



DISTRICT NO. 9, I. A. of M. & A. W.

Pension Trust • Welfare Trust

12365 St. Charles Rock Road • Bridgeton, MO 63044

Phone: 314-739-6442 • Toll Free: 888-739-6442 • www.d9trusts.org

NOTICE OF PRIVACY AND SECURITY PRACTICES FOR DISTRICT NO. 9, I.A.M.A.W. WELFARE PLAN

This notice describes how medical information about you may be used and disclosed, how you can get access to this information, and informs you of your rights related to your health information. Please review it carefully.

We are required by law to:

1. Maintain the privacy of your health information;
2. Give you this notice of our legal duties and privacy practices with respect to health information about you; and
3. Follow the terms of the notice that is currently in effect.

The Plan's Privacy Notice was initially effective April 14, 2003. This revision is effective September 23, 2013.

A. How We May Use and Disclose Medical Information About You

We may use your health information, as described in each category below, for treatment purposes, for payment purposes, and for our health care operations. We have set out for each of these categories an example of how your health information might be used.

1. Treatment

We may use or disclose your health information to facilitate your health care treatment. For example, we might 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 the Plan.

2. Payment

We may use and disclose health information about you for purposes related to payment. For example, we may use your health information to obtain premiums or to determine our responsibility under the Plan. As another example, we may use your health information to coordinate benefits with another health plan.

3. Health Care Operations

We may use and disclose health information about you in order to carry-out the day-to-day health care operations of our health plan. For example, we may use health information in connection with:

- legal services; audit services; business planning and development;
- business management of the Plan; and
- contracting for reinsurance; however, consistent with the Genetic Information Nondiscrimination Act (GINA), the plan is prohibited from disclosing genetic information for underwriting purposes.

4. Other Potential Uses and Disclosures

In addition to the general uses and disclosure of your information discussed above, there may be other special situations where it is necessary, and permissible, for us to use or disclose your health information. These situations are discussed below:

a. Public Health Activities

For example, we may disclose information to a public health authority for the purposes of preventing or controlling disease.

b. Reporting Abuse, Neglect or Domestic Violence



For example, circumstances may arise where we need to disclose to appropriate authorities suspected abuse or domestic violence.

c. Health Oversight Activities

We may disclose health information to a health oversight agency for health oversight activities, including audits, health care fraud investigations, inspections, and other oversight activities authorized by law. For example, it may be necessary for us to disclose information pursuant to a Medicare audit.

d. Judicial or Administrative Proceedings

For example, we may disclose information pursuant to a court or agency order in a legal proceeding.

e. Law Enforcement Purposes

For example, it may be necessary for us to disclose information to law enforcement officials regarding the identification or location of suspects, fugitives, or missing persons.

f. Medical Directors, Coroners, and Funeral Directors

In the event of your death, we may disclose your health information to medical directors, coroners, or funeral directors. For example, disclosure may be necessary for determining a cause of death.

g. Organ and Tissue Donation

We may disclose your information to organizations handling organ and tissue donation.

h. Disclosures to Avert a Serious Threat to Health or Safety

For example, we may disclose information to appropriate authorities in order to protect the safety of an individual.

i. For Specialized Government Functions

We may disclose health information pursuant to certain governmental functions, for example, for military, veteran, or national security activities.

j. Workers' Compensation

We may release information in accordance with applicable Workers' Compensation laws.

k. Disclosures to the Plan Sponsor

The Plan may disclose health information to the Trustees of the Plan in order to carry out plan administration functions.

5. All Other Uses or Disclosures

We may not use or disclose your health information for any purpose other than as described above without your specific written authorization. You may revoke any such authorization in writing at any time. However, any revocation is limited to the extent that the Plan has already taken action in reliance upon your authorization.

B. Your Rights Regarding Health Information

Federal law provides you with several rights regarding your health information:

1. Right to Inspect and Copy Your Health Information

You have the right to inspect and copy the health information that we maintain about you. You must submit any request to inspect or copy your health information in writing. All such written requests should be forwarded to:

District No. 9, I.A.M.A.W. Welfare Plan
12365 St. Charles Rock Road
Bridgeton, Missouri 63044

ATTENTION: Privacy Officer

If you request a copy of your information, we may charge a reasonable fee for the costs of copying, mailing or other supplies associated with your request.

2. Right to Amend Your Health Information

You have the right to request an amendment to your health information maintained by our Plan, for as long as the information is kept by our Plan. You may wish to request an amendment to your information if you feel that the information is inaccurate or incomplete.

