



# STATIONARY ENGINEERS LOCAL 39 TRUST FUNDS

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November 15, 2023

## NOTICE OF PRIVACY PRACTICES

**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.**

### USE AND DISCLOSURE OF HEALTH INFORMATION

The Stationary Engineers Local 39 Health & Welfare Plan ("Health & Welfare 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 Accountability Act of 1996 ("HIPAA"), for purposes of making or obtaining payment for your care and conducting health care operations. The Health & Welfare Plan has established a policy to guard against unnecessary disclosure of your health information.

**THE FOLLOWING IS A SUMMARY OF THE CIRCUMSTANCES UNDER WHICH AND PURPOSES FOR WHICH YOUR HEALTH INFORMATION MAY BE USED AND DISCLOSED:**

**To Make or Obtain Payment.** The Health & Welfare Plan may use or disclose your health information to make payment to or collect payment from third parties, such as other health plans or providers, for the care you receive. For example, the Health & Welfare Plan may provide information regarding your coverage or health care treatment to other health plans to coordinate payment of benefits.

**To Conduct Health Care Operations.** The Health & Welfare Plan may use or disclose health information for its own operations to facilitate the administration of the Health & Welfare Plan and as necessary to provide coverage and services to all of the Health & Welfare Plan's participants. For example, the Health & Welfare Plan may use your health information to conduct case management, quality improvement and utilization review, and provider credentialing activities or to engage in customer service and grievance resolution activities.

**For Treatment.** The Health & Welfare Plan does not provide treatment. However, the Health & Welfare Plan may use or disclose your health information to support treatment and the management of your care. For example, the Health &

Welfare Plan may disclose that you are eligible for benefits to a health care provider who contacts the Health & Welfare Plan to verify your eligibility.

**For Treatment Alternatives.** The Health & Welfare Plan may use and disclose your health information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

**For Distribution of Health-Related Benefits and Services.** The Health & Welfare Plan may use or disclose your health information to provide to you information on health-related benefits and services that may be of interest to you.

**Public Health Risks.** The Health & Welfare Plan may disclose medical information about you for public health activities. These activities generally include the following:

- To prevent or control disease, injury or disability;
- To report births and deaths;
- To report child abuse or neglect;
- To report reactions to medications or problems with products;
- To notify people of recalls of products they may be using;
- To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- To notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. The Health & Welfare Plan will only make this disclosure if you agree or when required or authorized by law.

**For Disclosure to the Plan Sponsor.** The Health & Welfare Plan may disclose your health information to the plan sponsor for plan administration functions performed by the plan sponsor on behalf of the Health & Welfare Plan. The Health & Welfare Plan also may provide summary health information to the plan sponsor so that the plan sponsor may solicit premium bids from other health plans or modify, amend or terminate the plan.

**When Legally Required.** The Health & Welfare Plan will disclose your health information when it is required to do so by any federal, state or local law.

**Organ and Tissue Donation.** If you are an organ donor, the Health & Welfare Plan may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

**To Conduct Health Oversight Activities.** The Health & Welfare Plan may disclose your health information to a health oversight agency for authorized activities including audits, civil administrative or criminal investigations, inspections, licensure or disciplinary action. The Health & Welfare Plan, however, may not disclose your health information if you are the subject of an investigation and the investigation does not arise out of or is not directly related to your receipt of health care or public benefits.

**In Connection With Judicial and Administrative Proceedings.** As permitted or required by state law, the Health & Welfare Plan may disclose your health information in the course of any judicial or administrative proceeding in response to an order of a court or administrative tribunal as expressly authorized by such order or in response to a subpoena, discovery request or other lawful process, but only when The Health & Welfare Plan makes reasonable efforts to either notify you about the request or to obtain an order protecting your health information.

**For Law Enforcement Purposes.** As permitted or required by state law, the Health & Welfare Plan may disclose your health information to a law enforcement official for certain law enforcement purposes, including, but not limited to, if the Health & Welfare Plan has a suspicion that your death was the result of criminal conduct or in an emergency to report a crime.

