

**I.B.E.W. 292 HEALTH CARE PLAN  
NOTICE OF PRIVACY PRACTICES**

Electrical Workers Local No. 292 Fringe Benefit Plans  
6900 Wedgwood Rd N, Suite 425  
Maple Grove MN 55311  
763-493-8830 or 800-368-9045  
www.ibew292benefits.org  
Attn: Privacy Official

**YOUR INFORMATION. YOUR RIGHTS. OUR RESPONSIBILITIES.**

**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.**

**A. OUR RESPONSIBILITIES.**

We are required by law to maintain the privacy and security of your protected health information.

We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.

We must follow the duties and privacy practices described in this Notice and give you a copy of it.

We will not use or share your information other than as described here without your specific authorization. You may revoke any such authorization at any time. Any revocation, however, is limited to the extent that the Plan has already taken action in reliance on your authorization. Let us know in writing if you change your mind.

This Notice does not apply to information that has been de-identified. De-identified information is information that does not identify an individual and with respect to which there is no reasonable basis to believe that the information can be used to identify an individual.

For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html)

**B. OUR USES AND DISCLOSURES.**

How do we typically use or share your health information? We typically use or share your health information in the following ways.

<b>SUBJECT</b>	<b>EXPLANATION</b>
<b>Treatment</b>	<b>We may use or disclose your health information to facilitate your health care treatment.</b> We may disclose information to your health care provider to assist the provider in making a determination on a course of treatment for you or we may disclose your health information to a case manager retained by us.
<b>Payment</b>	<b>We may be required to use or disclose your medical information in order to facilitate payment for medical services you receive, which may include:</b>  <b>Determining your eligibility.</b> We may use information obtained from your employer to determine whether you have met our requirements for active eligibility.  <b>Determining and fulfilling benefit obligations.</b> We may review your healthcare claims to determine if specific services or treatments you received are covered.  <b>Providing payment for treatment and services.</b> We may send your doctor a payment with

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an explanation of how the amount paid was determined.

**Pre-certifying or pre-authorizing health care services.** We may consider a request from you or your physician to verify coverage for a specific hospital admission or surgical procedures.

**Subrogating health claim benefits.** We may exchange information about an accidental injury with your attorney who is pursuing reimbursement from another party.

**Coordinating benefits with other plans under which you have health coverage.** We may disclose information about your benefits related to a specific claim to another group health plan in which you or a dependent may participate.

**Obtaining payment under a contract of reinsurance.** We may disclose necessary information about your claim if it exceeds a certain amount to a stop-loss insurance carrier to obtain payment.

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**Administer your plan**

**We may disclose your health information in our everyday operations, which may include:**

**Case management and care coordination.** A case manager may contact home health agencies to determine whether they may be of assistance in providing you with services that you need, or may contact you or a provider regarding treatment alternatives.

**Conducting quality assessment and improvement activities.** A contracted third party auditor may review your data while performing a claim audit. All third parties who have access to the PHI maintained by the Plan will be contractually obligated to uphold our privacy standards.

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How else can we use or share your health information? We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes.

For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

**SUBJECT**

**EXPLANATION**

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**Help with public health and safety issues**

- We can share health information about you for certain situations such as:
  - Preventing disease;
  - Helping with product recalls;
  - Reporting adverse reactions to medications;
  - Reporting suspected abuse, neglect, or domestic violence; or
  - Preventing or reducing a serious threat to anyone’s health or safety.

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**Do research**

- We can use or share your information for health research.

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**Comply with the law**

- We will share information about you if state or federal law requires it, including with the Department of Health and Human Services if it wants to verify that we are complying with federal privacy law.

