of the Plan Sponsor.

Privacy Official. The term “Privacy Official” means the person who is responsible for the development and implementation of the HIPAA Privacy Rule policies and procedures of the Plan.

Protected Health Information. The term “Protected Health Information” or “PHI” will have the meaning set forth in 45 CFR § 160.103.

Use. The term “Use” means the sharing, employment, application, utilization, examination, or analysis of individually identifiable health information by the Plan Sponsor or any Business Associate of the Plan.

IV. THE PRIVACY RULE AND WHAT IT MEANS TO PARTICIPANTS

A. GENERAL.

The Plan will Disclose PHI to the Plan Sponsor (and its delegates) only to enable the Plan Sponsor to carry out Plan Administration Functions described in this policy, and such Disclosures will be consistent with the requirements of the HIPAA Privacy Rule. The Plan will not Disclose PHI to the Plan Sponsor (and its delegates) unless the Disclosures are explained in a Notice of Privacy Practices that is distributed to Covered Individuals. The Notice of Privacy Practices is automatically provided to Participants at least once every three years or when there is a material change to the Notice. Participants also have a right to request a copy of the Plan’s Notice of Privacy Practices at any time. (See Pg. 8 for Notice of Privacy Practices)

This document applies to The **Privacy Rule** portion of Title II that gives the Plan Participant increased knowledge about the uses and disclosures of their PHI. “Plan Participant” refers to both covered employees (Enrollees – *aka Participants*) and their eligible covered dependents or beneficiaries. The Plan Participant has specific rights regarding their PHI, including:

- The right to a paper copy of the Trust Fund’s Privacy Notice (which is located on our website).
- The right to request restrictions on the uses and disclosures of PHI.

- The right to receive confidential communications by an alternative means or at an alternative location if appropriate cause is shown.
- The right of access to their PHI.
- The right to request amendment of inaccurate or incomplete PHI.
- The right to request an accounting of disclosures of PHI.

Any such requests should be in writing and sent to the Plan's Privacy Officer, Kim Biagi.

B. PROTECTED HEALTH INFORMATION (PHI).

The Privacy Rule defines PHI as health information, no matter what its form (electronic, written, or oral) that meets all the following criteria:

- Information a Health Plan creates or receives about a Plan Participant.
- Information relating to the individual's past, present or future health condition, or past, present or future payment for health care services.
- Information that either identifies the Plan Participant or creates a basis upon which to identify a person.

The Privacy Rule only protects PHI, which, by its definition, is health information that is individually identifiable. Information that is de-identified, in accordance with The Privacy Rule, may be freely used and disclosed. De-identified information is information that does not identify a Plan Participant and upon which there is no reasonable basis to believe it could be used to identify a Plan Participant.

The following identifiers are considered **PHI**:

- Name
- Address
- Social Security Number
- Dates of birth/Dates of death
- Dates of admission/Dates of discharge
- Telephone numbers
- Fax numbers
- Email addresses
- Medical record numbers
- Health Plan beneficiary numbers
- Account numbers
- Certificate/license numbers
- Vehicle identifiers and serial numbers, including license plate numbers
- Device identifiers and serial numbers
- Web Universal Resource Locators ("URLs")
- Internet Protocol ("IP") address numbers
- Biometric identifiers, such as fingerprints or voice prints
- Full face photographic images and any comparable images
- Any other unique identifying number, characteristic or code

Information is considered de-identified if **all** of the above identified items are omitted.

C. Description of Uses of PHI by the Plan Sponsor.

The Plan may disclose a Participant's PHI to the Plan Sponsor (and its delegates) for the purpose of performing Plan administration functions as described in 45 CFR 164.504(a), to the extent permitted under the HIPAA Privacy Rule. Such Plan administration functions may include, but are not limited to, hearing appeals of denied claims and handling the financial activities of the Plan. The Plan Sponsor will not Use or further Disclose the PHI other than as permitted or required in accordance with this stated purpose or as required by applicable law.

D. Employment Actions.

The Plan Sponsor will not Use or Disclose PHI for employment related actions and decisions or in connection with any other benefit or employee benefit plan that is sponsored by the Plan Sponsor, except to the extent that such employee benefit plan is part of an Organized Health Care Arrangement (as defined in 45 CFR § 160.103).

E. Access to the Information.

The Plan Sponsor will make PHI available to Covered Individuals for inspection and copying in accordance with 45 CFR § 164.524.

