



Steamfitters Local #449

BENEFIT FUNDS

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STEAMFITTERS LOCAL 449 MEDICAL & BENEFIT FUND NOTICE OF PRIVACY PRACTICES ("NOTICE")

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.

Introduction

This Notice applies to each of the following group health benefit programs offered by the Steamfitters Local 449 Medical & Benefit Fund: (1) Vision Coverage; (2) Dental Coverage; (3) Healthcare Reimbursement Account; and (4) Membership Assistance Program. Each of these group health benefit programs is referred to throughout this Notice as the "Plan." This Notice is required to be provided by federal regulations, the Standards for Privacy of Individually Identifiable Health Information at 45 CFR Part 160 and Part 164, Subparts A and E (the "HIPAA Privacy Rules"). If you are covered by the FreedomBlue HMO or PPOBlue, insured group health benefit program offered by the Steamfitters Local 449 Medical & Benefit Fund you should receive a Notice of Privacy Practices from the Insurer.

The Plan is required by law to maintain the privacy of protected health information ("PHI") as defined by the HIPAA Privacy Rules, and to provide notice of the Plan's legal duties and privacy practices with respect to PHI. In general, PHI, or protected health information, is individually identifiable information created or received by the Plan that relates to the past, present or future physical or mental health or condition of an individual, the provision of health care to an individual, or the past, present or future payment for the provision of health care to an individual.

THE EFFECTIVE DATE OF THIS NOTICE IS November 16, 2007. The Plan is required to follow the terms of this Notice until the effective date of any change. The Plan reserves the right to change its privacy practices and the terms of the Notice at any time and apply the changes to all PHI that it maintains (regardless of when created or received). However, no change may be applied until the effective date of the revised notice. Within sixty (60) days of a material change to the Notice, a revised notice will be distributed to all then covered members and (if applicable) all former members then receiving COBRA coverage under the Plan and spouses or dependents of covered or former members who are then receiving COBRA coverage under the Plan as the named insured.

This Notice shall be interpreted, administered and supplemented by the Plan in the manner necessary or appropriate to comply with the HIPAA Privacy Rules, including the correction of any errors.

A. Uses and Disclosures of PHI Not Requiring Your Authorization or Opportunity to Object

Uses and Disclosures for Treatment, Payment and Health Care Operations

The Plan may, without your written authorization and an opportunity to object:

- Use or disclose PHI for the Plan's own treatment, payment or health care operations;
- Disclose PHI for the treatment activities of a health care provider;
- Disclose PHI to another entity covered by the HIPAA Privacy Rules or to a health care provider for the payment activities of that entity or the health care provider;

- Disclose PHI to another entity covered by the HIPAA Privacy Rules if:
 - ™ the Plan and that covered entity has or had a relationship with you
 - ™ the PHI relates to the relationship; and
 - ™ the disclosure is for the purpose of (1) health care fraud and abuse detection or compliance or (2) for purposes of that covered entity's health care operations (including for example, quality assessment and improvement activities, activities to improve health or reduce health care costs, contacting health care providers and patients with information about treatment alternatives, reviewing and evaluating health care professionals and practitioners, training students, practitioners and non-health care professionals, and accreditation, certification, licensing, or credentialing activities procedures.
- Disclose PHI to another plan that participates in an organized health care arrangement with the Plan for any health care operations activities of the organized health care arrangement. All the plans referenced under "Introduction" above (including the insured HMO) constitute an organized health care arrangement.

Examples of Uses and Disclosures for Treatment, Payment and Health Care Operations.

Treatment, Payment, and Health Care Operations are broadly defined in the HIPAA Privacy Regulations (at 45 CFR § 164. 501). A few examples of how the Plan may use your PHI for these purposes are:

Treatment: The Plan may disclose PHI to health care providers to facilitate medical treatment of you by the provider.

Payment: The Plan may use or disclose PHI to determine eligibility for Plan benefits, to facilitate payments for claims for covered services, or to coordinate Plan coverage.

Health Care Operations. The Plan may use or disclose PHI to perform quality assessment activities and improvement activities, for underwriting, premium rating, and other activities relating to health insurance or benefits, and conducting and arranging for medical review, legal services and auditing functions.

The Plan may also use or disclose your PHI without your written authorization and opportunity to object:

- When required by law;
- For certain public health activities;
- To report abuse, neglect or domestic violence when authorized or required by law;
- To a public oversight agency for appropriate oversight authorized by law of government benefit programs and other entities subject to governmental regulation or civil rights laws if the health information is relevant to the oversight activities;
- To comply with a court order, a subpoena or discovery request in a judicial and administrative proceedings, provided that the required conditions are met;
- To a law enforcement official for law enforcement purposes, including disclosures required by law, made in response to a court order or subpoena, or in certain circumstances, necessary to report criminal conduct or to locate a suspect, fugitive or material witness;
- To a coroner, medical examiner or funeral director as necessary for their duties;

- To an organ procurement organization to facilitate organ, eye or tissue donation and transplantation;
- For research purposes, provided that the required conditions have been met;
- When necessary to avert a serious threat to health or safety of a person or the public;
- For specialized government functions, such as, military, national security and correctional activities.
- As necessary to comply with workers' compensation and similar programs;
- Under a limited data set, subject to a data use agreement with the recipient;
- When required by the Secretary of the U.S. Department of Health and Human Services to investigate the Plan's compliance with the HIPAA Privacy Rules.

