

## PRIVACY NOTICE OF YOUR HEALTH PLAN

**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.**

THIS NOTICE GIVES YOU INFORMATION REQUIRED BY LAW about the duties and privacy practices of your Health Plan to protect the privacy of your medical information. The Plan may use your health information, that is, information that constitutes protected health information as defined in the Privacy Rule of the Administrative Simplification provision of the Health Insurance Portability and Accounting Act of 1996 (HIPAA), for purposes of making or obtaining payment for your care, facilitating your treatment by health care providers and conducting health care operations. This Plan has established a Privacy Policy to establish the rules of the use and disclosure of protected health information ("medical information") by the Plan and to guard against unlawful or unnecessary disclosure of your medical information. The Plan is required by law to maintain the privacy of your medical information maintained by the Plan and to provide you with notice of its legal duties and privacy practices with respect to this information.

THE EFFECTIVE DATE OF THIS NOTICE IS APRIL 14, 2003. The Plan is required to follow the terms of this notice until it is replaced. The Plan reserves the right to change the terms of this notice at any time. If the Plan makes any material changes to this notice, the Plan will revise it and send a new notice to all Participants within 60 days. The Plan reserves the right to make the new changes apply to all your medical information maintained by the Plan before and after the effective date of the new notice.

### **Purposes for which the Plan May Use or Disclose Your Medical Information Without Your Consent or Authorization**

The Plan may use and disclose your medical information for the following purposes:

- **Health Care Providers' Treatment Purposes.** For example, the Plan may disclose your medical information to your doctor, at the doctor's request, for your treatment by him.
- **Payment.** For example, the Plan may use or disclose your medical information to pay claims for covered health care services or to provide eligibility information to your doctor when you receive treatment.
- **Health Care Operations.** For example, the Plan may use or disclose your medical information (i) to conduct quality assessment and improvement activities, (ii) for underwriting, premium rating, or other activities relating to the creation, renewal or replacement of a contract of health insurance, (iii) to authorize business associates to perform data aggregation services, (iv) to engage in care coordination or case management, and (v) to manage, plan or develop the Plan's business.
- **Health Services.** The Plan may use your medical information to contact you to give you information about treatment alternatives or other health-related benefits and services that may be of interest to you. The Plan may disclose your medical information to its business associates to assist the Plan in these activities.
- **As required by law.** For example, the Plan must allow the U.S. Department of Health and Human Services to audit Plan records. The Plan may also disclose your medical information as authorized by and to the extent necessary to comply with workers' compensation or other similar laws.
- **To Business Associates.** The Plan may disclose your medical information to business associates the Plan hires to assist the Plan. Each business associate of the

Plan must agree in writing to ensure the continuing confidentiality and security of your medical information.

- To Plan Sponsor. The Plan may disclose your medical information to the Plan Sponsor (Trustees) to carry out Plan administration functions performed by the Plan Sponsor. Where feasible, the information provided to the Plan Sponsor will be in summary form or with identifying information such as names, addresses and other similar information deleted. . The Plan may also disclose to the Plan Sponsor that fact that you are enrolled in, or disenrolled from the Plan. The Plan may disclose your medical information to the Plan Sponsor only to the extent permitted by the Plan documents and Plan Privacy Policy and only if the Plan Sponsor agrees in writing to ensure the continuing confidentiality and security of your medical information. The Plan Sponsor must also agree not to use or disclose your medical information for employment-related activities or for any other benefit or benefit plans of the Plan Sponsor.

The Plan may also use and disclose your medical information as follows:

- To comply with legal proceedings, such as a court or administrative order or subpoena.
- To law enforcement officials for limited law enforcement purposes such as complying with a subpoena.
- To a family member, friend or other person, for the purpose of helping you with your health care or with payment for your health care, if you are in a situation such as a medical emergency and you cannot give your agreement to the Plan to do this.
- To your personal representatives appointed by you or designated by applicable law.
- For research purposes in limited circumstances.
- To assist law enforcement officials in identifying a suspect, fugitive, material witness or missing person.
- To law enforcement officials if they believe your death was the result of a crime.
- To correctional facilities where you are being held.
- To a coroner, medical examiner, or funeral director about a deceased person.
- To an organ procurement organization in limited circumstances.
- To avert a serious threat to your health or safety or the health or safety of others.
- To the appropriate governmental authority to protect a victim of abuse, neglect or domestic violence.
- To a governmental agency authorized to oversee the health care system or government programs.
- To federal officials for lawful intelligence, counterintelligence and other national security purposes.
- To public health authorities for public health purposes such as reporting disease, injury, births or deaths; notifying a person at risk of contacting or spreading a disease; ensuring quality or safety of an FDA-regulated product; participating in public health investigations; or reporting about a work-related illness or injury to permit an employer to comply with OSHA or similar federal or state laws.
- To the extent necessary to comply with workers' compensation laws and similar programs.
- To appropriate military authorities, if you are a member of the armed forces.

#### Uses and Disclosures with Your Permission

The Plan will not use or disclose your medical information for any other purposes nor will it provide it to another person, even a family member (unless you are a minor and not permitted to act on your own behalf under law in which case it may be disclosed to a parent), unless you give the Plan your written authorization to do so. If you give the Plan written authorization to use or disclose your medical information for a purpose that is not described in this notice, then, in most cases, you may revoke it in writing at any time. Your revocation will be effective for all your medical information the Plan maintains, unless the Plan has taken action in reliance on your authorization. You may also be

required to file a written request form if you are seeking medical information about yourself. Authorization, revocation and request forms are available from the Fund Office.

**Personal Representative**

You have the right to designate a Personal Representative (such as an Attorney or other representative) to act on your behalf and have access to your medical information as authorized by you. You must submit a written authorization to the Plan designating your Personal Representative and the information to which the representative may have access.

**Your Rights**

You may make a written request to the Plan to do one or more of the following concerning your medical information that the Plan maintains:

- To put additional restrictions on the Plan's use and disclosure of your medical information. The Plan does not have to agree to your request.
- To communicate with you in confidence about your medical information by a different means or at a different location than the Plan is currently doing. The Plan does not have to agree to your request unless such confidential communications are necessary to avoid endangering you and your request continues to allow the Plan to collect premiums and pay claims. Your request must specify the alternative means or location to communicate with you in confidence. Even though you requested that we communicate with you in confidence, the Plan may give subscribers cost information.
- To see and get copies of your medical information. In limited cases, the Plan does not have to agree to your request.
- To correct your medical information. In some cases, the Plan does not have to agree to your request.
- To receive a list of disclosures, not authorized by the Privacy Rule, of your medical information that the Plan and its business associates made for certain purposes for the last 6 years (but not for disclosures before April 14, 2003).
- To send you a paper copy of this notice upon request or to provide you with a copy of the Plan's Privacy Policy.

If you want to exercise any of these rights described in this notice, please contact the Privacy Officer (below). The Plan will give you the necessary information and forms for you to complete and return to the Contact Office. In some cases, the Plan may charge you a nominal, cost-based fee to carry out your request.

**Complaints**

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 Plan at our Contact Office (below). You will not be retaliated against if you choose to file a complaint with the Plan or with the U.S. Department of Health and Human Services.

**Contact Office**

To request additional copies of this notice or to receive more information about our privacy practices or your rights, please contact us at the following Contact Office:

Angela M. Docherty  
GEMGroup  
1200 Three Gateway Center  
Pittsburgh, PA 15222  
Phone: (412) 471-2885      Toll-free: (800) 242-8923  
Fax: (412) 471-2891