F. Amendment of PHI.

The Plan Sponsor will make PHI available to Covered Individuals for amendment and incorporate any amendments to PHI in accordance with 45 CFR § 164.526.

G. Accounting of Disclosures of PHI.

The Plan Sponsor will make available the PHI required for the Plan to provide an accounting of Disclosures to Covered Individuals in accordance with 45 CFR § 164.528.

H. Information Available to the Secretary of Health and Human Services.

The Plan Sponsor will make its internal practices, books, and records relating to the Use and Disclosure of PHI received from the Plan available to the Secretary of Health and Human Services for purposes of determining the Plan's compliance with the HIPAA Privacy Rule.

I. Return or Destroy PHI.

If feasible, the Plan Sponsor will return or destroy all PHI received from the Plan that it maintains in any form and retain no copies of such information when no longer needed for the purpose for which the Disclosure was made, except that, if such return or destruction is not feasible, the Plan Sponsor will limit further Uses and Disclosures to those purposes that make the return or destruction of the information infeasible.

J. ADEQUATE SEPARATION.

General. The Plan Sponsor will ensure that there is adequate separation between the Plan and the Plan Sponsor (the Board of Trustees) as required by the HIPAA Privacy Rule in the event the Plan Sponsor retains any employees who will assist in the performance of Plan administration functions. The persons and organizations who will have access to PHI relating to the payment, health care operations or other matters pertaining to the Plan include:

- Employees of the Plan (ex. Trust Fund Office employees); and
- Business Associates of the Plan and their employees, officers, directors, agents, and subcontractors, provided the Business Associate has signed a Business Associate Agreement.

Restriction of Access and Use. The access to and Use by the persons described above will be restricted to the Plan Administration Functions that the Plan Sponsor performs for the Plan.

Certification by the Plan Sponsor. The Board of Trustees represents that the employees and organization identified above are the only employees and organizations who will access and use PHI generated by the Plan.

K. PROCEDURE AND COMPLIANCE WITH THE PRIVACY RULE

Procedure.

- **Plan Participants.** All new Participants will receive the Notice of Privacy Practice upon enrollment in the Plan. The Notice is provided to the named Participant for the benefit of all dependents.
- **Available Upon Request.** This Notice is available to any Participant who requests it.
- **Notice Every Three Years.** Current Participants are notified at least once every three years of the availability of the Notice and provided with instructions on how to obtain it.

- Given to Business Associates. This Notice is given to service providers to the Plan that may have access to PHI. Under HIPAA, they are known as "Business Associates."
- Adherence to Privacy Rule. Employees who perform Health Plan functions and Business Associates are required to adhere to the privacy practices as summarized in the Notice, as well as the individual Business Associate contracts.
- Potential Discipline for Violations. Violations of the Plan's privacy practices could result in disciplinary action up to and including termination of employment or business associate agreements.

Compliance. Compliance with the Privacy Rule requires each employee of the Trust Fund Office to follow each of the rules listed below:

- Never discuss a Plan Participant's **name, social security number** or **diagnosis** with any other employee who does not have a valid work-related reason for needing the information.
- Do not access or attempt to access any files or records that you do not have a valid work-related reason to view.
- We need to respect Plan Participant's PHI to the best of our ability within the office, limiting conversations.
- Keep your voice lowered when you are on the telephone to prevent others from overhearing your conversation regarding PHI.
- Never write your password down or keep it in a visible place. Never share any of your computer access passwords with a third party or other staff member.
- Shield computer monitors and work documents from the view of staff and visitors when possible.
- Lock your computer when leaving your workstation.
- Electronic Communication (email, fax):
 - Incorporate the "*Confidentiality Statement*" into all emails and faxes.
 - Ensure that you have properly typed the recipient(s)' address or properly dialed the recipient(s)' fax number prior to sending to ensure that the message and any attachments are sent **ONLY** to the intended party(s).
 - Use the last four digits of a social security number and type the word **SECURE** in the Subject Line of your email. Typing the word **SECURE** encrypts the email. **NOTE:** We do have secure "tunnels" set up with some professionals in which we do not type the word **secure** (e.g. Blue Shield). These emails are automatically encrypted.
- Discard all papers containing PHI in the shredder bin before leaving the office for the day.
- Do not remove any documents or files containing PHI from the office.
- Only authorized personnel are permitted in work areas. Personal visitors are to be restricted to the break/lunch room and/or reception area or other designated areas as approved by Management.
- For each occurrence where PHI is to be released to others, there must be an Authorization Form signed by the Plan Participant. This Authorization Form must be signed and specify the circumstances surrounding the PHI release. An Authorization Form is only valid for the specific situation authorized. Our office uses the "Authorization for Release of Benefit Information" (aka PHI) Form in order to allow someone other than the Plan Participant to contact our office for benefits. Only minimum necessary PHI is to be released.

