

## NOTICE OF PRIVACY PRACTICES

Effective April 14, 2003

### **THIS NOTICE DESCRIBES HOW YOUR MEDICAL INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN OBTAIN THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

This Notice is being given to comply with the Health Insurance Portability and Accountability Act of 1996, as amended ("HIPAA"). The Plan is required by law to take reasonable steps to ensure the privacy of your Protected Health Information, ("PHI").

PHI includes "Individually Identifiable Health Information" sent or kept by the Plan. The term "Individually Identifiable Health Information" means information that is:

- created or received by a health care provider, health plan, employer or health care clearinghouse;
- relates to the past, present or future physical or mental health or condition of an individual or to the provision of health care to an individual; or
- relates to the past, present or future payment for the provision of health care to an individual.

It either identifies the individual, or there is a reasonable basis to believe the information can be used to identify the individual. *The Plan must comply with the requirements of HIPAA even if they disagree with information in this Notice.*

### **The Requirements of the Plan**

The Plan is required by law to maintain the privacy of your PHI. The Plan will only disclose your PHI to a business associate if it receives satisfactory assurance that the Plan will safeguard your PHI as required by HIPAA. Except as otherwise indicated in this Notice, uses and disclosure of your PHI will be made only with your written authorization. The Plan Documents have been amended to protect your PHI.

### **Minimum Necessary Standard**

When using or disclosing your PHI, or when requesting your PHI from another covered entity, the Plan will make reasonable effort not to use, disclose or request more than the minimum amount of PHI necessary to accomplish the intended purpose, taking practical and technological considerations into account. This is called the "Minimum Necessary" standard.

The "minimum necessary" standard will **not** apply however in the following situations:

- Disclosures to or requests by a health care provider for treatment
- Uses or disclosures by you
- Disclosure made to the Secretary of HHS
- Uses or disclosures made pursuant to an authorization.

### **Disclosures for Treatment, Payment and Health Care Operations**

The Plan, its business associates and their agents or subcontractors, if any, will use or disclose your PHI *without your consent and authorization and without you having an opportunity to agree or object* to carry out [Treatment, Payment and Health Care Operations](#).

"[Treatment](#)" is the provision, coordination of management of health care and related services by one or more health care providers. It includes, but is not limited to, consultations and referrals between one or more provider.

"[Payment](#)" means activities undertaken by the Plan to obtain premiums or to determine or fulfill its responsibility for coverage and provision of benefits, or activities to obtain or provide reimbursement for the provision of health care, including, but not limited to:

- eligibility or coverage determinations
- billing
- claims management
- collection activities

- subrogation
- medical necessity or appropriateness reviews
- utilization reviews
- pre-authorizations

“Health Care Operations” means:

- conducting quality assessment and improvement activities,
- population-based activities about improving health care delivery or reducing health care costs,
- contacting health care providers and/or you with information about treatment alternatives,
- reviewing the competence or qualifications of health care professionals,
- evaluating plan performance, underwriting, rating and other insurance-related activities in order to renew or replace health insurance contracts or health benefits.

It also includes disease management and case management, arranging for medical review, legal services and auditing functions, including fraud and abuse detection and compliance programs, business planning or development, business management and general administrative activities.

*The Plan may contact you to give you information about treatment alternatives or other health-related benefits and services that may be of interest to you.*

### **Written Authorization Required For Disclosure of Psychotherapy Notes**

Your written authorization generally will be required to disclose psychotherapy notes about you written by your psychotherapist. “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 treatment. However, the Plan may use and disclose such notes without authorization when needed by the Plan to defend itself against litigation filed by you.

### **When The Plan Must Give You The Opportunity to Agree or Object Before Disclosure**

If the Plan intends to disclose your PHI to a family member, other relative or close personal friend or anybody identified by you as such, and you are available and able to make decisions for yourself, the Plan must first obtain your agreement OR give you the opportunity to object and you fail to do so OR infer from the circumstances that you do not object. Even if you agree to the disclosure, the Plan is required to follow the “minimum necessary standard:” meaning that even if you agree, your family member, etc., may only receive your PHI that directly relates to his or her involvement in your treatment or the payment for your treatment.

If you are not present or unable to exercise this right, the Plan may determine whether disclosure would be in your best interest.

### **When The Plan May Disclose Your Information Without Your Consent, Authorization or Opportunity to Object or Agree**

The Plan may use and disclose your PHI without your authorization or consent under the following circumstances:

- When required by law
- When permitted by law for “public health activities:” i.e.; reports of child abuse or neglect, compliance or quality control related to a FDA-regulated product, or exposure to a communicable disease
- When permitted by law to a governmental authority if the Plan reasonably believes that you are a victim of abuse, neglect or domestic violence. In such case the Plan will immediately inform you of such disclosure, unless to do so would put you at risk.
- When permitted by law, to a health oversight agency for health oversight activities including civil or criminal investigations, inspections, licensure or disciplinary actions (investigations of complaints against providers) and other activities necessary for appropriate oversight of (1) the health care system; (2) government benefits programs, (3) entities subject to government regulation, or (4) entities subject civil rights laws.
- In response to an order from a Court or administrative tribunal
- To law enforcement officials for law enforcement purposes

- To a coroner or medical examiner for the purposes of identifying a dead body
- For research under certain conditions
- To prevent or lessen a serious threat to the health or safety of a person or the public
- To comply with Workers' Compensation or similar programs established by law.