**To Coroners, Medical Examiners and Funeral Directors.** The Health & Welfare Plan may release your health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. The Health & Welfare Plan may also release your health information to funeral directors as necessary to carry out their duties.

**In the Event of a Serious Threat to Health or Safety.** The Health & Welfare Plan may, consistent with applicable law and ethical standards of conduct, disclose your health information if the Health & Welfare Plan, in good faith, believes that such 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. Any disclosure would be to someone able to help prevent the threat.

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

**For Worker's Compensation.** The Health & Welfare Plan may release your health information to the extent necessary to comply with laws related to worker's compensation or similar programs.

**For Underwriting and Related Purposes.** The Health & Welfare Plan may use or disclose your health information for the purposes of underwriting, premium rating, or other activities relating to the creation, renewal or replacement of health insurance, but is prohibited from using or disclosing your genetic information for such purposes.

#### **AUTHORIZATION TO USE OR DISCLOSE HEALTH INFORMATION**

Other than as stated above, the Health & Welfare Plan will not disclose your health information other than with your written authorization. The Health & Welfare Plan must obtain your authorization before using or disclosing your psychotherapy notes. In addition, the Health & Welfare Plan must obtain your authorization before using or disclosing your health information for marketing purpose or selling your information to a third party. If you authorize the Health & Welfare Plan to use or disclose your health information, you may revoke that authorization in writing at any time. The Fund will disclose your PHI to family members, other relatives, or close personal friend's if the information is directly relevant to the family's or friend's involvement with your health care or payment for such care and you have either agreed to the disclosure or have been given an opportunity to object and have not objected, or you are deceased and the disclosure is not inconsistent with any prior preferences known to the Fund.

#### **YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION**

You have the following rights regarding your health information that the Health & Welfare Plan maintains:

**Right to Request Restrictions.** You may request restrictions on certain uses and disclosures of your health information. You have the right to request a limit on the Health & Welfare Plan's disclosure of your health information to someone involved in the payment of your care. However, the Health & Welfare Plan is not required to agree to such a request, except if the disclosure involves payment or health care operations and the information pertains solely to a health care item or service that you have paid for out of pocket in full. If you wish to make a request for restrictions, please contact the Plan Manager in writing at the address shown at the end of this notice.

**Right to Receive Confidential Communications.** You have the right to request that the Health & Welfare Plan communicate with you in a certain way if you

feel the disclosure of your health information could endanger you. You may be required to provide a statement that disclosure of your health information could endanger you. For example, you may ask that the Health & Welfare Plan only communicate with you at a certain telephone number or by email. If you wish to receive confidential communications, please make your request in writing to the Plan Manager at the address and phone number shown at the end of this notice. The Health & Welfare Plan will attempt to honor your reasonable requests for confidential communications.

**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 Barry Osharow, Plan Manager, P.O. Box 1737 San Ramon, CA 94583, fax number 925-462-0108. If you request a copy of your health information, the Health & Welfare Plan may charge a reasonable fee for copying, assembling costs and postage, if applicable, associated with your request. The Health & Welfare Plan may deny your request in limited situations.

**Right to Amend Your Health Information.** If you believe that your health information records are inaccurate or incomplete, you may request that the Health & Welfare Plan amend the records. That request may be made as long as the Health & Welfare Plan maintains the information. A request for an amendment of records must be made in writing to Barry Osharow, Plan Manager, P.O. Box 1737 San Ramon, CA 94583, fax number 925-462-0108. The Health & Welfare Plan 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 & Welfare Plan, if the health information you are requesting to amend is not part of the Health & Welfare Plan'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 & Welfare Plan determines the records containing your health information are accurate and complete.

**Right to an Accounting.** You have the right to request a list of disclosures of your health information made by the Health & Welfare Plan for any reason other than for treatment, payment or health operations. The request must be made in writing to the Plan Manager at the address and phone number shown at the end of this notice. 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 going back more than six (6) years. The Health & Welfare Plan will provide the first accounting you request during any 12-month period without charge. Subsequent accounting requests may be subject to a reasonable cost-based fee. The Health & Welfare Plan will inform you in advance of the fee, if applicable.