V. **HIPAA SECURITY RULE REQUIREMENTS**

The Plan Sponsor will reasonably and appropriately safeguard ePHI that it creates, receives, maintains or transmits on behalf of the Plan, other than ePHI that is summary health information disclosed pursuant to 45 CFR Section 164.504(f)(1)(ii), enrollment or disenrollment information disclosed pursuant to 45 CFR Section 164.504(f)(1)(iii), or information disclosed pursuant to an authorization under 45 CFR Section 164.508. In implementing such safeguards, the Plan Sponsor is required to do the following:

Safeguards. The Plan Sponsor will implement administrative, physical and technical safeguards that reasonably and appropriately protect the confidentiality, integrity and availability of the ePHI that it creates, receives, maintains or transmits on behalf of the Plan.

Adequate Separation. The Plan Sponsor will ensure that the adequate separation between the Plan and the Plan Sponsor as required by Section 164.504(f) (2) (iii) of the HIPAA Security Rule is supported by reasonable and appropriate security measures.

Use of Website Cookies for User Tracking or Other Activities.

A “Cookie” is a small summary text file that is stored by your mobile phone (e.g., iPhone or Android) or by your browser (e.g., Internet Explorer, Edge, Chrome, Safari or Firefox). Cookies allow a website to store some information about users, allowing the website to recognize a user and respond appropriately.

The website may use cookies to collect anonymous usage statistics to track site utilization. Identifiable visitor usage information may also be stored in internal log files. This information may be used to troubleshoot issues, improve online services, and for analytical purposes such as analyzing trends, administering the site, tracking user movements and gathering broad demographic information.

The website utilizes cookies to ensure basic functionality for authenticated users, including but not limited to initiating and terminating valid sessions.

VI. **CYBERSECURITY BEST PRACTICES**

The U.S. Department of Health and Human Services has released voluntary guidance in a PDF Report <https://www.phe.gov/Preparedness/planning/405d/Documents/HICP-Main-508.pdf> for healthcare entities regarding best practices in managing cyber threats and protecting patients. The guidance makes it clear that it is neither required by nor guarantees compliance with federal, state or local laws. The Plan Sponsor (and its delegates through this office) will do its best (but is not required) to use such guidance (if applicable) in situations involving:

- E-mail phishing attacks
- Ransomware attacks
- Loss or Theft of Equipment or Data
- Insider, Accidental or Intentional Data Loss

VII. **AGENTS**

The Plan Sponsor will ensure that any agents (including any subcontractors) to whom it provides (1) PHI received from the Plan agree to the same restrictions and conditions that apply to the Plan Sponsor with respect to the PHI, and (2) ePHI received from the Plan agrees to implement reasonable and appropriate security measures to the ePHI.

VIII. REPORTING

The Plan Sponsor (and its delegates) will report to the Privacy Official any Use or Disclosure of the information that is inconsistent with the purposes set forth in this policy.

The Plan Sponsor (and its delegates) will report to the Plan Privacy Official any security incident (as defined by 45 CFR § 164.304) of which it becomes aware of.

IX. MISCELLANEOUS

Rights. This policy shall not be construed to establish requirements or obligations beyond those required by the HIPAA Privacy and Security Rules. Any portion of this Appendix that appears to grant any additional rights not required by the HIPAA Privacy and Security Rules shall not be binding upon the Plan Sponsor.

Amendment. The Plan Sponsor reserves the right to amend or terminate any and all provisions set forth in this policy at any time to the extent permitted under the HIPAA Privacy and Security Rules.

Delegation. The Plan Sponsor may delegate or allocate any authority or responsibility with respect to this policy. The Plan Sponsor (or its delegate) has discretion to construe and interpret the terms, provisions and requirements of this policy. All decisions of the Plan Sponsor (or its delegate) with respect to this policy will be given the maximum deference permitted by law.

