

# Alaska Electrical Health & Welfare Fund

## NOTICE OF PRIVACY PRACTICES

September 23, 2013

**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.**

Pursuant to regulations issued by the federal government, the Alaska Electrical Health & Welfare Fund ("Fund") is providing you this Notice about the possible uses and disclosures of your health information. Your health information is information that constitutes protected health information as defined in the Privacy Rules issued by the Department of Health and Human Services pursuant to the Health Insurance Portability and Accountability Act of 1996 ("HIPAA").

As required by law, the Fund has established a policy to guard against unnecessary disclosure of your health information. The Fund is required by law to maintain the privacy of protected health information, to provide individuals with notice of its legal duties and privacy practices with respect to protected health information, and to notify affected individuals following a breach of unsecured health information.

This Notice describes the circumstances under which and the purposes for which your health information may be used and disclosed and your rights with regard to such information.

### USE AND DISCLOSURE OF HEALTH INFORMATION

Your health information may be used and disclosed without an authorization in the following situations:

**To Make or Obtain Payment.** The Fund may use or disclose your health information to make payment to or collect payment from third parties, such as other health plans or providers, for the care you receive, to determine benefit responsibility under the Fund's Plan or to coordinate Plan coverage. For example, the Fund may use health information to pay your claims or share information regarding your coverage or health care treatment with other health plans to coordinate payment of benefits. The Fund may also share your protected health information with another entity to assist in the adjudication or reimbursement of your health claims.

**To Facilitate Treatment.** The Fund may disclose information to facilitate treatment which involves providing, coordinating or managing health care or related services. For example, the Fund may disclose the name of your treating physician to another physician so that the physician may ask for your x-rays.

**To Conduct Health Care Operations.** The Fund may use or disclose health information for its own operations, to facilitate the administration of the Fund and as necessary to provide coverage and services to all of the Fund's participants. Health care operations includes: making eligibility determinations; contacting health care providers; providing participants with information about health-related issues or treatment alternatives; developing clinical guidelines and protocols; conducting case management; medical review and care coordination; handling claim appeals; reviewing health information to improve health or reduce health care costs; participating in drug or disease management activities; conducting underwriting; premium rating or related functions to create, renew or replace health insurance or health benefits; and performing the general administrative activities of the Fund (such as providing customer service, conducting compliance

reviews and auditing, responding to legal matters and compliance inquiries, handling quality assessment and improvement activities, business planning and development including cost management and planning related analyses and formulary development, and accreditation, certification, licensing or credentialing activities). For example, the Fund may use your health information to conduct case management of ongoing care or to resolve a claim appeal you file.

If the Fund discloses protected health information for underwriting purposes, the Fund is prohibited from using or disclosing protected health information that is genetic information of an individual for such purposes.

**For Disclosure to the Plan Trustees.** The Fund may disclose your health information to the Board of Trustees (which is the plan sponsor), or any insurer or HMO with which the Fund contracts, and to necessary advisors which assist the Board of Trustees in performing plan administration functions, such as handling claim appeals. The Fund also may provide summary health information to the Board of Trustees so that it may solicit bids for services or evaluate its benefit plans. Summary health information is information that summarizes participants' claims information but from which names and other identifying information have been removed. The Fund may also disclose information about whether you are participating in the Fund or one of its available options.

**For Disclosure to You or Your Personal Representative.** When you request, the Fund is required to disclose to you or your personal representative your protected health information that contains medical records, billing records, and any other records used to make decisions regarding your health care benefits. Your personal representative is an individual designated by you in writing as your personal representative, attorney-in-fact. The Fund may request proof of this designation prior to the disclosure. Also, absent special circumstances, the Fund will send all mail from the Fund to the individual's address on file with the Administrative Office. You are responsible for ensuring that your address with the Administrative Office is current. Although mail is normally addressed to the individual to whom the mail pertains, the Fund cannot guarantee that other individuals with the same address will not intercept the mail. You have the right to request restrictions on where your mail is sent as set forth in the request restrictions section below.

