SEIU LOCAL 1 & PARTICIPATING EMPLOYERS HEALTH TRUST

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN HAVE ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

In the course of providing health benefits, the Health Trust receives and maintains information that constitutes "protected health information" as defined in Federal privacy rules. This notice describes the Health Trust's policies that protect you from the unnecessary disclosure of your health information and give you certain rights regarding your health information.

In this Notice, "you" means any person whose health information is received by the Health Trust. This Notice applies to you whether you are the Plan participant or an eligible dependent. Privacy rights can be exercised either by you or your Personal Representative (defined below). For a minor child, the parent is the Personal Representative.

Circumstances in Which the Health Trust Uses or Discloses Health Information

- To Process and Pay Your Claims. The Health Trust may use or disclose your health information to process and pay your benefit claims. Claim processing includes all aspects of the process including, for example:

  - Determining benefit eligibility or Plan coverage.
  - Reviewing health care services for medical necessity and reasonableness of charges and duration of hospital stays.
  - Providing information regarding your coverage or health care treatment to another health plan to coordinate payment of benefits.
  - Processing claim appeals.
  - Telephoning you or in your absence, a member of your household (to the extent permitted by law) to obtain information needed to process your claim.
  - Answering questions from you or a member of your household (to the extent permitted by law) regarding your benefit claim that is pending or has already been processed.

- To Collect Contributions for Coverage. The Health Trust may use or disclose your health information in the process of collecting any payments, such as the cost of COBRA coverage..

- For Administrative Purposes. The Health Trust may use or disclose health information for its own operations. Some examples are:

  - Quality assessment and improvement activities.
  - Activities designed to improve health or reduce health care costs.
  - Underwriting, premium rating or related functions to create, renew or replace Plan benefits.
  - Review and auditing, including compliance reviews, medical reviews, legal services and compliance programs.
  - Business planning and development including cost management and planning related analyses.
  - General administrative activities of the Health Trust, including customer service and resolution of internal grievances.
  - Responding to organ and tissue donation requests and work with a medical examiner or funeral director

- To Provide You with Health-Related Information. The Health Trust may use and disclose your health information to tell you about or recommend possible treatment options or alternatives, or to advise

you of health-related benefits and services that may be of interest to you.

- When Legally Required. The Health Trust will disclose your health information when it is required to do so by any Federal, state or local law. Examples include:

  - When the Health Trust receives an order, issued by a court or a state agency, to disclose your health information.
  - When the Health Trust receives a subpoena or a discovery request in a lawsuit or a workers' compensation case. In the case of a subpoena or discovery request that has not been issued under a court order, the party requesting the information should notify you of the request so that you will have an opportunity to obtain a court order protecting your health information.
  - Complying with laws related to workers' compensation or similar programs that provide benefits for work-related injuries or illnesses.

- To Conduct Health Oversight Activities. The Health Trust may disclose your health information to a health oversight agency for authorized activities including audits, civil administrative or criminal investigations, inspections, licensing or disciplinary action.

- For Law Enforcement Purposes. As permitted or required by state law, the Health Trust may disclose your health information to a law enforcement official for certain law enforcement purposes, including, but not limited to, reporting a crime in an emergency or if the Fund has reason to believe that your death was the result of criminal conduct.

- For Specified Government Functions. In certain circumstances, Federal regulations require the Health Trust to use or disclose your health information to facilitate specified government functions, for example those related to the military and veterans, national security and intelligence activities, protective services for the president and others, and correctional institutions and inmates.

- In the Event of a Serious Threat to Health or Safety. The Health Trust may, consistent with applicable law and ethical standards of conduct, disclose your health information if the Health Trust, in good faith, believes that 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.

- Substance Use Disorder (SUD) Part 2 Treatment Records. The Health Trust will not disclose personally-identifiable substance use and disorder treatment information obtained from a federally-assisted Substance Use Disorder program (a "SUD Part 2 program") in civil, criminal, administrative, or legislative proceedings against you unless you provide written consent or the Fund receives a court order issued after the court provided notice and an opportunity to be heard to you or the holder of the record. A court order authorizing use or disclosure must be accompanied by a subpoena or other legal requirement compelling disclosure before the requested records will be used or disclosed. The Fund may also disclose SUD Part 2 treatment records to a public health authority, if the information has been de-identified.

Persons Who Will Use Your Health Information

Claims adjusters and other employees in the Fund Office will use your health information to process your benefit claims. The Fund Manager and other supervisory personnel may use your health information for claim payment, training and administrative purposes, among others. The Board of Trustees, in its capacity as administrator of the Health Trust, may have access to your health information for appeals or other administrative or supervisory purposes.