Document Retention. If a communication under this Appendix is required by the HIPAA Privacy Rule to be in writing, the Plan Sponsor will maintain such writing, or electronic copy, as documentation. If an action, activity, or designation is required by the HIPAA Privacy Rule to be documented, the Plan Sponsor will maintain a written or electronic record of such action, activity or designation. The Plan Sponsor will retain the required documentation for six years from the date of its creation or the date when it last was in effect, whichever is later.

Construction. The terms of this policy shall be construed in accordance with the requirements of the HIPAA Privacy and Security Rules and in accordance with any applicable guidance on the HIPAA Privacy and Security Rules issued by the Department of Health and Human Services.



**HIPAA NOTICE OF PRIVACY PRACTICES FOR THE
NORTHERN CALIFORNIA PIPE TRADES HEALTH AND WELFARE PLAN**

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS HEALTH INFORMATION. PLEASE REVIEW IT CAREFULLY AND CONTACT THE PLAN OFFICE IF YOU HAVE ANY QUESTIONS.

The Northern California Pipe Trades Health and Welfare Plan (“Plan”) is required by state and federal law, namely the federal **Health Insurance Portability and Accountability Act of 1996 (HIPAA)**, to maintain the security and privacy of your Protected Health Information (known as “PHI”). In conducting its business, the Plan will create records regarding you and the mental and medical services that are provided to you. The Plan will not use or share your mental and medical health information other than as permitted by HIPAA and unless you authorize the Trust Fund Office to do so in writing. If you give the Plan authorization, you may change your mind at any time, but notification must be received in writing.

The Plan is required by law to maintain the confidentiality of health information that identifies you or your dependent(s) by name. The Plan is also required by law to provide you with this Notice of the Plan's legal duties and privacy practices concerning your PHI. The Plan has established this policy to guard against unnecessary disclosure of your health information. The Plan will let you know promptly if a breach occurs that may have compromised the privacy or security of your PHI.

- **PHI Defined.** The term “PHI” or “medical information” in this Notice means individually identifiable medical and genetic information that relates to your physical or mental health condition, the provision of health care to you, or payment of such health care.
- **De-Identified PHI.** This Notice does not apply to information that has been de-identified. De-identified information neither identifies nor provides a reasonable basis to identify you.
- **Minimum Necessary.** When using or disclosing PHI, 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 factors and limitations and any applicable law requiring greater disclosure.

Please be aware that the Plan has contracted with outside organizations (Kaiser Permanente Health Plan and Blue Shield of California) to administer its medical, hospital and prescription drug benefits. The Trust Fund Office does not have access to medical records retained by these Carriers and Health Maintenance Organizations. While these providers do not share your medical records with the Trust Fund Office, they may share very limited personal information with the Trust Fund Office as required to pay benefits and/or properly administer the Plan’s benefits. These carriers may have also separately issued you a Notice regarding disclosure of PHI that is maintained on the Plan’s behalf by those entities.

Please be aware that the Plan and staff at the Trust Fund Office take this matter very seriously and keep information strictly confidential. There are requirements that they must follow which may require you to authenticate your identity and we must ensure that you have made written authorization if information is released on your behalf. If you and/or an eligible dependent(s) wish to authorize someone to access your information, you and/or your eligible dependent(s) must complete an “Authorization for Release of Benefit Information Form” and return it to the Trust Fund Office. Please contact the Trust Fund office for an “Authorization for Release of Benefit Information Form”.

This Notice and its contents are intended to conform to the requirements of HIPAA and it applies to all records containing your identifiable health information that are created, transmitted, or retained by the Plan or Business Associates (including their subcontractors) that help administer the Plan.

The rights in this Notice apply to you, your eligible spouse, and your eligible dependents. The Board of Trustees has appointed Kim Biagi to be the **Privacy Officer** and Contact Person for the Plan. She may be contacted as follows:

Kim Biagi, Privacy Officer
Northern California Pipe Trades Health and Welfare Plan
935 Detroit Ave Suite 242A
Concord, CA 94518-2501
Phone: 925/356-8921

For more information please visit: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Our Uses and Disclosures

How do we typically use or share your medical information?

The following categories describe different ways that we use and disclose medical information. For each category of uses and disclosures, the Plan will explain what it means and present some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information may fall within one of the categories.