**Disclosure Where Required By Law.** In addition, the Fund will disclose your health information where applicable law requires. This includes:

a. **In Connection With Judicial and Administrative Proceedings**

The Fund will in response to an order from a court or administrative tribunal disclose protected health information in accordance with the express terms of such an order. The Fund may also disclose protected health information in response to a subpoena or other lawful process if the Fund receives satisfactory documentation that you have received notice of the subpoena or legal process, the notice provided sufficient information to allow you to raise an objection and the time for raising an objection has passed and either no objections were filed or were resolved by the court or administrative tribunal. Alternatively, the party requesting disclosure may provide satisfactory documentation you have agreed to the disclosure or that it has obtained a qualified protective order which meets the requirements of the Privacy Rules and which allows for disclosure. For example, if the Fund receives a court order requiring it to disclose certain information, it will respond to the court order.

b. **When Legally Required And For Law Enforcement Purposes**

The Fund will disclose your protected health information when it is required to do so for law enforcement purposes. This may include compliance with laws which require

reporting certain types of injuries, pursuant to court issued legal process; or a grand jury subpoena or other administrative requests if satisfactory documentation is provided that the request is relevant to a legitimate law enforcement purpose, the request is reasonably tailored to meet this legitimate law enforcement purpose and the de-identified individual cannot be reasonably provided as an alternative. Additionally, limited disclosure may be made for purposes of identifying or locating a suspect, fugitive, material witness or missing person, identifying a victim of a crime or in connection with a criminal investigation that occurred on Fund premises. For example, the Fund could upon request of a law enforcement agency provide information concerning the address of a fugitive.

c. To Conduct Public Health and Health Oversight Activities

The Fund may disclose your health information to a health oversight agency for authorized activities (including audits, civil administrative or criminal investigations, inspections, licensure or disciplinary action), government benefit programs for which health information is relevant, or to government agencies authorized by law to receive reports of abuse, neglect or domestic violence as required by law. The Fund, however, may not disclose your health information if you are the subject of an investigation and the investigation does not arise out of or is not directly related to your receipt of health care or public benefits.

d. In the Event of a Serious Threat to Health or Safety

The Fund may, consistent with applicable law and ethical standards of conduct, disclose your health information if the Fund, in good faith, believes that such disclosure is necessary to prevent or lessen a serious and imminent threat to your health or safety or to the health and safety of the public. For example, the Fund may disclose evidence of a threat to harm another person to the appropriate authority.

e. For Specified Government Functions

In certain circumstances, federal regulations require the Fund to use or disclose your health information to facilitate specified government functions related to the military and veterans, national security and intelligence activities, protective services for the president and others, and correctional institutions and inmates.

f. For Workers Compensation

The Fund may release your health information to the extent necessary to comply with laws related to workers compensation or similar programs.

**AUTHORIZATION TO USE OR DISCLOSE HEALTH INFORMATION**

Other than as stated above, the Fund will not disclose your health information without your written authorization. Generally, you will need to submit an Authorization if you wish the Fund to disclose your health information to someone other than yourself. Authorization forms are available from the Privacy Contact Person listed below.

If you have authorized the Fund to use or disclose your health information, you may revoke that Authorization in writing at any time. The revocation should be in writing, include a copy of or reference to your Authorization and be sent to the Privacy Contact Person listed below.

Special rules apply about disclosure of psychotherapy notes. Your written Authorization generally will be required before the Fund will use or disclose psychotherapy notes. Psychotherapy notes are a mental health professional's separately filed notes which document or analyze the contents of a counseling session. They do not include summary information about your mental health treatment

or information about medications, session stop and start times, the diagnosis and other basic information. The Fund may use and disclose psychotherapy notes when needed to defend against litigation filed by you or in other limited situations.

Your written authorization will be required for any disclosure of your protected health information for marketing or any disclosure involving direct or indirect remuneration to the Fund.

Your written authorization will also be required for any sale of your protected health information that will result in remuneration to the Fund.