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

The Plan may disclose PHI to the trustees for administration functions that the trustees perform for the Plan, provided that appropriate privacy safeguards are in place. The trustees also permitted to receive: (1) summary health information (in general, claim history with identifying information removed) to obtain premium bids from health plans to insure the Plan or to modify, amend, or terminate the Plan; and (2) information on whether an individual is participating or enrolled in the Plan.

The Plan may disclose PHI to business associates that perform services for the Plan, such as, third party administrators, lawyers, auditors, accountants and other service providers. Each business associate must agree in writing with the Plan to appropriately safeguard the PHI.

B. Uses and Disclosures Requiring an Opportunity for You to Object

The Plan may make disclosures of PHI that are directly relevant to your care to family members, friends or others who are involved with your care or payment for your care. You must be given an opportunity to agree or object to the disclosure unless you are not present, are incapacitated or emergency circumstances exist, and in the exercise of professional judgement, it is in your best interests to make the disclosure.

The Plan may use or disclose PHI to notify a family member, a personal representative, or another person responsible for your care, of your location, general health condition or death. You must be given an opportunity to agree or object to a disclosure unless you are not present, are incapacitated or emergency circumstances exist, and in the exercise of professional judgement it is in your best interests to make the disclosure. PHI may also be disclosed for this purpose to an entity authorized by law or its charter to assist in disaster relief.

C. Special Rules for Psychotherapy Notes

A Plan generally must obtain an authorization for any use or disclosure of psychotherapy notes (generally, separately maintained notes of a mental health professional of a private counseling session or a group, joint, or family counseling session.) There are two exceptions:

- Psychotherapy notes may be used or disclosed for treatment, payment, or health care operations as follows:

™ The originator of the psychotherapy notes may use them for treatment;

™ Where applicable, the notes may be used for training mental health students or practitioners; or

™ The notes may be used or disclosed in defense of any legal action or proceeding you may bring.

- Psychotherapy notes may be used or disclosed for the following special purposes: disclosures to the Secretary of the U.S. Department of Health and Human Services to investigate or determine the Plan's compliance with the HIPAA Privacy Rules; a use or disclosure required by law; to a health oversight agency for oversight of the originator of the psychotherapy notes; to a coroner or medical examiner for identifying a deceased person, determining a cause of death or other duties authorized by law; or use or disclosure necessary to prevent or lessen a serious and imminent threat to the health and safety of a person or the public made to a person or persons reasonably able to prevent or lessen the threat.

D. Uses and Disclosures Requiring Written Authorization

Other uses and disclosures of your PHI will be made only with your written authorization. If you give the Plan written authorization to use or disclose your PHI for a purpose that is not described in this notice, then, in most cases, you may revoke it in writing at any time unless the Plan has taken action in reliance on your authorization.

E. Your Rights

You have the following rights regarding the PHI that the Plan maintains:

Right to Request Restrictions. You may request additional restrictions on the Plan's uses and disclosures of your PHI to carry out treatment, payment or health care operations or to restrict uses and disclosures to family members, relatives, friends or other persons who are involved in your care or payment for your care. The Plan does not have to agree to your request.

Right to Receive Confidential Communications. You have the right to request that the Plan communicate your PHI to you in an alternative way or at an alternative location. For example, you may ask that the Plan only communicate with you at a certain telephone number or a certain address. The Plan will accommodate reasonable requests to receive PHI by alternative means or at alternative locations if you inform us that disclosure of all or part of the PHI could endanger you, you provide the Plan with the alternative means or location to communicate with you, and you put your request in writing.

Right to Access Your PHI. You have the right to request access and obtain a copy of PHI in a designated record set with certain exceptions, such as, psychotherapy notes and information compiled in connection with a civil, criminal, or administrative action or proceeding. In general, a designated record set includes enrollment, payment, claims adjudication, and case or medical management record systems maintained by or for the Plan or records used by or for the Plan to make decisions about individuals. In limited cases, the Plan may deny your request.

The Plan must act to grant or deny your request for PHI access not later than 30 days after receipt of the request if the information is maintained on site or within 60 days if maintained offsite. A single extension of no more than 30 days is permitted if the Plan is unable to comply with the deadline and the Plan within the initial 30 or 60 day period provides you with a written statement of the reasons for the delay and the date by which the Plan will complete its action on the request.

