

Notice of the NALC Health Benefit Plan for Employees and Staff's 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.**

Understanding Your Health Record/Information

Each time you visit a physician, hospital, or other health care provider, the details of your visit are recorded, and the record becomes part of your individually identifiable health information. This information—your symptoms, examination and test results, diagnosis, and treatment—is protected health information, and we refer to it as "PHI." Health care providers may share PHI as they plan and coordinate treatment, and health plans use PHI to determine benefits and process claims.

Our Privacy Practices

Your protected health information allows us to provide prompt and accurate consideration of your health claims. We store PHI through a combination of paper and electronic means and limit its access to individuals trained in the handling of protected health information.

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. This Notice also applies to your spouse and other qualified dependents. Please share it with them.

The Plan is committed to maintaining the confidentiality of your private information. This Notice describes our efforts to safeguard your protected health information (PHI) from impermissible use or disclosure. In accordance with the requirements of the Privacy Rule of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), we safeguard any information you or your health care provider shares with us.

Uses and Disclosures of Protected Health Information

Except for the purposes of treatment, payment, and health care operations, or as otherwise described in this notice, we will disclose your PHI only to you or your personal representative (someone who has the legal right or authority to act for you).

We can use and disclose your PHI without individual authorization when our use and disclosure is to carry out treatment, payment, and health care operations.

- **Example (treatment):** Means the provision, coordination or management of your health care. As a health plan, while we do not provide treatment, we may use or disclose your PHI to support the provision, coordination or management of your care. For example, we may disclose your PHI to an individual responsible for coordinating your health care, such as your spouse or your adult child. Based upon the PHI in your file, we may contact your physician and discuss possible drug interactions or duplicative therapy.
- **Example (payment):** Means activities in connection with processing claims for your health care. We may need to use or disclose your PHI to determine qualification for coverage, medical necessity and for utilization review activities. We disclose PHI when we ask your physician to clarify information or to provide additional information if your claim form is incomplete.

- Examples (health care operations): Generally, means general administrative and business functions that the Plan must perform in order to function as a health plan. We disclose PHI as part of our routine health care operations when we submit individual claims or files for audits. We may use and disclose your protected health information as part of our efforts to uncover instances of provider abuse and fraud. Or, we may combine the protected health information of many participants to help us decide on services for which we should provide coverage.

We also are permitted or required to disclose PHI without your written permission (authorization) for other purposes:

- Personal Representatives: We may disclose your PHI to your Personal Representative in accordance with applicable state law or the HIPAA Privacy Rule. A Personal Representative is someone authorized by court order, power of attorney, or a parent of a child, in most cases. In addition, a Personal Representative can exercise your personal rights with respect to PHI. While generally a parent is the Personal Representative of an unemancipated minor, we will not disclose PHI, other than payment information, to a parent of a child age 18 or older, unless we receive a written request for such information from that child's parent.
- To Business Associates: We contract with business associates to provide some services. Examples include, but are not limited to, our Preferred Provider Organization and Pharmacy Benefit Manager. When these services are contracted, we may disclose your PHI to our business associates so that they can perform the job we've asked them to do in the consideration of your health claim. To protect your protected health information, however, we require our business associates to appropriately safeguard your information.
- To Workers' Compensation Offices: We may disclose your PHI to the extent authorized by, and to the extent necessary to comply with, laws relating to workers' compensation or other similar programs established by law.
- To Public Health Offices: As required by law, we may disclose your PHI to public health or legal authorities charged with preventing or controlling disease, injury, or disability.
- To Health Oversight Agencies: We may disclose your PHI to a health oversight agency for activities authorized by law, such as audits, investigations, inspections, and legal actions. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs, and civil rights laws.
- For Health-Related Benefits and Services: We—or our business associates—may contact you or your health care provider to provide information about treatment alternatives or other health-related benefits and services that may be of interest to you.
- For Food and Drug Administration Activities: We may disclose your PHI to a person or organization required by the Food and Drug Administration to track products or to report adverse effects, product defects or problems, or biological product deviations. Your protected health information may be used to enable product recalls, to make repairs or replacements, or to conduct post-marketing surveillance.
- For Research Studies: We may disclose your PHI to researchers when an institutional review board that has established protocols to ensure the privacy of your protected health information, has approved their research.
- For Military Activity and National Security: When the appropriate conditions apply, we may use or disclose protected health information of individuals who are Armed Forces personnel for activities deemed necessary by military command authorities; or to a foreign military authority if you are a member of that foreign military service. We may also disclose your protected health information to authorized federal officials conducting national security and intelligence activities, including protection of the President.

