

DuPage County Cement Masons Fringe Benefits Fund

240 West St. Charles Road • Villa Park, IL 60181 • Telephone 630 /530-7051

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. The DuPage County Cement Masons' Local No. 803 Welfare Fund ("Welfare Fund") is required by law to take reasonable steps to ensure the privacy of personally identifiable health information ("protected health information") and to inform you about the Welfare Fund's uses and disclosures of protected health information and your rights with respect to protected health information.

USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

The Welfare Fund may use or disclose protected health information for certain purposes. Protected health information generally includes all individually identifiable health information transmitted or maintained by the Welfare Fund regardless of the form of this information, including oral, written and electronic information. Disclosures permitted are the following:

- 1. Disclosure to You.**
- 2. Use and Disclosure to Carry Out Treatment, Payment or Health Care Operations.**
 - a. Treatment**

(For example, the Welfare Fund may disclose to a treating cardiac surgeon the name of a treating cardiologist so that the cardiac surgeon may ask for diagnosis records from the treating cardiologist.)
 - b. Payment**

(For example, the Welfare Fund may provide information regarding your coverage or health care treatment to another health plan under which you are covered to coordinate payment of benefits.)
 - c. Health Care Operations**

(For example, the Welfare Fund may use information about claims to audit the accuracy of its claims processing function.)
- 3. Disclosure to the Plan Sponsor for Purposes of Plan Administration and other Authorized Purposes.**

The Welfare Fund may disclose your protected health information to the plan sponsor, the Board of Trustees of the Welfare Fund, for the purposes of its administration of the Plan and as otherwise required by HIPAA regulations. The Trustees have certified to the Welfare Fund that the plan documents have been amended to restrict uses and disclosures of information to those permitted by HIPAA Privacy regulations.

4. Use and Disclosure Required or Permitted Under HHS Regulations Without Your Authorization or Opportunity to Disagree with Use or Disclosure.

Under the Department of Health and Human Service Regulations Regarding Privacy of Individually Identifiable Health Information, the Welfare Fund is required or permitted to use or disclose protected health information for certain purposes without either your authorization or opportunity to disagree with the use or disclosure. The scope of disclosure is set forth in the HIPAA Privacy Regulations.

These purposes are:

- a. As Required by Law.
- b. For Public Health Activities.
- c. Regarding Victims of Abuse, Neglect or Domestic Violence.
- d. For Public Health Oversight Activities.
- e. For Judicial and Administrative Proceedings
- f. For Law Enforcement Purposes.
- g. Regarding Persons who Have Died.
- h. For Cadaveric Organ, Eye or Tissue Donation Purposes.
- i. For Research Purposes.
- j. To Avert a Serious Threat to Health or Safety.
- k. For Specialized Government Functions.
- l. For Compliance with Workers' Compensation Laws.

5. Use and Disclosure Requiring, if Practicable, Opportunity for You to Agree or Disagree.

The Welfare Fund may also disclose protected health information (a) to a family member, relative, friend or other identified person involved in your health care or information relevant to their involvement in your health care or payment for care and (b) to a family member, your personal representative or other person responsible for your care of your location, general condition or death. If you are present or otherwise available prior to a disclosure being made and you have the capacity to make health care decisions, the Welfare Fund will not make the disclosure unless (1) your agreement to the disclosure is obtained, (2) you are given an opportunity to object to the disclosure and do not, or (3) the Fund reasonably infers from the circumstances, based on professional judgment, that you do not object to the disclosure. If you are not present or otherwise available prior to a disclosure being made or if you cannot be given an opportunity to agree or disagree with disclosure due to your incapacity or because of emergency, the Welfare Fund may, in the exercise of professional judgment, determine whether disclosure is in your best interests and, if so, disclose only the protected health information that is directly relevant to the particular person's involvement with your health care. Ordinarily the Welfare Fund will disclose information to the extent permitted under this section unless it has a basis for concluding that this disclosure is not in your best interests.

6. Use and Disclosure Requiring Your Authorization.

Any other disclosures require your written authorization. You may revoke your authorization in writing at any time subject to applicable law.

7. Use and Disclosure of the “Minimum Necessary” Amount of Protected Health Information.

When using or disclosing protected health information or when requesting protected health information from another covered entity, the Welfare Fund will make reasonable efforts not to use, disclose or request more than the minimum amount of protected health information 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 certain situations set forth in the HIPAA Privacy Regulations.

YOUR RIGHTS WITH RESPECT TO PROTECTED HEALTH INFORMATION

You have the following rights regarding protected health information that the Welfare Fund maintains. In order to exercise any of these rights, please make your request in writing to the Welfare Fund, 240 W. St. Charles Road, Villa Park, IL 60181, Telephone: (630) 530-7051, Fax: (630) 833-3508. These rights are:

1. **Right to Request Restrictions on Use and Disclosure of Protected Health Information.** You should be aware that the Welfare Fund is not required to agree to your request.
2. **Right to Receive Confidential Communications.** The Welfare Fund will attempt to honor reasonable requests for confidential communications.
3. **Right to Inspect and Copy Your Protected Health Information.** There are exceptions for psychotherapy notes, information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding or other information barred under HIPAA Privacy Regulations.
4. **Right to Amend Protected Health Information.** You should be aware that the Welfare Fund may deny this request if it does not include a reason to support the amendment, if the record is not part of the Welfare Fund’s record set, if the record was not created by the Welfare Fund, if the protected health information you wish to amend falls within an exception to the protected health information you are permitted to inspect and copy under applicable law, or if the Welfare Fund determines the records containing your protected health information are accurate and complete.
5. **Right to an Accounting of Disclosures of Protected Health Information.** This right does not apply to disclosures made (a) for purposes of treatment, payment and health care operations, (b) for other purposes exempt from accounting of disclosures under the HIPAA Privacy Regulations, or (c) to a family member, relative, personal representative, friend or other designated representative for involvement in your health care, payment for your health care or notification. Accounting requests may not be made for periods of time going back more than six (6) years. The Welfare Fund will provide the first accounting you request during any twelve (12) month period without charge. Subsequent accounting requests may be subject to a reasonable cost-based fee. The Welfare Fund will inform you in advance of the fee, if applicable.
6. **Right to a Paper Copy of this Notice.**

DUTIES OF THE WELFARE FUND

The Welfare Fund is required by law to maintain the privacy of your protected health information as set forth in this Notice and to provide you this Notice of its duties and privacy practices. If the Welfare Fund changes its policies and procedures, it will revise the Notice and will provide a copy of the revised Notice to you within 60 days of the change.

YOUR RIGHT TO COMPLAIN

You have the right to express complaints to the Welfare Fund and to the Secretary of the United States Department of Health and Human Services if you believe that your privacy rights have been violated. Any complaints to the Welfare Fund should be made in writing to Welfare Fund, 240 W. St. Charles Road, Villa Park, IL 60181, Telephone: (630) 530-7051, Fax: (630) 833-3508. You will not be retaliated against in any way for filing a complaint.

CONTACT PERSON

The Welfare Fund has designated the following as its contact person for all issues regarding your privacy rights, including complaints and questions regarding this Notice:

Richard Priester, Administrator
DuPage County Cement Masons' Local No. 803 Welfare Fund
240 W. St. Charles Road
Villa Park, IL 60181
Telephone: (630) 530-7051
Fax: (630) 833-3508

EFFECTIVE DATE

The Notice is effective April 14, 2003.