Treatment.	The Plan can use your PHI to tell you about or recommend possible treatment options or alternatives that may be of interest to you, including but not limited to consultations and referrals between your providers. <i>Example: Doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.</i>
For Payment.	We may use and disclose medical information about you to determine eligibility for Plan benefits, to facilitate payment for the treatment and services you receive from health care providers, to determine benefit responsibility under the Plan, or to coordinate Plan coverage. <i>Example: We share your eligibility for benefits information to Anthem Blue Cross to confirm whether payment will be made for a particular service.</i>
For Health Care Operations/Appeals.	The Plan can use and disclose health information about you for Plan operations that are necessary to run the Plan. The Plan may also release your PHI to the Board of Trustees or an Appeals Committee if it is needed to make a decision regarding an appeal. <i>Example: We use health information in reviewing & responding to appeals, medical reviews, legal services, audit services, Plan administrative activities, premium rating, or conducting quality assessment and improvement activities.</i>
As Required By Law.	The Plan can use and disclose your health information if required by state, federal or local laws. <i>Example: We share information with the Department of Health & Human Services for compliance with federal privacy laws.</i>
To Avert a Serious Threat to Health or Safety/Assist Public Health Issues.	The Plan can use and disclose your health information when it believes, in good faith, that such disclosure is necessary to prevent a serious threat to the safety and health of you, another individual, or the public. This includes disclosing medical information for public health activities to a public authority. These disclosures will be made for the purpose of controlling disease, injury or disability. <i>Example: We share health information to report suspected abuse, neglect or domestic violence if we have a reasonable belief, or to prevent disease, or to help with product recalls, or to prevent/reduce a serious threat to anyone’s health or safety.</i>
To Inform You About Treatment Alternatives or Other	The Plan may use PHI to identify whether you may benefit from communications from the Plan regarding (1) available provider networks or available products or services under the Plan, (2) your treatment, (3) case management or care coordination for you, or (4)

Health Related Benefits.	recommended alternative treatments, therapies, health care providers, or settings of care for you. <i>Example: We may forward a communication to a participant who is a smoker regarding an effective smoking-cessation program.</i>
Disclosure to Health Plan Sponsor & UA Local 342.	The Plan may disclose your health information to the Plan sponsors, i.e., the Union and the Associations, or Board of Trustees, for purposes related to, but not limited to administering benefits under the Plan. <i>Example: We provide summary health information to the Board of Trustees so that the Board may solicit premium bids from health insurers or similar entities.</i>
Organ and Tissue Donation.	The Plan can share health information about you with organizations involved in procuring, banking or transplanting organs and tissues, as necessary.
Military, Veterans, and Inmates.	The Plan may release health information about you as required by military command authorities, if you are a member of the armed forces, or to a correctional institute or law enforcement official, if you are an inmate or under custody of a law enforcement official.
Respond to Lawsuits and Disputes.	The Plan can use and disclose your health information to respond to a court order, administrative proceeding, arbitration, subpoena, other lawful process or similar proceeding. <i>Example: We receive a discovery request in which you are a party involved in a lawsuit.</i>
Government or Law Enforcement Requests.	To the extent permitted or required by local/state/federal law, the Plan may release your health information to law enforcement official or for law enforcement purposes, to authorized government agencies, to health oversight agencies, or to comply with laws related to workers' compensation claims. <i>Example: We release health information because there is suspicion that your death was the result of a criminal conduct, or because of civil administrative or criminal investigations, audits, inspections, licensure or disciplinary action, or other activities necessary for the government to monitor government programs (such as Medicare fraud review), or for special government functions such as military, national security and presidential protective services.</i>
Research.	The Plan can use and share your health information for health research subject to certain conditions.
Child Immunization Proof to Schools.	The Plan may disclose proof of immunization of a student to the School, prior to admitting the student, where State or other law requires such information, upon obtaining the consent of the parent, guardian, or student of consenting age. Consent may be given by e-mail, in writing, over the phone, or in person.
Decedent's Health Information.	The Plan may disclose your PHI to your family members and others who were involved in your care or payment of your care, unless doing so is inconsistent with your prior written expressed wishes that was given to the Plan. However, PHI of persons who are deceased for more than 50 years is not protected under the HIPAA privacy and security rules. <i>Example: We disclose health information to a coroner or medical examiner necessary to identify a deceased person or determine the cause of death.</i>
Business Associates & Subcontractors.	The Plan may also share your PHI with business associates, including its subcontractors or agents that perform certain administrative services for the Plan. As required by federal law, the Plan has a written contract with each of its business associates that contains provisions requiring them to protect the confidentiality of your PHI and to not use or disclose your PHI other than as permitted by the contract or as permitted by law.

