

**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.**

I. 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 and disclose PHI to determine benefits and process claims and for the general administration of the plan.

II. Our Privacy Practices

Your PHI 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 PHI.

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.

III. Uses and Disclosures of PHI

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 Authorized Representative (pursuant to your written authorization).

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. “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. “Payment” means activities in connection with processing claims for your health care. For example, we may need to use or disclose your PHI to determine qualification for coverage, medical necessity and for utilization review or other payment activities. “Health care operations,” generally, means general administrative and business functions that we must perform in order to function as a health plan.

- Example (treatment): Based upon the PHI in your file, we may contact your physician and discuss possible drug interactions or duplicative therapy. In addition, we may disclose your PHI to an individual responsible for coordinating your health care, such as your spouse or your adult child.
- Example (payment): We disclose PHI when we ask your health care provider to clarify information or to provide additional information if your claim form is incomplete.
- Examples (health care operations): 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 PHI as part of our efforts to uncover instances of provider abuse and fraud. Or, we may combine the PHI of many participants to help us decide on services for which we should provide coverage. We may also disclose your PHI, including your eligibility for health benefits and specific claim information to other covered entities, such as health plans, in order for us to coordinate benefits between this plan and/or another plan under which you or a covered dependent may have coverage. In addition, we may use and disclose your PHI as needed to provide information through our member and provider portals; and to analyze the use of portals and the information provided through the portals.

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 certain PHI, other than limited information such as that related to payment, to a parent of a child under age 18 without the child's authorization.
- **Required By Law:** We may use or disclose your PHI to the extent that 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.
- **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 there is a Business Associate involved in the provision of services, 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 or otherwise in the administration of the health plan. To protect your PHI, 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 Authorities:** As required by law, we may disclose your PHI to public health or legal authorities charged with preventing or controlling disease, injury, or disability. If directed by the public health authority, we may also disclose your PHI to a foreign government agency that is collaborating with the public health authority.
- **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. This would include, but is not limited to, the U.S. Office of Personnel Management (OPM) with respect to the NALC Health Benefit Plan.
- **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 PHI 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 PHI, has approved their research.
- **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 and 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.
- **Abuse or Neglect:** We may disclose your PHI to any public health authority authorized by law to receive reports of child abuse or neglect. In addition, if we reasonably believe that you have been a victim of abuse, neglect or domestic violence we may disclose your PHI to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

- **For Military Activity and National Security:** When the appropriate conditions apply, we may use or disclose PHI 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 PHI 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 PHI 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 PHI to any authorized public or private entities assisting in disaster relief efforts.
- **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 who you identify to us, PHI that is directly relevant to that person's involvement in your health care or payment of your health care.

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.

We share your PHI with OPM for its Federal Employees Health Benefits ("FEHB") Program Claims Data Warehouse (System of Records OPM Central – 18).

Whether we use or disclose PHI for treatment, payment, or health care operations, or for another purpose, we limit our use and disclosure to the minimum necessary information.

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.

- **Example:** We obtain your written authorization before we provide your current physician PHI from a prior physician's bills, even if you wanted us to provide the information because the prior physician's records were unavailable.
- **Example:** We would have to have your written authorization before we disclose any PHI to a person who you want us to provide such information to, who is not someone involved in your health care or payment of your health care.

The authorization must comply with requirements set forth in HIPAA, and we have a standard authorization that can be used for this purpose. You may revoke your authorization by writing to us, but your revocation will not apply to actions we took before we received the revocation. Send your request to our Privacy Officer, at the address shown in VIII. *How to Contact Us*. We will not use or disclose PHI covered by an authorization once we receive your revocation of the authorization.

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.

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.

IV. Specific Uses of PHI

Our Plan is sponsored and administered by the National Association of Letter Carriers (NALC), AFL-CIO. To be eligible for health benefits under our Plan, you must be a member of the sponsoring organization. We provide NALC and its affiliates with limited information concerning whether individuals are enrolled in this Plan to coordinate with them on the member status and membership requirements and for administrative expense reimbursement. We do not disclose claims-related information to the NALC or its affiliates without your authorization, unless otherwise permitted or required by law.

V. Your Health Information Rights

Although documents provided to the NALC Health Benefit Plan are our property, the information belongs to you. With respect to PHI, 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 Officer, 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 PHI if it is determined that the requested access is reasonably likely to endanger the life or physical safety of you or another individual or to cause substantial harm to you or another individual, or if the records make reference to another person (other than a health care provider) and the requested access would likely cause substantial harm to the other person. 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. Under federal law, however, you may not inspect or copy 1) psychotherapy notes; 2) information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding; or 3) any information, including PHI, to which the law does not permit access.
- As long as we maintain it, you may inspect and obtain a copy of your PHI that is contained in a Designated Record Set. "Designated Record Set" means a group of records that comprise the enrollment, payment, claims adjudication, case or medical management record systems maintained by or for the NALC Health Benefit Plan. If we use or maintain an electronic health record with respect to your PHI, you may request such PHI in an electronic format, and direct in a signed written request that such PHI be sent to another person or entity.
- The right to request restrictions on certain uses and disclosures of your PHI. To request a restriction, write to our Privacy Officer, 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 or we terminate the restriction with or without your agreement. If you do not agree to the termination, the restriction will continue to apply to PHI created or received prior to our notice to you of our termination of the restriction.
- 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 PHI 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 Officer 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. If we can accommodate your request, we will.
- 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 personal

health information 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 Officer. Your request should indicate the form in which you want the list (e.g., paper or electronic). The first request within a 12-month period will be free of charge. 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 cost is incurred.

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; for national security or intelligence purposes; incident to a use or disclosure permitted or required by law; that are part of a limited data set; 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 PHI we have created, if you believe information is wrong or missing, and we agree. 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 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 PHI in the future. We may prepare a written rebuttal to your statement and will provide you with a copy of such rebuttal.

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. Additionally, you may visit our website at www.nalchbp.org to view or download the current notice. The Plan will: (i) prominently post changes to the Notice, or any revised Notice, on the website by the effective date of any material change to the Notice; and (ii) provide the revised Notice, or information about the change and how to obtain the revised Notice, in its next annual mailing to individuals then covered by the Plan (or during an open enrollment period, if applicable).
- The 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.

VI Our Responsibilities to You

We at the National Association of Letter Carriers Health Benefit Plan are concerned about protecting the privacy of each of our member’s PHI. We apply the same privacy rules for all members – current and former.

- We are required by law to maintain the privacy of PHI and to provide notice of our legal duties and privacy practices with respect to PHI.
- 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 PHI we maintain.

- If we make a material revision to the content of this notice, we will provide each current member a new notice by mail, within 60 days of the material revision. Additionally, you may contact the Plan directly at any time to obtain a copy of the most recent Notice, or visit our website at www.nalchbp.org to view or download the current Notice.

VII. 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 Officer at the address listed below. There will be no retaliation for your filing a complaint.

VIII. How to Contact Us

If you have questions, you may call our Customer Service Department at 703-729-4677 or 888-636-NALC (6252), or you may write to our Privacy Officer. If you write to us, please provide a copy of your Member Identification Card.

The address for our Privacy Officer is:

Privacy Officer
NALC Health Benefit Plan
20547 Waverly Court
Ashburn, VA 20149

IX. Effective Date

The terms of this Notice are in effect as of January 1, 2023.