- For Legal Proceedings: We may disclose your PHI in the course of a judicial or administrative proceeding; in response to an order of a court or administrative tribunal; or in response to a subpoena, discovery request, or other lawful process. Before we release PHI in response to a subpoena, discovery request, or other legal process not accompanied by a court order, we will require certain written assurances from the party seeking the PHI, consistent with the requirements of the HIPAA Privacy Regulations.
- For Law Enforcement: We may disclose your PHI to a law enforcement official as part of certain law enforcement activities.
- Regarding Inmates: If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release your PHI to the institution or law enforcement official, if the protected health information is necessary for the institution to provide you with health care, to protect the health and safety of you or others, or for the security of the correctional institution.
- For Compliance Verification: We may disclose your PHI to the Secretary of the United States Department of Health and Human Services to investigate or determine our compliance with the federal regulations regarding privacy.
- For Disaster Relief Purposes: We may disclose your protected health information to any authorized public or private entities assisting in disaster relief efforts.
- Regarding Criminal Activity: Consistent with applicable federal and state laws, we may disclose your PHI if we believe that the use or disclosure is necessary to prevent or lessen a serious or imminent threat to the health or safety of a person or the public. We may also disclose PHI if it is necessary for law enforcement authorities to identify or apprehend an individual.
- Disclosures to Plan Administrator and Trustees: We may disclose PHI to the Plan Administrator, Assistant Administrator or Trustees of the Plan in connection with appeals that you file following the denial or partial payment of a benefit claim. In addition, the Plan Administrator or any Trustee can receive PHI if you request the Administrator or Trustee to assist you in your filing or perfecting a claim for benefits from the Plan. The Plan Administrator and Trustees may also receive PHI as necessary for them to fulfill their duties with respect to the Plan. Such disclosures will be the minimum necessary to achieve the purpose of the use or disclosure. The Administrator and Trustees agree not to use or disclose PHI other than as permitted or required by law, and not to use or disclose the PHI with respect to employment-related decisions or actions or with respect to any other benefit plan they maintain.
- Disclosures Required by Law: We may use or disclose your PHI to the extent we are required to do so by federal, state, or local law. You will be notified, if required by law, of any such uses or disclosures.
- Persons Involved in Your Health Care: Unless, we agree to your request that we not do so, HIPAA permits us to disclose to your immediate family member, close personal friend or any other person whom you identify to us PHI that is directly relevant to that person's involvement in your health care or payment of your health care.

Whether we use or disclose protected health information for treatment, payment, or health care operations, or for another purpose, we limit our use and disclosure to the minimum necessary information in accordance with the HIPAA privacy law and regulations.

We must have your authorization to use or disclose your PHI for a purpose other than to carry out treatment, payment, or health care operations, or the permitted uses and disclosures set forth above, unless you cannot give an authorization because you are incapacitated or there is an emergency situation. Most uses and disclosures of psychotherapy notes relating to you, uses and disclosures of your PHI for marketing purposes, and disclosures that constitute sales of your PHI require your authorization. Other uses and disclosures of your PHI not described in this

Notice will be made only with your written authorization, unless otherwise permitted by law. You may revoke your authorization by writing to us, but your revocation will not apply to actions we took before we received the revocation. We will not use or disclose protected health information covered by an authorization once we receive your revocation of the authorization. Contact the Privacy Official at the phone number or address listed at the end of this Notice to obtain a copy of the appropriate form to authorize or revoke authorization for the people who may receive this information or download the form from our website at <http://staff.nalchbp.org>.

The Plan will not use or disclose your PHI that is “genetic information” for “underwriting” purposes, as defined by the Genetic Information Nondiscrimination Act of 2008.

If a use or disclosure for any purpose is prohibited or materially limited by a federal law other than HIPAA that applies to this Plan, we will meet the standards of the more stringent law.