Remember, the Plan is required to follow the "minimum necessary standard:" meaning that the Plan may only disclose your PHI that is necessary to accomplish the purpose of the disclosure.

In addition, the Plan may use or disclose "summary health information" for obtaining premium bids or modifying, amending or terminating the group health plan. "Summary health information" summarizes the claims history, claims expenses or type of claims experienced by individuals for whom a health plan sponsor has provided health benefits under a group health plan, and from which identifying information has been deleted in accordance with the Privacy Standards.

## **Your Rights**

### **Your Right to Receive Notice**

The Plan is required to provide you with this notice of its legal duties and privacy practices in regard to your PHI. You have the right to receive a paper copy of this notice mailed to your home address. If agreed upon between you and the Plan, you may receive any revisions to this Notice electronically. You always have the right to receive a paper copy of this or any revised Notice upon request.

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 the terms of its privacy practices reflected in this Notice and to make new provisions effective for all PHI that it maintains, including any PHI created, received or maintained prior to the date of the revisions. If the Plan makes such changes, a revised Notice will be provided to you within 60 days of any material change regarding uses and disclosures of your PHI, your rights or the responsibilities of the Plan. This revision will be mailed to your home address unless you have arranged to receive it electronically. In addition, the revised Notice will be posted on the Plan's web site.

Except when required by law, a material change to any term of this Notice may not be implemented prior to the effective date of the revised notice reflecting such material change.

### **Your Right To Revoke Your Authorization**

You may revoke an authorization of a use or disclosure of your PHI by the Plan at any time, provided that your revocation is in writing. Your revocation will have no effect on actions already taken by the Plan in reliance on your authorization. You may not revoke an authorization obtained as a condition of insurance coverage.

### **Your Personal Representative**

You may exercise your rights through a personal representative. Your personal representative will be required to produce evidence of his/her ability to act on your behalf before that person will be given access to your PHI or be allowed to take action for you. Such proof includes:

- A notarized power of attorney for health care purposes or any other authority recognized in State statutes giving the person authority to make health care decisions for you;
- A court order of appointment of the person as the conservator or guardian of the individual; or
- The person is your parent and you are a minor child.

The Plan has the discretion to deny access to your PHI to a personal representative in order to protect those who may be subject to abuse or neglect. This also applies to the personal representatives of minors.

### **Access to Your PHI**

You have the right to inspect and/or get a copy of your PHI that is contained in a "designated record set." A "designated record set" means a group of records maintained by or for a health plan that includes information regarding

enrollment, payment, claims adjudication and case or medical management records; or a group of records used in whole or in part by or for a health plan to make decisions about individuals. Information not used to make decisions about individuals is not considered to be part of the "designated record set." As long as your PHI is maintained in a "designated record set," you must have access to your PHI.

You or your personal representative must request access to your PHI in writing. The Plan will act on the request no later than 30 days from the receipt of the request. However, if the request involves information that the Plan does not maintain on-site, the Plan will take action no later than 60 days from the receipt of the request. The Plan may extend the time limit for response to a request for access by no more than 30 days. The Plan must inform you in writing within the original time limit of the reason for the delay and the date the Plan expects to act on your request for access to your PHI.

If the Plan grants your request, the Plan must provide you with access to your PHI, including inspection of the "designated record set" on site or providing you with copies of your PHI or both. The Plan will make convenient arrangements with you to inspect or receive a copy of your PHI, or the Plan may mail you a copy of your PHI if you request. The Plan will provide you with your PHI in the form or format you request, if it is readily available, or in readable hard copy. The Plan may provide you with a summary or an explanation of your PHI to which you requested access in lieu of the actual access in certain circumstances. The Plan may impose a reasonable cost-based fee on the provision of copies or explanations of your PHI.

If the Plan denies your request, the Plan must provide you with a written notice of denial setting forth (1) the basis for the denial and (2) a statement of your rights of review, including, if applicable, the method for complaint to the Secretary of HHS. If the Plan denies your request in part, the Plan will, if possible, provide you with access to other PHI after removing the information to which it has grounds for denying access. If you request review of the denial of access, the Plan will refer your request to a designated licensed health care professional. Your request will be reviewed in a reasonable period of time. The Plan will promptly notify you of the outcome of the review.

If the Plan does not maintain the information that is the subject of your request for access and the Plan knows where the information is maintained, the Plan will inform you where to direct your request for access.

### **Amendment to your PHI**

You may request that the Plan amend your PHI or a record about you in a "designated record set." You or your personal representative must request the amendment in writing, including a statement to support the request.

