



**NATIONAL IAM
BENEFIT TRUST FUND**
Better Benefits • Better Life

1300 Connecticut Avenue, NW, Suite 300
Washington, DC 20036-1703
Phone: 800-457-3481 • Fax: 202-728-0585
Website: www.iambtf.org

**REVISED NOTICE OF PRIVACY PRACTICES
FOR PROTECTED HEALTH INFORMATION
NATIONAL IAM BENEFIT TRUST FUND**

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION
ABOUT YOU MAY BE USED AND DISCLOSED AND HOW
YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW THIS NOTICE CAREFULLY.

This Notice is required by the Standards for the Privacy of Individually Identifiable Health Information (“Privacy Rules”) issued by the U.S. Department of Health and Human Services pursuant to the Health Insurance Portability and Accountability Act of 1996. It describes how the National IAM Benefit Trust Fund can use and disclose your Protected Health Information. Protected Health Information (“PHI”) is information that is created, received, transmitted or stored by the Plan which relates to your past, present, or future physical or mental health, health care, or payment for health care, and either identifies you or provides a reasonable basis for identifying you. In general, the Fund may not use or disclose your PHI unless you consent to or authorize the use or disclosure, or if the Privacy Rules specifically allow the use or disclosure.

Use or Disclosure of PHI

- 1. The Fund or its Business Associates may use or disclose your PHI for treatment, payment or health care operations without your written authorization:**
 - ◆ “Payment” generally means the activities of a Fund to collect premiums, to fulfill its coverage responsibilities, and to provide benefits under the Plan, and to obtain or provide reimbursement for the provision of health care. Payment may include, but is not limited to, the following: determining coverage and benefits under the Plan, paying for health care, and determining medical necessity. For example, the Fund will disclose the minimum necessary PHI to medical service providers for the purposes of payment.
 - ◆ “Health Care Operations” are certain administrative, financial, legal, and quality improvement activities of the Fund that are necessary to run its business and to support the core functions of treatment and payment (but may not include the disclosure of PHI that is genetic information for underwriting purposes as this is prohibited by the Genetic Information Nondiscrimination Act). For example, the Fund may disclose the minimum necessary PHI to the Fund’s attorney, auditor, actuary, and consultant(s) when these professionals perform services for the Fund that requires them to use PHI. Persons who perform services for the Fund are called “business associates.” Federal law requires the Fund to have written contracts with its business associates before it shares PHI with them, and the disclosure of your PHI must be consistent with the Fund’s contract with them.

- ◆ “Treatment” means the provision, coordination, or management of health care and related services by one or more health care providers, including the coordination or management of health care by a health care provider with a third party; consultation between health care providers relating to a patient; or the referral of a patient for health care from one health care provider to another. The Fund is not typically involved in treatment activities.

Except where disclosure is required by law as described below, the Fund may not disclose your PHI to a health plan for purposes of payment or health care operations (and not for purposes of carrying out treatment) if you have requested that such disclosure be restricted and the PHI pertains solely to a health care item or service for which the health care provider involved has been paid out of pocket in full.

2. The Fund is permitted or required to use or disclose your PHI without your written authorization for the following purposes and in the following circumstances, as limited by law:

- ◆ The Fund will use or disclose your PHI to the extent it is required by law to do so.
- ◆ The Fund may disclose your PHI to a public health authority for certain public health activities, such as: (1) reporting of a disease or injury, or births and deaths, (2) conducting public health surveillance, investigations, or interventions; (3) reporting known or suspected child abuse or neglect; (4) ensuring the quality, safety or effectiveness of an FDA-regulated product or activity; (5) notifying a person who is at risk of contracting or spreading a disease; and (6) notifying an employer about a member of its workforce, for the purpose of workplace medical surveillance or the evaluation of work-related illness and injuries, but only to the extent the employer needs that information to comply with the Occupational Safety and Health Administration (OSHA), the Mine Safety and Health Administration (MSHA), or State law requirements having a similar purpose.
- ◆ The Fund may disclose your PHI to the appropriate government authority if the Fund reasonably believes that you are a victim of abuse, neglect or domestic violence.
- ◆ The Fund may disclose your PHI to a health oversight agency for oversight activities authorized by law, including: (1) audits; (2) civil, administrative, or criminal investigations; (3) inspections; (4) licensure or disciplinary actions; (5) civil, administrative, or criminal proceedings or actions; and (6) other activities.
- ◆ The Fund may disclose your PHI in the course of any judicial or administrative proceeding in response to an order by a court or administrative tribunal, or in response to a subpoena, discovery request, or other lawful process.
- ◆ The Fund may disclose your PHI for a law enforcement purpose to law enforcement officials. Such purposes include disclosures required by law, or in compliance with a court order or subpoena, grand jury subpoena, or administrative request.
- ◆ The Fund may disclose your PHI in response to a law enforcement official’s request, for the purpose of identifying or locating a suspect, fugitive, material witness or missing person.