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**Respond to organ and tissue donation requests and work with a medical examiner or funeral director**

- We can share health information about you with organ procurement organizations.
- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

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**Address workers’ compensation law**

- We can use or share health information about you:
  - For workers’ compensation claims;

SUBJECT	EXPLANATION
<b>enforcement, and other government requests</b>	<ul style="list-style-type: none"> <li>• For law enforcement purposes or with a law enforcement official;</li> <li>• With health oversight agencies or activities authorized by law; or</li> <li>• For special government functions such as military, national security and presidential protective services.</li> </ul>
<b>Respond to lawsuits and legal actions</b>	<ul style="list-style-type: none"> <li>• We can share health information about you in response to a court or administrative order, or in response to a subpoena.</li> </ul>

**C. YOUR CHOICES.**

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

SUBJECT	EXPLANATION
<b>In these cases, you have both the right and choice to tell us to:</b>	<ul style="list-style-type: none"> <li>• Share information with your family, close friends or others involved in payment for your care.</li> <li>• Share information in a disaster relief situation.</li> <li>• Contact you for fundraising efforts.</li> </ul> <p>If you are not able to tell us your preference, for example if you are unconscious, we may share your information to lessen a serious and imminent threat to your health or safety.</p>
<b>In these cases we never share your information unless you give us written permission:</b>	<ul style="list-style-type: none"> <li>• Marketing purposes.</li> <li>• Sale of your information.</li> </ul>

**D. YOUR RIGHTS.**

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

SUBJECT	EXPLANATION
<b>Receive a copy of your health and claim records</b>	<ul style="list-style-type: none"> <li>• You can ask to see or get a copy of your permanent health care information we have about you.</li> <li>• We will provide a copy or a summary of your claims records, usually within 30 days of your request. We may charge a reasonable cost-based fee.</li> </ul>
<b>Ask us to correct health and claims records</b>	<ul style="list-style-type: none"> <li>• You can ask us to correct your health and claims records the Plan maintains if you think they are incorrect or incomplete, which the Plan may approve or deny.</li> </ul>
<b>Request confidential communications</b>	<ul style="list-style-type: none"> <li>• You have the right to receive communications from the Plan regarding your health information in a confidential manner.</li> </ul>
<b>Ask us to limit what we use or share</b>	<ul style="list-style-type: none"> <li>• You can ask us not to share certain health information for treatment, payment, or our operations. The Plan may approve or deny this request.</li> </ul>

SUBJECT	EXPLANATION
<b>Get a list of those with whom we've shared information</b>	<ul style="list-style-type: none"> <li data-bbox="448 180 1446 268">• We must, however, comply with your request to restrict a disclosure of your confidential information for payment, or health care operations purposes, if you paid for these services in full, out of pocket.</li> <li data-bbox="448 306 1446 394">• You can ask for a list (accounting) of the times we have shared your health information for six years prior to the date you ask, who we shared it with, and why.</li> <li data-bbox="448 415 1446 562">• We will include all the disclosures except for those about treatment, payment and health care operations, and certain other disclosures (such as any you asked us to make). We will provide one accounting per year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.</li> </ul>
<b>Get a copy of this Privacy Notice</b>	<ul style="list-style-type: none"> <li data-bbox="448 604 1446 659">• You can ask for a paper copy of this Notice at any time, even if you have agreed to receive the Notice electronically.</li> </ul>
<b>Choose someone to act for you</b>	<ul style="list-style-type: none"> <li data-bbox="448 718 1446 806">• If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.</li> <li data-bbox="448 827 1446 877">• We will verify that the person has the authority and can act for you before we take any action.</li> </ul>
<b>File a complaint if you feel your rights are violated</b>	<p data-bbox="402 949 1446 1096">If you believe your privacy rights have been violated, you may complain to the organization you believe is at fault. You may also complain to the Department of Health and Human Services. You are protected from retaliation for any and all complaints you make. For additional information on the complaints process or for any questions related to this Notice, contact the Plan at:</p>

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**E. CHANGES TO THE TERMS OF THIS NOTICE**

We can change the terms of this Notice, and the changes will apply to all information we have about you. The new Notice will be available upon request, on our web site, and we will mail a copy to you.

This Notice is effective September 1, 2016.