
DISTRICT COUNCIL 37 HEALTH AND SECURITY PLAN 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.

**If you have any questions about this notice, please contact:
The District Council 37 Health and Security Plan Inquiry Unit
125 Barclay Street, 3rd Floor
New York, New York 10007
(212) 815-1234**

Effective Date: April 14, 2003

The Health and Security Plan of District Council 37 (the "Plan") is required by law to put in place reasonable measures that protect the privacy of your health information ("individually identifiable health information") that is transmitted or maintained by the Plan in any form. This health information is considered protected health information ("PHI"). The Plan also is required to give you this notice of its legal duties and privacy practices related to your PHI. It is required to abide by the terms of this notice as currently in effect. The Plan has designated itself as a hybrid entity. As a hybrid entity, all of the Plan's functions are covered functions that will comply with the federal regulations commonly referred to as HIPAA's privacy rules except the Municipal Employees Legal Services benefit (MELS). Because MELS does not perform functions related to health care, MELS's operations will be separate from those of the Plan, and MELS will not need to comply with HIPAA. (HIPAA is the Health Insurance Portability and Accountability Act.)

The Plan has the right to change its privacy practices and to change the terms of this notice to reflect those changed practices. The Plan has the right to make the new notice provisions effective for all PHI that it maintains. The Plan will make a copy of the most recent notice available upon request. To request a copy, contact the DC 37 Health and Security Plan Inquiry Unit, 125 Barclay Street, New York, New York 10007 at (212) 815-1531. If the Plan makes a material change to the permitted or requested uses and/or disclosures of your PHI, or your rights explained in this notice, or the

Plan's legal duties or other privacy practices stated in this notice, the Plan will distribute a revised notice within sixty (60) days of that type of change.

This notice is general in nature, and it includes information related to federal privacy regulations that affect health plans and other organizations that provide or pay for health care. Therefore, some of the information provided in this notice may apply to circumstances that do not often arise in the daily operation of the Plan.



A. OBLIGATIONS OF THE PLAN TO USE AND/OR DISCLOSE PROTECTED HEALTH INFORMATION

The Plan is required to use and/or disclose your PHI:

1. To you when you ask for it or ask to see to whom it has been disclosed (you exercise your “right of access” and/or “right to an accounting”) (see Section “D” below) and

2. To the Secretary of the U.S. Department of Health and Human Services if there is an investigation and/or a determination of the Plan’s compliance with federal privacy law.

B. RIGHTS OF THE PLAN TO USE AND/OR DISCLOSE PROTECTED HEALTH INFORMATION WITHOUT YOUR AUTHORIZATION

The Plan has the right to use and/or disclose your PHI:

1. Treatment - to provide you with treatment and to coordinate or manage your health care. *For example*, the Plan may disclose to your oral surgeon the name of your dentist so they are able to confer about your care and share information to treat you.

2. Payment - for any reason related to payment for your medical treatment and/or services including, but not limited to, making determinations of eligibility or coverage and to certain other persons or companies that perform services related to payments for the Plan. *For example*, the Plan may inform a doctor of your eligibility for medical coverage.

3. Health Care Operations - to support the Plan’s operations and to certain other persons or companies that perform services related to the Plan’s operations. *For example*, it may use your PHI to conduct quality assessment and improvement activities, to secure or place a contract for reinsurance of risk relating to health care claims, or to refer you to a disease management program.

4. Treatment Alternatives - to provide you with information about treatment alternatives or other health-related benefits and services that may be of interest to you. *For example*, the Plan may use your PHI to contact you regarding participation in an asthma management program.

C. OTHER CIRCUMSTANCES WHEN THE PLAN MAY USE AND/OR DISCLOSE PROTECTED HEALTH INFORMATION WITHOUT YOUR AUTHORIZATION

The Plan may use and/or disclose your PHI:

1. As Required By Law - when required to do so by federal, state or local law.

2. Public Health Risks - for public health activities. Your PHI can be used by public health officials:

- to prevent or control disease, injury or disability;
- to report births and deaths;
- to report child abuse or neglect;
- to collect or report reactions to medications or problems with products;
- to track Food and Drug Administration-regulated products;
- to enable product recalls, repairs, replacement or lookback, including notifying people of recalls of products;
- to conduct post-marketing surveillance; or
- to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.

3. Reporting Victims of Abuse, Neglect or Domestic Violence - to notify a government authority if the Plan reasonably believes you are a victim of abuse, neglect or domestic violence. The Plan may disclose your PHI if the disclosure is required by law or if you agree to the disclosure.