- ◆ The Fund may disclose your PHI if you are the victim of a crime and you agree to the disclosure or, if the Fund is unable to obtain your consent because of incapacity or emergency, and law enforcement demonstrates a need for the disclosure and/or the Fund determines in its professional judgment that such disclosure is in your best interest.
- ◆ The Fund may disclose your PHI to law enforcement officials to inform them of your death, if the Fund believes your death may have resulted from criminal conduct.
- ◆ The Fund may disclose PHI to law enforcement officials that it believes is evidence that a crime occurred on the premises of the Fund.
- ◆ The Fund may disclose your PHI to a coroner or medical examiner for identification purposes. The Fund may disclose your PHI to a funeral director to carry out his or her duties upon your death or before and in reasonable anticipation of your death.
- ◆ The Fund may disclose your PHI to organ procurement organizations for cadaveric organ, eye, or tissue donation purposes.
- ◆ The Fund may use or disclose your PHI for research purposes, if the Fund obtains one of the following: (1) documented institutional review board or privacy board approval; (2) representations from the researcher that the use or disclosure is being used solely for preparatory research purposes; (3) representations from the researcher that the use or disclosure is solely for research on the PHI of decedents; or (4) an agreement to exclude specific information identifying the individual.
- ◆ The Fund may use or disclose your PHI to avoid a serious threat to the health or safety to you or others.
- ◆ The Fund may disclose your PHI if you are in the Armed Forces and your PHI is needed by military command authorities. The Fund may also disclose your PHI for the conduct of national security and intelligence activities.
- ◆ The Fund may disclose your PHI to a correctional institution where you are being held.
- ◆ The Fund may disclose your PHI in emergencies or after you provide verbal consent under certain circumstances.
- ◆ The Fund may disclose your PHI as authorized by and to the extent necessary to comply with laws relating to workers' compensation or other similar programs.
- ◆ The Fund may use or disclose your PHI as required by law to notify the appropriate authorities of a breach of unsecured protected health information.
- ◆ The Fund may use or disclose your PHI to a family member or close personal friend involved in your care in the event of an emergency or to a disaster relief entity in the event of a disaster. If you do not want this information to be shared, you may request that these types of disclosures be restricted as outlined later in this Notice.

3. The Fund may use or disclose your PHI to you, to your Personal Representative, to a third party (such as your spouse) pursuant to an Authorization Form, and to the Board of Trustees of the Fund but only for the purposes and to the extent specified in the Plan:

- ◆ The Fund will provide you with access to your PHI.
- ◆ The Fund may provide your Personal Representative or Attorney with access to your PHI in the same manner as it would provide you with access, but only upon receipt of documentation demonstrating that your Personal Representative or lawyer has authority under applicable law to act on your behalf.
- ◆ Unless otherwise permitted by law, the Fund will not use or disclose your PHI to someone other than you unless you sign and execute an “Authorization Form” that complies with law. You can revoke an Authorization Form at any time by submitting a “Cancellation of Authorization Form” to the Fund. The Cancellation of Authorization Form revokes the Authorization Form on the date it is received by the Fund.
- ◆ The Fund will disclose your PHI to the Fund’s Board of Trustees only in accordance with the provisions of the Fund’s Privacy Policy and the provisions of the Plan.

Individual Rights

You have certain important rights with respect to your PHI. You should contact the Fund’s Privacy Officer, identified below, to exercise these rights.

