



TRANSIT EMPLOYEES' HEALTH AND WELFARE PLAN
2701 Whitney Place #100
Forestville, Maryland 20747
P: 301-568-2294 F: 240-745-3956 E: INFO@TEHW.ORG

NOTICE OF PRIVACY PRACTICES

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

**EFFECTIVE DATE OF NOTICE
SEPTEMBER 23, 2013**

The Transit Employees' Health and Welfare Plan (the "Plan") is required to take reasonable steps to ensure the privacy of your personally identifiable health information in accordance with the privacy provisions contained in the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), as amended by the Health Information Technology for Economic and Clinical Health ("HITECH") Act and the Genetic Information Nondiscrimination Act ("GINA"). The U.S. Department of Health and Human Services has issued regulations ("federal health privacy law") describing how this privacy law will be implemented. The Plan is required by law to send you this Notice.

The Notice tells you about:

1. The Plan's uses and disclosures of Protected Health Information (PHI).
2. The Plan's duties concerning your PHI.
3. Your rights concerning your PHI.
4. Your right to file a complaint with the Plan and the U.S. Department of Health and Human Services Secretary.
5. The person's identity to contact for additional information about the Plan's privacy practices.

PHI includes all individually identifiable health information related to your past, present or future physical or mental health condition or to pay for health care that is transmitted or maintained by the Plan, or on behalf of the Plan, in connection with the Plan's provision of medical, dental, vision and pharmacy benefits. Information can be PHI regardless of whether the information is transmitted or maintained orally, on paper, or through an electronic medium (such as email).

INFORMATION SUBJECT TO THIS NOTICE

The Fund provides health care benefits and other non-health-healthcare, such as life insurance and short- and long-term disability benefits. It is the intent of the Fund, as permitted by the privacy regulations issued under HIPAA, to limit the application of those regulations to health care components of the Fund's Plan of benefits ("Plan"). Thus, the details under the Plan subject to HIPAA Privacy regulations shall include all the health care components of the Plan, including all medical benefits, prescription drug benefits, dental benefits, and optical benefits but shall not have the on-health care components.

"This Notice applies to the practices of the Fund and its self-insured group health plans. It does



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not apply to the practices of the HMOs offered by the Fund. If you participate with an HMO, you will receive a separate notice from the HMO describing their individual privacy practices."

OTHER USES AND DISCLOSURES THAT MAY BE MADE WITHOUT YOUR AUTHORIZATION

In addition to the uses and disclosures of PHI described above for treatment, payment, or health care operations described below, the federal health privacy law provides specific services or disclosures that the Plan may make without your authorization.

REQUIRED BY LAW: PHI may be used or disclosed for judicial and administrative proceedings under a court or executive order or another legal process; to report information related to victims of abuse, neglect, or domestic violence or to assist law enforcement officials in their law enforcement duties.

HEALTH AND SAFETY: PHI may be disclosed to avert a serious threat to the health or safety of you or any other person. PHI also may be disclosed for public health activities, such as preventing or controlling disease, injury, or disability, and to meet the reporting and tracking requirements of governmental agencies, such as the Food and Drug Administration.

GOVERNMENT FUNCTIONS: PHI may be disclosed to the government for specialized government functions, such as intelligence, national security activities, security clearance activities, and protection of public officials. PHI may also be disclosed to health oversight agencies for audits, investigations, licensure, and other oversight activities.

ACTIVE MEMBERS OF THE MILITARY AND VETERANS: PHI may be used or disclosed to comply with laws and regulations related to military service or veterans' affairs.

WORKERS' COMPENSATION: PHI may be used or disclosed to comply with laws and regulations related to Workers' Compensation benefits.

RESEARCH: Under certain circumstances, PHI may be used or disclosed for research purposes if the procedures required by law to protect the privacy of the research data are followed.

ORGAN, EYE, AND TISSUE DONATION: If you are an organ donor, your PHI may be used or disclosed to an organ donor or procurement organization to facilitate an organ or tissue donation or transplantation.