Your Health Information Rights

Although documents provided to or otherwise held by the NALC Health Benefit Plan for Employees and Staff are our property, the protected health information contained in those documents belongs to you. With respect to protected health information, you have these rights:

- The right to see and get a copy of your PHI. To request access to inspect and/or obtain a copy of your PHI, you must submit your request in writing to our Privacy Official, indicating the specific information you want. If you request a copy, we will impose a fee to cover the costs of copying and postage. We may decide to deny access to your protected health information. Depending on the circumstances, that decision to deny access may be reviewable by a licensed health professional that was not involved in the initial denial of access.
- The right to request restrictions on certain uses and disclosures of your PHI. To request a restriction, write to our Privacy Official, indicating what information you want to limit; whether you want to limit use, disclosure, or both; and to whom you want the limits to apply. We are not required to agree to a restriction, but if we do, we will abide by our agreement, unless the restricted information is needed for emergency treatment.
- The right to receive confidential communications of PHI. We will mail our explanation of benefits (EOB) statements and other payment-related materials to the enrollee. However, if you believe disclosure of your protected health information could result in harm to yourself or others, you have the right to request to receive confidential communications of PHI at an alternative address. Send your written request to our Privacy Official at the address listed at the end of this Notice. In the request, you must tell us (1) the address to which we should mail your PHI, and (2) that the disclosure of all or part of your PHI to an address other than the one you provided could endanger you or others. We will advise you if we will accommodate your request.
- The right to receive an accounting of disclosures of PHI. You may request an accounting of the disclosures made by the Plan or its business associates including the names of persons and organizations that received your PHI within six years (or less) of the date on which the accounting is requested, but not prior to April 14, 2003. Submit your request in writing to our Privacy Official.
- The listing will not cover disclosures made to carry out treatment, payment or health care operations; disclosures made to you or your personal representative regarding your own PHI; disclosures made to correctional institutions or for law enforcement purposes; or any information that you authorized us to release. The first request within a 12-month period will be free. For additional requests within the 12-month period, we will charge you for the costs of providing the accounting. We will notify you of the cost involved, and you may choose to withdraw or modify your request at that time, before any costs are incurred.
- The right to amend the protected health information we have created, if you believe information is wrong or missing, and we agree. You have this right as long as the Plan maintains your PHI in a designated record set. If

you believe our information about you is incorrect, notify us in writing and we will investigate. Provide us the reason that supports your request. We will correct any errors we find. We will make an amendment to PHI we created or if you demonstrate that the person or entity that created the PHI is no longer available to make the amendment. However, we cannot amend PHI that we determine is accurate and complete.

- We may deny your request for an amendment if it does not include a reason to support your request. Additionally, we may deny your request if you ask us to amend information that 1) was not created by us, unless the person or entity that created the information is no longer available to make the amendment; 2) is not part of the health information kept by us; 3) is not part of the information which you would be permitted to inspect and copy; or 4) is accurate and complete.
- If we do not agree to the amendment, you may file a statement of disagreement with us, or you may request that we include your request for amendment along with the information, if and when we disclose your protected health information in the future. We may prepare a written rebuttal to your statement and will provide you with a copy of such rebuttal.
- **Right to Receive Notice of Certain Breaches of PHI:** If your “unsecured” PHI is accessed, acquired, used or disclosed in a manner that is considered a breach and not permitted under the HIPAA privacy rules we will notify you. Unsecured PHI is PHI that is not rendered unusable, unreadable, or indecipherable to unauthorized persons through certain specified technologies and methodologies.

If you have any questions about the right to access, or request correction of, information in your file, contact us.

- The right to obtain a paper copy of our notice of privacy practices (Notice), upon request.

Our Responsibilities to You

We at the NALC Health Benefit Plan for Employees and Staff are concerned about protecting the privacy of each of our member’s protected health information. We apply the same privacy rules for all members – current and former.

- We are required by law to maintain the privacy of protected health information and to provide notice of our legal duties and privacy practices with respect to protected health information.
- We are required to abide by the terms of our Notice.
- We reserve the right to change the terms of our Notice and to make the new Notice provisions effective for all protected health information we maintain.
- If we make a material revision to the content of this Notice, we will post the new Notice on our Web site, and distribute a new Notice to you. Additionally, you may contact the Plan directly at any time to obtain a copy of the most recent Notice, or visit our Web site at <http://staff.nalchbp.org> to view or download the current Notice.

To File a Complaint

If you believe we have violated your privacy rights, you may file a complaint with us or with the Secretary of the United States Department of Health and Human Services. To file a complaint with us, write to our Privacy Official at the address listed at the end of this Notice. There will be no retaliation for your filing a complaint.

How to Contact Us

If you have questions, you may call our Nongroup Department at 703-729-4677 or 888-636-NALC (6252), or you may write to our Privacy Official. If you write to us, please provide a copy of your Member identification card.

The address for our Privacy Official is:

Privacy Official
NALC Health Benefit Plan for Employees and Staff
P.O. Box 678
Ashburn, VA 20146

Effective Date

The terms of this Notice are in effect as of September 23, 2013.