



Health Professionals and Allied Employees, AFT/AFL-CIO  
**RETIREE MEDICAL TRUST**

2185 Lemoine Ave, Suite 1N  
Fort Lee, NJ 07024

## PRIVACY NOTICE TO PARTICIPANTS

***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.***

### PROTECTING YOUR PRIVACY

You are a participant in the HPAE Medical Expense Reimbursement Program (hereafter, the “Plan”). The Plan is run by a Board of Trustees, which must comply with federal law on employee benefits.

The Health Professionals and Allied Employees, AFT/AFL-CIO (“HPAE”) Retiree Medical Trust is required by law to safeguard and maintain the privacy of your health information. The Privacy Rule, which comes from regulations passed under federal law, creates a national standard to protect individuals’ medical records and other personal health information. This includes providing you with a notice of our legal duties, privacy practices and obligations to you with respect to your health information. This notice describes how the Plan handles personal information and our commitment to protecting your privacy. If you have any questions about any part of this notice or if you want more information about the privacy practices of the HPAE Retiree Medical Trust, please contact:

Privacy Officer  
HPAE Retiree Medical Trust  
c/o Benserco, Inc.  
2185 Lemoine Avenue  
Fort Lee, NJ 07024

### HOW WE RECEIVE INFORMATION ABOUT YOU

The Plan has retained a Third Party Administrator to process and pay medical claims incurred by Plan participants. The Plan collects health information about you. The medical record is the property of the Plan, but the information in the medical record belongs to you. The Plan will protect the privacy of your health information.

### WHAT THE PLAN MAY DISCLOSE ABOUT YOUR PROTECTED HEALTH INFORMATION (“PHI”)

Information that has been collected about you is contained within the Plan’s records. The records belong to the Plan, but the information about you in the records belongs to you. The Plan maintains physical, electronic and procedural safeguards to protect your personal information in its records. Federal law allows the Plan to use or disclose your health information for the following purposes:

**Treatment.** We may share your protected health information (“PHI”) with medical providers and other professionals involved in the provision of your health care. For example, we might use or disclose medical information to determine whether you are eligible for coverage or whether a particular service or supply is appropriate for your diagnosis or medical condition. Examples of the types of PHI we might use or disclose include, but are not limited to the following:

- Case management notes, including diagnoses, prognoses, and treatment plans
- Dates of treatment and hospital confinements

**Payment.** We may use or disclose your PHI to others so that we may determine the proper payment of benefits for your health care services. For example, we may share health information with firms that negotiate discounts with hospitals or other healthcare providers or with independent audit firms to determine if a healthcare provider’s charges are reasonable and customary.

**Regular Health Care Operation.** We may use or disclose your PHI in order to conduct our business operations. For example, we might send your PHI to a utilization review service to determine appropriate length of hospital stay. We may share your PHI with other healthcare providers and payors for certain of their business operations if the information is related to a relationship the provider or payor currently has or previously had with you, and if the provider or payor is required by federal law to protect the privacy of your health information. For example if you have other health coverage, we would share your PHI to determine coordination of benefits.

We may disclose protected health information to the Board of Trustees of the Trust, as the Plan fiduciary, as necessary for Trust administration. The Board has signed a certification, agreeing not to use or disclose PHI other than as permitted by the Plan documents, or as required by law.

**Information Provided to You.**

**Notification and Communication with Family.** We may disclose your PHI to notify or assist in notifying a family member, your personal representative or another person responsible for your care about your location, your general condition or in the event of your death. If you are able and available to agree or object, we will give you the opportunity to object prior to making this notification. If you are unable or unavailable to agree or object, our health professionals will use their best judgment in communication with your family and others.

**Required by Law.** As required by law, we may use and disclose your PHI.

**Public Health** As required by law, we may disclose your PHI to public health authorities for purposes related to: preventing or controlling disease, injury or disability; reporting child abuse or neglect; reporting domestic violence; reporting to the Food and Drug Administration problems with products and reactions to medications; and reporting disease or infection exposure.