TREATMENT AND HEALTH-RELATED BENEFITS INFORMATION: The Plan or its Business Associates may contact you to provide information about treatment alternatives or other health-related benefits and services that may interest you, including, for example, alternative treatment, services, or medication.



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DECEASED INDIVIDUALS: The PHI of a deceased individual may be disclosed to coroners, medical examiners, and funeral directors so that those professionals can perform their duties. Emergency Situations. PHI may be used or disclosed to a family member or close friend involved in your care in the event of an emergency or to a disaster relief entity in the event of a disaster.

OTHERS INVOLVED IN YOUR CARE: Under limited circumstances, your PHI may be used or disclosed to a family member or close friend, or the Plan has verified that you are directly involved in your care. For example, this may "occur if you are seriously injured and unable to discuss your case with the Plan. Also, upon request, the Plan may advise a family member or close friend about (1) your general condition, (2) your location, such as "in the hospital," or (3) your death. If you do not want this information to be shared, you may request that these disclosures be restricted as outlined later in this notice.

PERSONAL REPRESENTATIVES: Your health information may be disclosed to people you have authorized to act on your behalf or people with the legal right to act on your behalf. Examples of personal representatives are parents of unemancipated minors and those with Power of Attorney for adults. Your 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 be allowed to act for you.

USES AND DISCLOSURES OF PHI UNDER YOUR AUTHORIZATION

Uses and disclosures of your PHI other than those described above will be made only with your express written authorization. For example, the Plan must generally obtain your written authorization before: (1) using or disclosing psychotherapy notes about you from your psychotherapist; (2) using or disclosing your PHI for marketing purposes (a communication that encourages you to purchase or use a product or service) if the Plan receives direct or indirect financial remuneration (payment) from the entity whose product or service is being marketed; and (3) receiving direct or indirect remuneration (payment or another benefit) in exchange for receipt of your PHI. You may revoke your authorization at any time, provided you do so in writing. If you cancel a written authorization to use or disclose PHI, the Plan will not use or disclose your PHI, except to the extent that the Plan already relied on your authorization. Once your PHI has been disclosed under your authorization, the federal privacy law protections may no longer apply to the disclosed health information. That information may be re-disclosed by the recipient without your knowledge or authorization. Your PHI may be disclosed to people authorized to act on your behalf or people with a legal right to act on your behalf.

YOUR RIGHTS CONCERNING YOUR PHI

You have the following rights regarding your PHI that the Plan creates, collects, and maintains.

RIGHT TO INSPECT AND COPY HEALTH INFORMATION



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You have the right to inspect and obtain a copy of your health record in hardcopy or electronic form. Your health record includes, among other things, health information about your eligibility and coverage under the Plan's plan of benefits and claims and billing records. You may request your hardcopy or electronic communication in a convenient format, and the Plan will honor that request to the extent possible. You also may request a summary of your PHI. To inspect or to obtain a copy of your health record, submit a written request to the Plan's Privacy Officer identified at the end of this Notice. The Plan must provide the requested information within 30 days. A single 30-day extension is allowed if the Plan cannot comply with the deadline and if the Plan provides you with a notice of the reason for the delay and the expected date by which the requested information will be provided. The Plan may charge a reasonable fee based on the cost of creating or copying and mailing records associated with your request. The Plan may deny your request to inspect and copy your health record in certain circumstances. This denial will be provided in writing, stating the reasons for the denial and describing how you may appeal the Plan's decision.

RIGHT TO REQUEST THAT YOUR HEALTH INFORMATION BE AMENDED

You have the right to request that your PHI be amended if you believe the information is incorrect or incomplete. To request an amendment, submit a detailed written request to the Plan's Privacy Officer identified at the end of this Notice. The Plan may deny your request if it is not made in writing, if it does not provide a basis in support of the request, or if you have asked to amend information that (1) was not created by or for the Plan, (2) is not part of the health information maintained by or for the Plan, (3) is not part of the health record information that you are permitted to inspect and copy, or (4) is accurate and complete. If the Plan denies your request, it will give you a written explanation. You may then submit a statement disagreeing with the denial and have that statement included with any future disclosures of PHI.