You must make any request for amendment in writing. Your request should be submitted to:

District No. 9, I.A.M.A.W. Welfare Plan
12365 St. Charles Rock Road
Bridgeton, Missouri 63044
ATTENTION: Privacy Officer

A request must state the reason you feel the amendment is necessary.

3. Right to an Accounting of Disclosures

You have the right to receive an accounting of certain disclosures of your health information made by the Plan. This accounting does not include disclosures made pursuant to treatment, payment, healthcare operations, or pursuant to your individual authorization.

You must submit a request for an accounting of disclosures in writing to:

District No. 9, I.A.M.A.W. Welfare Plan
12365 St. Charles Rock Road
Bridgeton, Missouri 63044
ATTENTION: Privacy Officer

Your request should state the time period for which you would like an accounting, which cannot extend beyond the six-years prior to the date of your request. You are not entitled to an accounting of disclosures made prior to April 14, 2003.

You are entitled to one free accounting within any 12-month period. We may charge you a reasonable fee for any other accounting made within this same 12-month period. We will notify you of the cost involved and you may choose to withdraw or modify your request before any costs are incurred.

4. Right to Request Restrictions

You have the right to request specific restrictions on our uses and disclosures of your health information. For example, you have the right to request that we not disclose any of your health information for treatment purposes. We do not have to agree to a requested restriction. Agreeing to a restriction is within our sole discretion.

5. Right to Request Confidential Communications

You have the right to request that we communicate specific information to you in a certain manner or at a certain location, if you feel that the communication might otherwise place you in danger. For example, you may request that an explanation of benefits be sent to your work rather than to your home if you feel that this information may put you in danger if sent to your home.

Any request for a confidential communication must be made in writing and be accompanied by a statement that the confidential communication is necessary to avoid your personal endangerment. All requests should be submitted to:

District No. 9, I.A.M.A.W. Welfare Plan
12365 St. Charles Rock Road
Bridgeton, Missouri 63044
ATTENTION: Privacy Officer

6. Right to a Paper Copy of This Notice

You have the right to receive a paper copy of this notice at any time. To request a paper copy of this notice, please contact:

District No. 9, I.A.M.A.W. Welfare Plan
12365 St. Charles Rock Road
Bridgeton, Missouri 63044
ATTENTION: Privacy Officer

C. Revisions to This Notice

We reserve the right to change the terms of this notice. Any changes to this notice will be effective for health information that we maintain about you. Should we revise this notice, we will promptly provide you with a new Notice by mailing you a written copy of the new notice or including it in the newsletter that is sent to you periodically from the Welfare and Pension Plans.

D. Complaints Regarding Privacy Rights

If you believe your privacy rights have been violated, you have the right to file a complaint with the Plan or with the Secretary of the Department of Health and Human Services. To file a complaint with the Plan, contact:

District No. 9, I.A.M.A.W. Welfare Plan
12365 St. Charles Rock Road
Bridgeton, Missouri 63044
ATTENTION: Privacy Officer

Your privacy rights will not be affected by filing a complaint. Further, you will not be retaliated against in any manner for filing a complaint.

E. HIPAA Security Measures

We will reasonably and appropriately safeguard electronic protected health information (ePHI) created, received, maintained, or transmitted to or by us. Accordingly, the Plan has:

1. Implemented administrative, physical, and technical safeguards that reasonably and appropriately protect the confidentiality, integrity, and availability of the ePHI it creates, receives, maintains, or transmits;
2. Ensured that there is adequate separation (or firewall) between the information that is received from the Plan and other employment information and decisions, and this separation is supported by reasonable and appropriate security measures; and
3. Ensured that any agent, including any subcontractor, to whom it provides this information agrees to implement reasonable and appropriate security measures to protect the information.

F. Breach Notification

The Plan is subject to the HITECH (Health Information Technology for Economic and Clinical Health Act) breach notification rules. In the unlikely event that your protected health information is breached, as that term is defined under HITECH, we will provide you with written notice of the breach. The notice will be sent without unreasonable delay and in no case later than 60 calendar days after discovery of a breach. The notice will be written in plain language and will contain the following information: 1) a brief description of what happened, the date of the breach if known, and the date of discovery; 2) the type of PHI involved in the breach; 3) any precautionary steps you should take; 4) what we are doing to mitigate the breach and prevent future breaches; and 5) how you may contact us to discuss the breach. We will also report the breach to the U.S. Department of Health and Human Services.