Your Choices

For certain information, you can tell us your choices about what we share.

Except as provided for in this Notice or as permitted by law, the Plan will not release your PHI without your written authorization. If you have a clear preference for how the Plan shares your information in the situations described below, contact the Plan office and tell the Plan what you want the Plan to do. The Plan Office has an Authorization Form that you may sign to authorize release of all or part of your PHI.

In these cases below, you have both the right and choice to tell the Plan to:

- ✓ Share information with your family, close friends, or others involved in your health care or payment for your case, as long as you do not object.
- ✓ Share information in a disaster relief situation.

If you are not able to tell the Plan your preference, for instance if you are unconscious or not around, the Plan may share your health information if the Plan believes it is in your best interest. The Plan may also share your health information when needed to lessen a serious and imminent threat to health or safety.

In these cases, the Plan will not share your information unless you give your written authorization subject to your right to revoke, amend, or limit your authorization in writing, at any time:

- ✓ **Psychotherapy Notes.** Psychotherapy notes are separately filed notes about your conversations with your mental health professional. Although this 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.
- ✓ **Marketing Authorization.** The Plan cannot receive financial remuneration (direct or indirect payment) from third parties in exchange for the marketing of PHI unless permitted under HIPAA or with your prior written authorization. Marketing is any communication about a product or service that encourages recipients of the communication to purchase or use the product or service. This Plan never markets personal information.
- ✓ **Sale of PHI.** The Plan is prohibited from directly or indirectly receiving financial or non-financial remuneration in cash or in kind (including granting license rights) from a third party in exchange for your PHI unless permitted under HIPAA or with your prior written authorization. This Plan does not sell your PHI.
- ✓ **Fundraising Purposes.** Except as permitted under HIPAA or with your prior written authorization, the Plan cannot use or disclose your PHI for fundraising purposes. You have the right to opt out of receiving any fundraising communications whether received in writing or over the phone. Although the Plan does not use nor does it intend to use your PHI for fundraising purposes, if you receive any fundraising communication and want to opt out of receiving such communication, please call the Trust Fund Office at 925/356-8921.
- ✓ **Genetic Information.** Your PHI includes genetic information. In regards to underwriting, which is premium rating, or similar activities, the Plan will not use or disclose genetic information about an individual, as prohibited under the Genetic Information Nondiscrimination Act of 2008. Also, the **Plan cannot use your genetic information to decide whether it will give you coverage and the price of that coverage.**
- ✓ **Other Uses of Medical Information.** Other uses and disclosures of health information not covered by this Notice or the laws that apply to the Plan will be made only with your written permission. If you provide us permission to use or disclose health information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose health information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission.

Your Rights

When it comes to your health information, you have certain rights.

This section explains your rights and some of your responsibilities to help you.

- ✓ **Right to Inspect and Obtain Paper or Electronic Copy of Your Medical Information.** You have the right to inspect and obtain copies of your health information, including medical records and billing records and other health information we have about you. This includes the right to request a copy of your PHI in hard copy or electronic form contained in a designated record set for so long as the Plan maintains the PHI. The electronic form you request may be in the form of MS Word, Excel, text, or text-based PDF, among other formats. If the format you request is not readily producible, the Plan will provide you with a copy of your PHI in a readable format as agreed to by you and the Plan. A request to inspect and copy records containing your health information must be made in writing to the Privacy Officer at the address noted below. The requested information will be furnished 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. If you request a copy of your health information, the Plan may charge a reasonable fee for copying, assembling costs and postage, if applicable, associated with your request. Pursuant to government regulations, you do not have a right to copies of psychotherapy notes.
- ✓ **Right to Amend or Correct Your Medical Information.** If you believe that your health information records are inaccurate or incomplete, you may ask the Plan to correct, clarify, or amend your records. That request may be made as long as the information is maintained by the Plan. A request for an amendment/correction of records must be made in writing to the Plan Office. 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, the Plan will provide you with a written denial and the basis for denial. 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 health information. Common examples of denials include, failure to state a reason to support the amendment or correction, your health information records were not created by the Plan, if the health information you are requesting to amend is not part of the 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 Plan determines the records containing your health information are accurate and complete.
- ✓ **Right to Request a List of Those with Whom the Plan Shared Your Information.** You have the right to request a list of certain disclosures of your health information that the Plan is required to keep a record of under the Privacy Rule. This right extends to all disclosures other than disclosures made to carry out treatment, payment or health care operations and certain other disclosures (such as any you asked the Plan to make). The request must be made in writing to the Plan Office. Accounting requests may not be made for periods of time going back more than six (6) years. The 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 Plan will inform you in advance of the fee, if applicable. Your request 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 deadline.
- ✓ **Right to Request Restrictions (Limit Information).** You may request restrictions on certain uses and disclosures of your health information. You have the right to request a limit on the Plan's use or disclosure of your health information for treatment, payment, or health care operations. You have the right to request that the Plan limit its disclosure of your PHI to individuals involved in your care or the payment for your care, such as family members and friends, which will apply even after your death if requested. However, the Plan is not required to agree to your request; if the Plan agrees, it is bound by the agreement except when otherwise required by law, in emergencies, or when the information is