If your request is denied the Plan will provide you within the applicable 30 or 60 day period (or extension period) a written denial in plain language containing (if applicable) a statement of review rights including how you may exercise these review rights and a description of how you may complain to the Plan under the Plan's complaint procedure or to the Secretary of the U.S. Department of Health and Human Services. A special review procedure applies if your request is denied for any of the following three reasons: (1) a

licensed health care professional has determined that the access is reasonably likely to endanger your life or the life of another person; (2) the PHI makes reference to another person (other than a health care provider) and a licensed health care professional has determined that access is reasonably likely to cause substantial harm to the other person; or (3) the request for access is made by your personal representative and a licensed health care professional has determined that giving access to the personal representative is reasonably likely to cause substantial harm to your or another person. In such a case, you must be given a right to have the denial reviewed by a licensed health care professional who did not participate in the original decision and who is designated by the Plan to act as a reviewing official. The Plan must provide or deny access in accordance with the determination of the reviewing official.

If your request for access to PHI is denied in whole or in part, the Plan must also to the extent possible, give you access to any other PHI requested after excluding the PHI as to which the Plan has a ground to deny access. If the Plan does not maintain the requested PHI, and the Plan knows where the requested PHI is maintained, the Plan must inform you where to direct your request.

Right to Amend PHI. You have the right to request that the Plan amend your PHI maintained in the designated record set. You must make your request in writing, and provide a reason to support your request. The Plan will accept or deny your request within 60 days of its receipt. The initial 60-day period may be extended for an additional 30 days if the Plan is unable to act on your request within the initial period. You will be notified in writing of any extension that will include the reasons for the extension and the date by which the Plan will act upon your request.

If your request for amendment is accepted, you will be notified and your PHI appropriately amended. You will also be asked to identify any relevant individuals who are to be provided with the amended PHI.

If your request for amendment is denied, you have the right to file a written statement of disagreement with the Plan, and you may file a written complaint with the Plan or the U.S. Secretary of Health and Human Services. The procedures for doing so will be described in the Plan's written notice of denial, along with the basis for the denial.

If you do not file a written statement of disagreement, your request for amendment and the Plan's statement of denial will be appended to the PHI in question. Your request for amendment and the Plan's denial statement (or summary thereof) will be included with any later disclosure of the PHI in question, but only if you request the Plan to do so.

If you choose to file written statement of disagreement, it should include the basis for your disagreement and should be of reasonable length. The Plan may prepare and send you a rebuttal statement, but it is not required to do so. Your request for amendment, the Plan's denial statement, your written statement of disagreement, and any Plan rebuttal will be appended to the PHI in question and included with any later disclosure of the PHI.

Right to Receive an Accounting of PHI Disclosures. You may receive at your request a list of disclosures of your PHI that the Plan or its business associates made in the 6 years prior to the date of your request (but not for disclosures made prior to April 14, 2003) other than disclosures made:

- To carry out treatment, payment and health care operations;
- To individuals about their own PHI;
- Incident to a permitted use or disclosure;
- Pursuant to an authorization;
- To persons involved in your care;

- For national security or intelligence purposes;
- To correctional institutions or law enforcement officials in law enforcement custodial situations; or
- As part of a limited data set.

The Plan must suspend an individual's right to receive an accounting of certain disclosures to a health oversight agency or law enforcement officials if the agency or official provides the Plan with a written statement that the accounting would be reasonably likely to impede the agency's activities and specifies a time for which the suspension requires.

Right to Copy of Notice. You have the right to obtain a copy of this Notice upon request even if you agreed to receive the Notice electronically.

Procedure for Exercising Your Rights. If you want to exercise any of the rights described in this notice, please contact the Privacy Official, Joseph M. Little, at the address or phone number listed below. The Privacy Official will give you the necessary information and forms for you to complete and return. In some cases, you may be charged a cost-based fee to carry out your request.

A Note About Your Personal Representatives. Your rights may be exercised by a person who qualifies as your personal representative. In general, a person qualifies as your person representative if under applicable law the person has authority to act on your behalf in making decision related to health care. Exceptions may apply in certain circumstances involving minor children and in cases involving suspected domestic violence, abuse or neglect by the personal representative.

F. Complaints and Additional Information

If you believe your privacy rights have been violated by the Plan, you have the right to complain to the Plan or to the Secretary of the U.S. Department of Health and Human Services. You may file a complaint with the Privacy Official at the address below. You will not be retaliated against you if you choose to file a complaint with the Plan or with the U.S. Department of Health and Human Services.

Contacting the Privacy Official. To request additional copies of this Notice or to receive more information about the matters covered by this Notice, please contact the Privacy Official, Joseph M. Little, at either the address or telephone number below.

Telephone: (412) 381-1133
Address: Joseph M. Little
Steamfitters Local Union #449
1517 Woodruff Street
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