**Right to a Personal Representative.** The Fund will treat your personal representative as you with respect to uses and disclosures of PHI, and all rights afforded to you under the Privacy Rule, but only to the extent such PHI is relevant to their representation. For example, a personal representative with a limited health care power of attorney regarding a specific treatment, such as the use of artificial life support, is your representative only with respect to PHI that relates to decisions concerning this treatment. The personal representative will be required to produce evidence of authority to act on your behalf before the personal representative will be given access to your PHI or allowed to take any action. Proof of such authority may take one of the following forms:

- a power of attorney for health care purposes, notarized by a notary public (general, durable, or health care power of attorney);
- a court order of appointment as the conservator or guardian of you;
- an individual who is the parent, guardian, or other person acting in loco parentis with legal authority to make health care decisions on behalf of a minor child; or
- an executor of the estate, next of kin, or other family member on behalf of a decedent.

The Fund retains discretion to deny a personal representative access to PHI if the Fund reasonably believes that you have been or may be subjected to domestic violence, abuse, or neglect by the personal representative or that treating a person as your personal representative could endanger you. This applies to personal representatives of minors as well. Also, there are limited circumstances under state and other applicable laws when the parent is not the personal representative with respect to a minor child's health care information.

**Right to a Paper Copy of this Notice.** You have a right to request and receive a paper copy of this Notice at any time, even if you have received this Notice previously or agreed to receive the Notice electronically. To obtain a paper copy, please contact the Plan Manager at the address and phone number shown at the end of this notice.

#### **DUTIES OF HEALTH & WELFARE PLAN**

The Health & Welfare Plan is required by law to maintain the privacy of your health information as set forth in this Notice, provide to you this Notice of its duties and privacy practices and to notify you following a breach of your unsecured health information. The Health & Welfare Plan is required to abide by the terms of this Notice, which may be amended from time to time. The Health & Welfare Plan

reserves the right to change the terms of this Notice and to make the new Notice provisions effective for all health information that it maintains.

If the Health & Welfare Plan changes its policies and procedures, the Health & Welfare Plan will revise the Notice and will provide a copy of the revised Notice to you within 60 days of the change. You have the right to express complaints to the Health & Welfare Plan and to the Secretary of the Department of Health and Human Services if you believe that your privacy rights have been violated. Any complaints to the Health & Welfare Plan should be made in writing to the Plan Manager at the address shown at the end of this notice. The Health & Welfare Plan encourages you to express any concerns you may have regarding the privacy of your information. You will not be retaliated against in any way for filing a complaint.

### CONTACT PERSON

The Health & Welfare Plan has designated Barry Osharow, Plan Manager as the contact for all issues regarding patient privacy and your privacy rights. You may contact this person at:

Barry Osharow, Plan Manager  
Stationary Engineers Local 39 Health & Welfare Plan  
c/o BeneSys Administrators  
P.O. Box 1737  
San Ramon, CA 94583  
(925) 208-2280  
Toll Free Number: (800) 622-0547 EXT 8604

### EFFECTIVE DATE

This Notice is effective November 15, 2023 and supersedes all prior versions.

**IF YOU HAVE ANY QUESTIONS REGARDING THIS NOTICE, PLEASE CONTACT THE PLAN MANAGER AT THE ABOVE ADDRESS OR PHONE NUMBER.**

Because this Plan is a “grandfathered health plan,” we are required by law to provide this notice to you:

This group health plan believes the Comprehensive Medical Indemnity plan is a "grandfathered health plan" under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted.

Being a grandfathered health plan means that your plan may not include certain consumer protections of the Affordable Care Act that apply to other plans for example the requirement for the provision of preventive health services without any cost sharing. However grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act for example the elimination of lifetime limits on benefits.

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the Trust Fund Office 7180 Koll Center Parkway, Suite 200, Pleasanton, CA 94566, telephone number (925) 208-2280. You may also contact the Employee Benefits Security Administration U.S. Department of Labor at 1-866-444-3272 or [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform). This website has a table summarizing which protections do and do not apply to grandfathered health plans.

*This document has been uploaded and is available on the participant website at: [www.local39benefits.org](http://www.local39benefits.org)*