**Health Oversight Activities.** We may disclose your PHI to health agencies during the course of audits, investigations, inspections, licensure and other proceedings.

**Judicial and Administrative Proceedings.** We may disclose your PHI in the course of any administrative or judicial proceeding.

**Law Enforcement.** We may disclose your PHI to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order or subpoena and other law enforcement purposes.

**Deceased Person Information.** We may disclose your PHI to coroners, medical examiners and funeral directors.

**Organ Donation.** We may disclose your PHI to organizations involved in procuring, banking or transplanting organs and tissues.

**Research.** We may disclose your PHI to researchers conducting research that has been approved by an Institutional Review Board.

**Public Safety.** We may disclose your PHI to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or the general public.

**Specialized Government Functions.** We may disclose your PHI for military, national security, prisoner and government benefits purposes.

**Worker's Compensation.** We may disclose your PHI as necessary to comply with worker's compensation laws.

**Health Plan.** We may disclose certain PHI to the sponsor of your health plan, as necessary for plan administration.

**Merger.** In the event that HPAE Retiree Medical Trust is merged with another Plan, your health information/record will become the property of the merged entity.

## **WHEN HPAE RETIREE MEDICAL TRUST MAY NOT USE OR DISCLOSE YOUR HEALTH INFORMATION**

Except as described in this Notice of Privacy Practices, the Plan will not use or disclose your PHI without your written authorization. If you do authorize the HPAE Retiree Medical Trust to use or disclose your PHI for another purpose, you may revoke your authorization in writing at any time.

## **YOUR RIGHTS TO ACCESS AND CONTROL YOUR HEALTH INFORMATION**

**Right to Inspect and Copy Records.** You have the right to inspect and obtain a copy of any of your health information that may be used to make decisions about you and your treatment for as long as we maintain this information in our records. This includes medical and billing records. To inspect or obtain a copy of your health information, please write to the Plan Office. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies we use to fulfill your request. The standard fee is \$0.25 per page and must generally be paid before or at the time we give the copies to you.

We will respond to your request for inspection of records within 60 days. If we need additional time to respond to a request for copies, we will notify you in writing within the time frame above to explain the reason for the delay and when you can expect to have a final answer to your request.

Under certain very limited circumstances, we may deny your request to inspect or obtain a copy of your information. If we do, we will provide you with a summary of the information instead. We will also provide a written notice that explains our reasons for providing only a summary, and a complete description of your rights to have that decision reviewed and how you can exercise those rights. The notice will also include information on how to file a complaint about these issues with us or with the Secretary of the Department of Health and Human Services. If we have reason to deny only part of your request, we will provide complete access to the remaining parts after excluding the information we cannot let you inspect or copy.

**Right to Amend Records.** If you believe that the health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept in our records. To request an amendment, please write to the Privacy Officer for a copy of the Plan's "Right to Amend Form". We will respond to your request within 60 days. If we need additional time to respond, we will notify you in writing within 60 days to explain the reason for the delay and when you can expect to have a final answer to your request.

If we deny part or all of your request, we will provide a written notice that explains our reasons for doing so. You will have the right to have certain information related to your requested amendment included in your records. For example, if you disagree with our decision, you will have an opportunity to submit a letter explaining your disagreement, which we will include in your records. We will also include information on how to file a complaint with us or with the Secretary of the Department of Health and Human Services. These procedures will be explained in more detail in any written denial notice we send to you.

**Right to an Accounting of Disclosures.** You have a right to request an "accounting of disclosures" which identifies certain other persons or organizations to which we have disclosed your health information in accordance with applicable law and the protections afforded in this Notice of Privacy Practices. An accounting of disclosures does not describe the ways that your health information has been shared with and between hospitals and other healthcare providers listed at the beginning of this notice, as long as all other protections described in this Notice of Privacy Practices have been followed.