4. Health Oversight Activities - to a health oversight agency for activities authorized by law, including audits, investigations, inspections and licensure.

5. Judicial and Administrative Proceedings - in response to a court or administrative order. The Plan may also disclose your PHI in response to a subpoena, discovery request or other lawful process, but only if reasonable efforts have been made to inform you about the request or to secure a qualified protective order.

6. Law Enforcement - for certain law enforcement purposes, including the following:

- to comply with a court order, subpoena, warrant, summons or similar process;
 - to identify or locate a suspect, fugitive, material witness or missing person;
 - to comply with requests for information pertaining to you if you are the victim of a crime if, under certain limited circumstances, the Plan is unable to obtain your assent;
 - to comply with reporting requirements or report emergencies or suspicious deaths;
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- to report crimes that occurred on our premises; or
- in emergency circumstances to report: (i) a crime; (ii) the location of the crime or victims; or (iii) the identity, description or location of the person who committed the crime.

7. Coroners, Medical Examiners and Funeral Directors - to a coroner or medical examiner for the purpose of identifying a deceased person, determining a cause of death or other duties as authorized by law. The Plan may also disclose your PHI to funeral directors as necessary to carry out their duties.

8. Organ and Tissue Donation - to organ procurement organizations or other organizations involved in the procurement, banking or transplantation of organs for the purpose of tissue donation and transplant.

9. Research - under certain circumstances, for research purposes. Your PHI will only be used and/or disclosed: (i) if the privacy aspects of the research have been reviewed and approved by a special privacy board or institutional review board; (ii) if the researcher collects your PHI to prepare for a research proposal; (iii) if the research occurs after your death; or (iv) if you authorize the use and/or disclosure of your PHI.

10. To Avert a Serious Threat to Health or Safety - when necessary to prevent a serious threat to the health and safety of the public or another person. Any disclosure, however, would only be to a person reasonably able to prevent or lessen the threat.

11. Armed Forces - if you are a member of the armed forces, as required by military command authorities. The Plan may also disclose PHI about foreign military personnel to the appropriate foreign military authority.

12. National Security and Intelligence Activities - to authorized federal officials for the conduct of lawful intelligence, counterintelligence and other national security activities authorized by law.

13. Protective Services for the President and Others - to authorized federal officials: (i) for the provision of protective services to the President, other authorized persons or foreign heads of state; or (ii) for the conduct of authorized investigations.

14. Inmates - to a correctional institution or a law enforcement official who has lawful custody over you, as long as the disclosure is necessary: (i) for the institution to provide you with health care; (ii) to protect your health and safety or the health and safety of others; or (iii) for the safety and security of the correctional institution.

15. Workers' Compensation - to comply with workers' compensation laws and other similar legally

established programs that provide benefits for work-related injuries or illnesses without regard to fault.

16. Limited Data Set - for purposes set forth in a valid data use agreement with the limited data set recipient, but only PHI that excludes certain direct identifiers, such as names and telephone numbers.

17. Plan Sponsor - to the trustees of the Plan, as the plan sponsor, for purposes related to plan administration if the Plan sponsor has amended its plan documents to protect your PHI as required by federal law.

18. Individuals Involved in Your Care or Payment for Your Care - to a friend, family member or other person identified by you who is involved in your medical care unless you notify the Plan that you object to or want to restrict the disclosure. The Plan may also disclose your PHI to a friend, family member or other person identified by you who assists in the payment of your medical care. It may also inform a family member, a personal representative or another person responsible for your care of your condition and/or your location. If a family member contacts the Plan on your behalf requesting PHI relating to your treatment or payment for treatment, the Plan will, upon verification by requesting certain information from your family member (such as your Social Security number and date of birth) release such PHI to your family member unless you indicate to us in writing that you do not want family members to receive PHI from the Plan in those circumstances.

19. Incident to a Use and/or Disclosure Otherwise Permitted or Required - incidentally during a permitted or required use or disclosure.

Other uses and/or disclosures of your PHI will be made only with your written authorization. With certain limited exceptions, the Plan must obtain an authorization for any use and/or disclosure of psychotherapy notes or for any use and/or disclosure of PHI for marketing purposes. Generally, you have the right to revoke any written authorization.

D. YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION

1. Right of Access - With certain limited exceptions, you have the right to inspect and copy your PHI contained in a "designated record set" that the Plan maintains. A designated record set is a group of records that include PHI and are maintained, collected, used, or distributed by or for the Plan that: (i) contains medical records and billing records about individuals; (ii) contains enrollment, payment, claims adjudication, and case or medical management record systems; or (iii) is used to make decisions about individuals. To exercise this right, you must submit your request in writing to the office of the Administrator of the DC 37 Health and Security Plan, 125 Barclay Street, 3rd

Floor, New York, New York 10007, (212) 815-1300. The Plan may give you a summary of the PHI you requested instead of providing access to the PHI, or the Plan may give you an explanation of the PHI that it provides to you, if you agree to the summary or explanation and to any fees to be imposed for the summary or explanation. You must agree, orally or in writing, to these fees before the Plan can charge them to you. The Plan may charge a reasonable cost-based fee for the costs of copying, mailing or other supplies associated with your request. In certain instances, the Plan may deny your request to inspect and copy your PHI. If you are denied access, in some cases you may request that the denial be reviewed. In those cases, the Plan will designate a licensed health care professional (the "reviewer") to review your request and the denial. The reviewer will not be the same person who denied your first request. The Plan will take all actions necessary to carry out the reviewer's determination.

2. Right to Amend - You have the right to request that the Plan amend your PHI for as long as the Plan maintains that information. You must submit a request for an amendment in writing to the office of the Administrator of the DC 37 Health and Security Plan, 125 Barclay Street, 3rd Floor, New York, New York 10007, (212) 815-1300. Also, you must provide a reason that supports your request. The Plan may deny your request for an amendment if it is not in writing or does not include a reason that supports the request. In addition, the Plan may deny your request if you ask the Plan to amend information that: (i) was not created by the Plan, unless the originator is no longer available to act on the requested amendment; (ii) is not part of the PHI kept by the Plan; (iii) is not part of the PHI which you would be permitted to inspect and copy; or (iv) already is accurate and complete.

3. Right to an Accounting of Disclosures - You have the right to receive an accounting of the Plan's disclosures of your PHI for the past six years. However, this listing of disclosures will not include disclosures made (i) to carry out treatment, payment and/or health care operations, or (ii) with your authorization, or (iii) to you, or (iv) prior to April 14, 2003. You must submit your request for an accounting in writing to the office of the Administrator of the DC 37 Health and Security Plan, 125 Barclay Street, 3rd Floor, New York, New York 10007, (212) 815-1300. The first accounting the Plan gives to you within a 12-month period will be free. For each request for an accounting after the first one and during that same 12-month period, the Plan may impose a reasonable cost-based fee. The Plan will notify you of the cost involved and you may choose to withdraw or modify your request before you incur any costs.

4. Right to Request Restrictions - You have the right to request a restriction on the uses and/or disclosures of your PHI for treatment, payment and/or health care operations. You also have the right to request a restriction on the disclosure of your PHI to someone who is involved in your medical care or the payment of your medical care.

The Plan is not required to agree to a restriction that you request. If the Plan does agree, it will comply with your request unless the PHI is needed for your treatment in an emergency. You must submit your request in writing to the office of the Administrator of the DC 37 Health and Security Plan, 125 Barclay Street, 3rd Floor, New York, New York 10007, (212) 815-1300.

5. Right to Request Confidential Communications
You have the right to request that you receive communications of your PHI from the Plan by alternative means or at alternative locations. You must submit your request in writing to the office of the Administrator of the DC 37 Health and Security Plan, 125 Barclay Street, 3rd Floor, New York, New York 10007, (212) 815-1300. Your request must contain a statement that disclosure of all or part of the information, by typical means or to your regular address, could endanger you. The Plan will accommodate all reasonable requests that provide sufficient evidence of endangerment. Your request must contain information regarding an alternative address or other method of contact.

6. Right to a Paper Copy of This Notice - You have the right to a paper copy of this notice. You may ask the Plan to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. You may obtain a copy of this notice at the following website, www.dc37.net. To obtain a paper copy of this notice contact the DC 37 Health and Security Plan Inquiry Unit, 125 Barclay Street, 3rd Floor, New York, New York 10007 at (212) 815-1531.

E. COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the Plan or with the Secretary of the U.S. Department of Health and Human Services ("DHHS"). To file a complaint with the Plan, contact the DC 37 Health and Security Plan Inquiry Unit, 125 Barclay Street, 3rd Floor, New York, New York 10007, (212) 815-1234. You must submit all complaints in writing. **The Plan will not retaliate against you for filing a complaint.**