The Plan may deny this request if:

- The information was not created by the Plan, unless you can show that the originator of the PHI is no longer available;
- The information is not a part of the "designated record set;"
- The information is not intended for your inspection; or
- The information is accurate and complete.

The Plan must respond to a request to amend the Plan within 60 days of its receipt. A single 30-day extension is allowed. The Plan must notify you in writing within the original 60-day time limit of the reasons for the delay and the date by which it will respond.

If the Plan accepts the request, it will make the appropriate amendment, identifying the records in the designated record set that are amended and providing a link to the amended record. The Plan will timely inform you of the acceptance of your request to amend your PHI and obtain your agreement to notify the relevant persons you identify of the amendment.

If the Plan denies the request in whole or in part, the Plan must provide you with a written denial that:

- (1) explains the basis of the denial,
- (2) sets forth your right to submit a written statement disagreeing with the denial, including information on how to file such a statement, to be included in any future disclosure of the PHI in question,
  - the Plan may reasonably limit the length of this statement

- the Plan may file a rebuttal to your statement, which will be provided to you
  - the Plan must maintain a link regarding the disputed amendment, or a summary of the dispute, with the PHI in question,
- (3) states that, if you do not submit a written statement, you may request that the Plan provide a copy of your request for amendment and the Plan's denial with any future disclosure of the PHI in question, and
- (4) includes a description of how you may complain to the Secretary of HHS.

### **An Accounting of Disclosures of Your PHI**

At your request, the Plan must provide you with an accounting of the disclosures of your PHI during the period up to the six years prior to the date of the request for *other than* disclosures:

- to carry out treatment, payment or health care operations
- to you or your personal representative
- otherwise allowed or required by HIPAA
- pursuant to a signed authorization
- to certain persons involved in your care or the payment of your care
- to certain persons as notice of your location, condition or death
- as part of a "limited data set" as defined in HIPAA (which largely relates to research); or
- made prior to April 14, 2003.

You or your personal representative must request an accounting in writing. The accounting will include disclosures made by business associates.

The accounting will include (unless otherwise provided):

- The date of the disclosure
- The name and address, if known, of the entity or person who received the PHI
- A brief description of the PHI disclosed
- A brief statement of the purpose of the disclosure, including the basis of the disclosure or a copy of the request for disclosure

If the Plan made multiple disclosures to the same person or entity for a single purpose, the accounting may include the date of the original and final disclosures and the frequency or number of subsequent disclosures. HIPAA allows limited accountings of disclosures made for research purposes of more than 50 people. If it is reasonable that your PHI was included in such a disclosure, the Plan will assist in contacting the researcher and the entity that sponsored the research.

If the accounting can not be provided within 60 days of the receipt of the request, the Plan is allowed a 30-day extension upon the provision to you of 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 will charge you a reasonable cost-based fee for each subsequent accounting. You can withdraw or modify the request to avoid the fee.

### **Confidential Communication of Your PHI**

You may request to receive communications of PHI from the Plan by alternative means or at alternative locations if you clearly state that the disclosure of all or part of the information by the usual methods could endanger you. You or your personal representative must request confidential communications in writing. The Plan will accommodate all such reasonable requests. The Plan may condition this reasonable accommodation on:

- Information regarding how payment will be handled, if appropriate; and
- Specification of an alternate address or method of contact by you.

### **Restrictions You May Request on the Uses and Disclosures of Your PHI**

You may request that the Plan restrict the uses and disclosures of your PHI only to carry out treatment, payment and/or health care operations. You may also request that the Plan only disclose your PHI to family members, relatives or other

persons identified by you who are involved in your care or the payment of your care. You or your personal representative must request this restriction in writing.

The Plan is not required to agree with your requested restriction. If the Plan does agree, the Plan may not violate the restriction, except if you need emergency treatment and the use and/or disclosure of your PHI is necessary for you to get this treatment. In such an instance, if the Plan disclosed your PHI to a health care provider, the Plan must request that the provider not further use or disclose your PHI. If the Plan agrees, it will document the agreement in writing or electronically. Such documentation will be kept for six years from the date it was made or the date it was last in effect, whichever is later.

Even if the Plan agrees to your requested restrictions, the Secretary of HHS may still get your PHI in an investigation to determine if the Plan is complying with the HIPAA privacy rules.

The Plan may terminate its agreement to a requested restriction if:

- You request it in writing;
- You agree to it orally and the oral agreement is documented; or
- The Plan informs you that it is no longer agreeing to the restriction going forward, but this will only be effective to PHI created or received going forward.

### **Filing A Complaint**

If you believe that your privacy rights have been violated, you may complain to the Plan.

You also may file a complaint with the Secretary of the U.S. Department of Health and Human Services, by writing to him at the following address:

The Hubert H. Humphrey Building  
200 Independence Avenue, SW  
Washington, DC 20201

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

**If you have any questions regarding this Notice or if you would like to exercise any of your rights under HIPAA, you may contact the Privacy Officer or Fund Administrator at this address:**

Tri-State Joint Fund  
25 Research Drive  
P.O. Box 3-370  
Milford, CT 06460