An accounting of disclosures also does not include information about the following disclosures:

- Disclosures we made to you or your personal representative;

- Disclosures we made pursuant to your written authorization;
- Disclosures we made for treatment, payment or business operations;
- Disclosures made to your friends and family involved in your care or payment for your care;
- Disclosures that were incidental to permissible uses and disclosures of your health information;
- Disclosures made to federal officials for national security and intelligence activities;
- Disclosures about inmates to correctional institutions or law enforcement officers;
- Disclosures made before April 14, 2003.

To request an accounting of disclosures, please write to the Plan Office. Your request must state a time period within the past six years (but after April 14, 2003) for the disclosures you want us to include. For example, you may request a list of the disclosures that we made between January 1, 2004 and January 1, 2005. You have a right to receive one accounting within every 12-month period at no cost to you. However, we may charge you for the cost of providing any additional accounting in the same 12-month period. We will always notify you of any cost involved so that you may choose to withdraw or modify your request before any costs are incurred.

We will respond to your request for any accounting within 60 days. If we need additional time to prepare the accounting you have requested, we will notify you in writing about the reason for the delay and the date when you can expect to receive the accounting. In rare cases, we may have to delay providing you with the accounting without notifying you because a law enforcement official or government agency has asked us to do so.

**Right to Request Additional Privacy Protections.** You have the right to request that we further restrict the way we use and disclose your health information to treat your condition, collect payment for that treatment, or run our business operations. You may also request that we limit how we disclose information about you to family or friends involved in your care. For example, you could request that we not disclose information about a surgery you had. To request restrictions, please write to the Privacy Officer. Your request should include:

- What information you want to limit;
- Whether you want to limit how we use the information, how we share it with others, or both; and
- To whom you want the limits to apply.

We are not required to agree to your request for a restriction, and in some cases the restriction you request may not be permitted under law. However, if we do agree, we will be bound by our agreement unless the information is needed to provide you with emergency treatment or comply with the law. Once we have agreed to a restriction, you have the right to revoke the restriction at any time. Under some circumstances, we will also have the right to revoke the restrictions as long as we notify you before doing so; in other cases, we will need your permission before we can revoke the restriction.

**Right to Request Confidential Communications.** You have the right to request that we communicate with you about your medical matters in a more confidential way by requesting that we communicate with you by alternative means or at alternative locations. For example, you may ask that we contact you at home instead of at work. To request more confidential communication, please write to the Privacy Officer. We will not ask you the reason for your request, and we will try to accommodate all reasonable requests. Please specify in your request how or where you wish to be contacted, and how payment for your healthcare will be handled if we communicate with you through this alternative method or location.

**Right to Request a Paper Copy of this Notice.** You have a right to receive a paper copy of this Notice of Privacy Practices.

## **CHANGES TO THIS NOTICE OF PRIVACY PRACTICES**

**HPAE Retiree Medical Trust reserves the right to amend this Notice of Privacy Practices at any time in the future, and to make the new provisions effective for all information that it maintains,**

***including information that was created or received prior to the date of such amendment and in that event the Plan will mail you a copy of the amended Notice of Privacy Practices. Until such amendment is made, HPAE Retiree Medical Trust is required by law to comply with this Notice.***

**Complaints. To register a complaint with the Plan about this Notice of Privacy Practices or how the Plan handles your health information, contact:**

Privacy Officer  
HPAE Retiree Medical Trust  
c/o Benserco, Inc.  
2185 Lemoine Avenue  
Fort Lee, NJ 07024  
(201) 592-6800 Extension 106

Your complaint will be reviewed and you will receive a written reply within 60 days of receipt of your complaint. If you are not satisfied with the reply, you may request that your complaint be reviewed by the Board of Trustees by filing a written request with the Plan Administrator at the above address.

You will not be retaliated against for lodging a complaint. If you are not satisfied with the manner in which the Plan handles a complaint, you may submit a formal complaint to:

Department of Health and Human Services  
Office of Civil Rights  
Hubert H. Humphrey Bldg.  
200 Independence Avenue, S.W.  
Room 509F HHH Building  
Washington, DC 20201

You may also address your complaint to one of the regional Offices for Civil Rights. A list of these offices can be found online at <http://www.hhs.gov/ocr/regmail.html>.