## **YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION**

You have the following rights regarding your health information that the Fund maintains:

**Right to Request Restrictions.** You may request restrictions on certain uses and disclosures of your health information. You have the right to request a limit on the Fund's disclosure of your health information to someone involved in payment for your care. The Fund is not required to agree to your request unless the protected health information pertains solely to a health care item or service for which you, or a person on your behalf, has paid the provider or Fund in full and the disclosure at issue is for the purpose of carrying out payment or health care operations.

**Right to Inspect and Copy Your Health Information.** You have the right to inspect and copy your health information. This right, however, does not extend to psychotherapy notes or information compiled for civil, criminal or administrative proceeding. The Fund may deny your request in certain situations subject to your right to request review of the denial. A request to inspect and copy records containing your health information must be made in writing to the Privacy Contact Person listed below. If you request a copy of your health information, the Fund may charge a reasonable fee for copying, assembling costs and postage, if applicable, associated with your request. Notwithstanding the foregoing, the fee for a copy of your health information in electronic form shall not be greater than the labor costs in responding to the request.

**Right to Receive Confidential Communications.** You have the right to request that the Fund communicate with you in a certain way if you feel the disclosure of your health information through regular procedures could endanger you. For example, you may ask that the Fund only communicate with you at a certain telephone number or by e-mail. If you wish to receive confidential communications, please make your request in writing to the Privacy Contact Person listed below. The Fund will attempt to honor reasonable requests for confidential communications.

**Right to Amend Your Health Information.** If you believe that your health information records are inaccurate or incomplete, you may request that the Fund amend the records. That request may be made as long as the information is maintained by the Fund. A request for an amendment of records must be made in writing to the Fund's Privacy Contact Person listed above. The Fund may deny the request if it does not include a reasonable reason to support the amendment. The request also may be denied if your health information records were not created by the Fund, if the health information you are requesting to amend is not part of the Fund'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 Fund determines the records containing your health information are accurate and complete.

**Right to an Accounting.** You have the right to request a list of disclosures of your health information made by the Fund. The request must be made in writing to the Privacy Contact Person. The request should specify the time period for which you are requesting the information. No accounting will be given of disclosures made: to you; for Treatment, Payment or Health Care Operations; disclosures made before April 14, 2003; disclosures for periods of time going back

more than six years; pursuant to an authorization; or in other limited situations. The Fund 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 Fund will inform you in advance of the fee, if applicable.

**Right to Opt Out of Fundraising Communications.** In the event that the Fund engages in a fundraising activity, you have the right to opt out of any fundraising communications.

**Right to a Paper Copy of this Notice.** You have a right to request and receive a paper copy of this Notice at any time, even if you have received this Notice previously or agreed to receive the Notice electronically. To obtain a paper copy, please contact the individual listed below. If this Notice is modified, you will be mailed a new copy.

**Privacy Contact Person/Privacy Official.** To exercise any of these rights related to your health information you should contact:

Alaska Electrical Health & Welfare Fund  
Attn: Patti Janusiewicz  
2600 Denali, Suite 200  
Anchorage, Alaska 99503  
Phone: (907) 276-1246, (800) 478-1246

### **DUTIES OF THE FUND**

The Fund is required by law to maintain the privacy of your health information as set forth in this Notice and to provide to you this Notice summarizing its privacy practices and duties. The Fund is required to abide by the terms of this Notice, which may be amended from time to time. The Fund reserves the right to change the terms of this Notice and to make the new Notice provisions effective for all health information that it maintains. If the Fund changes its policies and procedures, the Fund will revise the Notice and will provide you a copy of the revised Notice within 60 days of the change. You have the right to request a written copy of the Notice at any time.

You have the right to express complaints to the Fund and to the Secretary of the Department of Health and Human Services if you believe that your privacy rights have been violated. Any complaints to the Fund should be made in writing to the Privacy Official identified above. The Fund encourages you to express any concerns you may have regarding the privacy of your health information. You will not be retaliated against in any way for inquiring about or filing a complaint about privacy matters.

### **EFFECTIVE DATE**

This Notice and the rights it describes are effective April 14, 2003, as amended September 23, 2013.