RIGHT TO AN ACCOUNTING OF DISCLOSURES

You have the right to receive a written accounting of disclosures by the Plan of your PHI that was made six years before your request. However, such accounting will not include disclosures made (1) for treatment, payment, or health care operations, (2) to you or authorized by you, (3) before April 14, 2003, (4) that were otherwise permissible under law and the Plan's privacy practices, or (5) that constitute incidental disclosures. To request an accounting of disclosures, submit a written request to the Plan's Privacy Officer identified at the end of this Notice. If you request more than one accounting within 12 months, the Plan will charge a reasonable fee based on the cost for each subsequent accounting. The Plan will notify you of the cost involved before processing the accounting so that you can decide whether to withdraw your request before any fees are incurred.

RIGHT TO REQUEST RESTRICTIONS

You have the right to request that the Plan restrict the use and disclosure of your PHI. However,



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the Plan is not required to agree to your request for such restrictions, and the Plan may terminate a prior agreement to the restrictions you requested. To request restrictions on the use and disclosure of your PHI, submit a written request to the Plan's Privacy Officer identified at the end of this Notice. Your request must explain what information you seek to limit and how and to whom you would like the limit(s) to apply. The Plan will notify you in writing whether it agrees to your request for restrictions and if it terminates that agreement.

RIGHT TO REQUEST CONFIDENTIAL COMMUNICATIONS, OR COMMUNICATIONS BY ALTERNATIVE MEANS OR AT AN ALTERNATIVE LOCATION

You have the right to request that your PHI be communicated to you confidentially by alternative means or in an alternative location. For example, you can ask that you be contacted only at work or by mail or that you be provided with access to your PHI at a specific location. To request communications by alternative means or at an alternative location, submit a written request to the Plan's Privacy Officer identified at the end of this Notice. Your written request should state the reason for your request and the alternative means or location you would like to receive your health information. You should say whether disclosing all or part of the information in a non-confidential way could endanger you. Reasonable requests will be accommodated to the extent possible, and you will be notified appropriately.

RIGHT TO NOTICE OF BREACH OF UNSECURED PHI

You have the right to receive notice if unsecured PHI breaches. A "breach" is the acquisition, access, use, or disclosure of PHI in a manner that compromises the security or privacy of the PHI. You must be provided notice of the breach as soon as possible and no later than 60 days after the breach's discovery.

RIGHT TO FILE A COMPLAINT

You have the right to file a complaint to the Plan and the Department of Health and Human Services if you believe your privacy rights have been violated. To file a complaint with the Plan, submit a written complaint to the Plan's Privacy Officer identified at the end of this Notice. To file a complaint with the Department of Health and Human Services, follow the instructions available at <http://www.hhs.gov/ocr/privacy/hipaa/complaints/index.html>.

The Plan will not retaliate or discriminate against you, and no services, payments, or privileges will be withheld from you because you file a complaint with the Plan or with the Department of Health and Human Services.

RIGHT TO A PAPER COPY OF THIS NOTICE

If you receive this Notice by email, you also have the right to a paper copy. To request a paper copy of this Notice, submit a written request to the Plan's Privacy Officer identified below.



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CONTACT INFORMATION

If you have any questions or concerns about the Plan's privacy practices or this Notice, if you wish to obtain additional information about the Plan's privacy practices, or if you want to exercise one of the rights described above concerning your PHI, please contact:

**Privacy Officer
Transit Employees' Health and Welfare Fund
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CHANGES IN THE PLAN'S PRIVACY POLICIES

The Plan reserves the right to change its privacy practices and make the new rules effective for all PHI that it maintains, including the PHI that it created or received before the effective date of the change and the PHI it may receive in the future. If the Plan materially changes any of its privacy practices, it will revise its Notice and provide you with the revised Notice, by U.S. mail, within sixty days of the revision. In addition, copies of the revised Notice will be made available upon your written request.

PHI use and disclosure by the Plan are regulated by HIPAA, as amended by HITECH and GINA. You may find these rules in 45 Code of Federal Regulations Parts 160 and 164. This notice attempts to summarize the regulations. However, the authorities will supersede this notice if there is any discrepancy between the information in this notice and the regulations.