- ◆ You have a right to request that the Fund restrict use or disclosure of your PHI to carry out payment or health care operations. The Fund is generally not required to agree to a requested restriction. The Fund is required to agree to your request for restrictions in the case of a disclosure for payment purposes where you have paid the health care provider in full, out of pocket.
- ◆ You have a right to receive confidential communications about your PHI from the Fund by alternative means or at alternative locations, if you submit a written request to the Fund in which you clearly state that the disclosure of all or part of that information could endanger you.
- ◆ You have a right of access to inspect and copy your PHI that is maintained by the Fund in a “designated record set.” A “designated record set” consists of records or other information containing your PHI that is maintained, collected, used, or disseminated by or for the Fund in connection with: (1) enrollment, payment, claims adjudication, and case or medical management record systems maintained by or for the Fund, or (2) decisions that the Fund makes about you. For health records that the Fund keeps in electronic form, you may request to receive the records in an electronic format.
- ◆ You have a right to amend your PHI that was created by the Fund and that is maintained by the Fund in a designated record set, if you submit a written request to the Fund in which you provide reasons for the amendment.

- ◆ You have a right to receive an accounting of disclosures of your PHI, with certain exceptions, if you submit a written request to the Fund. The Fund need not account for disclosures that were made more than six years before the date on which you submit your request, nor any disclosures that were made for treatment, payment or health care operations. In response to your request for an accounting of disclosures, the Fund may provide you with a list of business associates who make such disclosures on behalf of the Fund, along with contact information so that you may request the accounting directly from each business associate.
- ◆ You have a right to receive notice of a breach of unsecured protected health information if it affects you. You will be notified if your protected health information has been breached. You will be notified by first class mail without unreasonable delay but not more than 60 days of the event. A breach occurs when there has been an unauthorized use or disclosure under HIPAA that compromises the privacy or security of protected health information. The notice will provide you with the following information: (1) a brief description of what happened, including the date of the breach and the date of the discovery of the breach; (2) the steps you should take to protect yourself from potential harm resulting from the breach; and (3) a brief description of what steps are being taken to investigate the breach, mitigate losses, and to protect against further breaches. Please note that not every unauthorized disclosure of health information is a breach that requires notification; you may not be notified if the health information that was disclosed was adequately secured – for example, computer data that is encrypted and inaccessible without a password – or if it is determined that there is a low probability that your health information has been compromised.

Duties of the Fund

The Fund has the following obligations:

- ◆ The Fund is required by law to maintain the privacy of PHI and to provide individuals with notice of its legal duties and privacy practices with respect to PHI. To obtain a copy of the Fund’s entire Privacy Policy you should contact the Fund’s Privacy Officer at the address shown below.
- ◆ The Fund is required to abide by the terms of the Notice that is currently in effect.
- ◆ The Fund will provide a paper copy of this Notice to you upon request.

Changes to Notice

- ◆ The Fund reserves the right to change the terms of this Notice and to make the new Notice provisions effective for all PHI it maintains, regardless of whether the PHI was created or received by the Fund prior to issuing the revised Notice.
- ◆ Whenever there is a material change to the Fund’s uses and disclosures of PHI, individual rights, the duties of the Fund, or other privacy practices stated in this Notice, the Fund will promptly revise and distribute the new Notice to participants and beneficiaries.

Contacts and Complaints

If you believe your privacy rights have been violated, you may file a written complaint with the Fund's Privacy Officer at the following address:

National IAM Benefit Trust Fund
1300 Connecticut Avenue, N.W., Suite 300
Washington, D.C. 20036
(800) 457-3481

You may also file a complaint with the U. S. Secretary of Health and Human Services in Washington, DC. The Fund will not intimidate, threaten, coerce, discriminate against, or take other retaliatory action against any person for filing a complaint.

For More Information about Privacy

If you want more information about the Fund's policies and procedures regarding privacy of PHI, contact the Fund's Privacy Officer at the address above.

Effective Date

This Notice was first effective on April 14, 2003, and was most recently revised, effective September 23, 2013, to reflect the provisions of the Health Information and Technology for Economic and Clinical Health (HITECH) Act. This Notice will remain in effect unless and until the Fund published a revised Notice.