Releasing Health Information with Your Authorization

The categories above ("Circumstances in Which the Health Trust Uses or Discloses Health Information") describe when the Health Trust will use or disclose your health information without your authorization. Other than as stated above, the Health Trust will not disclose your health information, except with your written authorization. The following rules apply to authorizations to release health information:

- Authorizations will be in writing, signed by you or your Personal Representative.
- You or your Personal Representative will receive a copy of the authorization form.
- Authorizations have an expiration date that is stated on the authorization form.
- You or your Personal Representative can revoke the authorization at any time. The revocation must be in writing, delivered to the Health Trust at the address given below.
- SUD Part 2 Treatment Records. The Health Trust will not use or disclose SUD Part 2 treatment records for administrative purposes without your written authorization. Such authorization will not be combined with consent for any other use or disclosure.
- Psychotherapy Notes and SUD Counseling Notes. The Health Trust will not release psychotherapy or SUD counseling notes without your written authorization, unless the Health Trust needs to use and disclose these notes to defend itself against litigation filed by you, or if required by law.

Your Rights with Respect to Your Health Information

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

- Right to Request Restrictions. You may request restrictions on certain uses and disclosures of your health information. The Health Trust is not required to agree to your request but the Health Trust will ordinarily honor any request that the Fund Office communicate only with you (that is, refrain from disclosing information to other members of your household). If you wish to make a request for restrictions, please contact the Health Trust's Privacy Officer.
- Right to Receive Confidential Communications. You have the right to request that the Health Trust communicate with you in a certain way. The Health Trust is not required to honor such requests but the Health Trust will do so if it can be done without interfering with the Health Trust's normal operations, or if you believe that the disclosure of your health information could endanger you. If you wish to receive confidential communications, please make your request in writing to the Health Trust's Privacy Officer. Here are some examples of requests for confidential communications:
  - A request that the Fund Office communicate only with you (that is, refrain from disclosing information to other members of your household). The Health Trust will routinely grant this request.
  - A request that the Fund Office only communicate with you at a certain telephone number or send written communications to a P.O. Box instead of your home.
- Right to Inspect and Copy Your Health Information. You have the right to inspect and copy your health information. A request to inspect and copy records containing your health information must be made in writing to the Health Trust's Privacy Officer. If you request a copy of your health information, the Health Trust will charge you $0.25 per page for copying, plus actual mailing costs.

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

- Right to an Accounting. You have the right to request a list of certain disclosures of your health information that the Health Trust is required to keep a record of under the Federal privacy rules, such as disclosures for public purposes, disclosures authorized by law or disclosures that are not in accordance with the Health Trust's privacy policies or applicable law. The request must be made in writing to the Health Trust's Privacy Officer. The request should specify the time period for which you are requesting the information, but may not start earlier than April 14, 2003. Accounting requests may not be made for periods of time in excess of six years. The Health Trust will provide the first accounting you request during any 12-month period without charge. Subsequent accounting requests will be subject to a reasonable cost-based fee. The Health Trust will inform you in advance of the fee, if applicable.

- Right to a Copy of this Notice. You have a right to request and receive a copy of this Notice at any time, even if you have received this Notice previously. To obtain a copy, please contact the Health Trust's Privacy Officer or any employee at the Fund Office.

Your Personal Representative

If you are of legal age, you can exercise the privacy rights explained in this Notice. Your rights can also be exercised by your Personal Representative. A Personal Representative is:

- The parent of a minor child.
- The person designated in Health Care Power of Attorney (limited to the rights stated in the Power of Attorney).
- The legal guardian of a mentally incompetent adult
- The administrator or executor of your estate, or your next of kin.

Obligations of the Health Trust

The Health Trust is required by law to maintain the privacy of your health information as described in this Notice and to provide to you this Notice of the Health Trust's duties and privacy practices. The Health Trust is required to conform to the terms of this Notice. The Health Trust reserves the right to change the terms of this Notice at any time. If that happens, the Health Trust will revise the Notice and will provide you with a copy of the revised Notice within 60 days of the change. You have the right to submit any complaints regarding privacy issues to the Health Trust's Privacy Officer. If you believe that your privacy rights have been violated, you have the right to report any violations to the Secretary of the Department of Health and Human Services. The Health Trust encourages you to express any concerns you may have regarding the privacy of your information. Neither the Health Trust, your employer nor your Union is permitted to retaliate against you in any way for filing a complaint. The Health Trust is required to notify you of any breaches of your unsecured protected health information.

Contact Person

The Health Trust has designated Michelle Raimondi as its Privacy Officer. She is the contact person for all issues regarding patient privacy and your privacy rights. You may contact Ms. Raimondi at (312) 348-6639 or write to her at the Fund Office address:

Privacy Officer
SEIU Local 1 & Participating Employers Health Trust
200 East Randolph Street, 15th Floor
Chicago, IL 60601