necessary to treat you. If you wish to make a request for restrictions, please make your request in writing to the Privacy Officer at the address noted below.

- ✓ **Right to Request Confidential Communications.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. Such requests shall be honored if, in the sole discretion of the Plan, the requests are reasonable and can be accommodated with minimal disruption to Plan administration. However, the Plan must say “yes” if you tell us you would be in danger if the Plan office does not honor your request. To request confidential communications, you must make your request in writing to the Plan Office. Your request must specify how or where you wish to be contacted.
- ✓ **Right to a Paper Copy of This Notice.** You have the right to a paper copy of this notice. You may ask us to provide you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.
- ✓ **Right to Provide an Authorization.** As noted above, the Plan may request your written authorization for uses and disclosures that are not identified by this Notice or permitted by law. Any authorization you provide regarding the use and disclosure of your PHI may be revoked at any time in writing.
- ✓ **Right to a File a Complaint.** If you believe your privacy rights have been violated, you may file a complaint with the Plan Office by contacting the Privacy Officer listed on the last page or with the U.S. Department of Health and Human Services, Office for Civil Rights by sending a letter to 200 Independence Avenue S.W., Washington, D.C. 20201, calling (877) 696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints. You must file a complaint within 180 days after the occurrence of the event or violation. You may also contact the Privacy Officer if you have any questions or concerns regarding your Privacy rights or regarding the specifics of filing a complaint. All complaints must be submitted in writing. You will not be penalized for filing a complaint and the Plan will not retaliate against you for filing a complaint.
- ✓ **Right to Notice in Event of Breach of Unauthorized Disclosure (Breach Notice).** You have the right to receive, and the Plan is required to provide, a Notice to you, as soon as reasonably possible, but no later than 60 days after discovery of a breach of your unsecured PHI. There will be a presumption that any unauthorized acquisition, access, use, or disclosure of your PHI, in violation of the Privacy rule is a breach, *unless* the Plan demonstrates that there is a low probability that your PHI has been compromised based on the results of a risk assessment, or an exception permitted by the Privacy Rule applies. This Plan has implemented a policy to require the performance of a risk assessment in all cases of impermissible uses or disclosures of PHI to ensure your PHI will not be compromised and intends on complying with any future guidance on risk assessments.
- ✓ **Right to Restrict Disclosure of PHI If Paying Out-of-pocket.** If you paid for services out-of-pocket, in full, for a specific item or service, you have the right to ask your Health Care Provider to not disclose your PHI related to that item or service to the Plan for purposes of payment of health care operations. The Health Care Provider must accommodate your request, except where the Health Care Provider is required by law to make a disclosure.
- ✓ **Right to Choose Someone to Act for You (Personal Representative).** You may exercise your rights through a Personal Representative, who will be required to produce evidence of his/her authority to act on your behalf before he/she will be given access to your health information or be allowed to take any action for you. The Plan office will verify that the person has this authority and can act for you before it takes any action. Proof of such authority may take one of the following forms: (a) notarized power of attorney for health care purposes or (b) court order of appointment of the individual as your conservator or guardian.

Changes to This Notice

The effective date of this Notice is **January 1, 2019**. The Plan can change this Notice, and the changes will apply to all information we have about you. If any changes may occur, the Plan will mail the revised Notice to you. The New Notice will also be available upon request (at any time), and on our website. The Plan will comply with the terms of any such Notice currently in effect.

Requests for Information

Questions regarding this information should be addressed to the following:

Northern California Pipe Trades Trust Fund office
Attn: Kim Biagi, Privacy officer
Telephone: 925/356-8921
935 Detroit Ave Suite 242A
Concord, CA 94518-2501