

**T**  
**B**  
**T**

**TEAMSTERS**  
**BENEFIT**  
**TRUST**

Post Office Box 5820  
Fremont, California 94537  
39420 Liberty Street, Suite 260  
Fremont, California 94538  
[www.tbtfund.org](http://www.tbtfund.org)

Telephone (510) 796-4676 • (800) 533-0119 • FAX (510) 795-0680

---

## **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 Teamsters Benefit Trust Fund (“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 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 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 Plan may provide information regarding your coverage or health care treatment to other health plans to coordinate payment of benefits.

The Plan may also disclose health information over the telephone to your spouse, another family member, or a personal representative (such as a Union business agent or employer representative), for purposes of making or obtaining information about treatment or claims if you provide your oral authorization to the Plan to speak to this person on your behalf. If you do not wish the Plan to release your health information to your spouse, family member or personal representative without prior written authorization, please follow the instructions under the Right to Make Restrictions found in this notice.

**To Conduct Health Care Operations.** The Plan may use or disclose health information for its own operations to facilitate the administration of the Plan and as necessary to provide coverage and services to all of the Plan’s participants. For example, the 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. The Plan does not intend to use or disclose genetic information for underwriting purposes.

**For Treatment.** The Plan does not provide treatment. However, the Plan may use or disclose your health information to support treatment and the management of your care. For example, the Plan may disclose that you are eligible for benefits to a health care provider who contacts the Plan to verify your eligibility.

**For Treatment Alternatives.** The 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 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 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 Plan will only make this disclosure if you agree or when required or authorized by law.

**For Disclosure to the Plan Sponsor.** The Plan may disclose your health information to the plan sponsor (the Board of Trustees) for plan administration functions performed by the plan sponsor on behalf of the Plan. The 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 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 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 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 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 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 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 Plan may disclose your health information to a law enforcement official for certain law enforcement purposes, including, but not limited to, if the 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 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 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 Plan may, consistent with applicable law and ethical standards of conduct, disclose your health information if the 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 Health Plans 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 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 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 Plan will not disclose your health information other than with your written authorization. The Plan must obtain your authorization before using or disclosing your health information for marketing purpose or sells your information to a third party. If you authorize the Plan to use or disclose your health information, you may revoke that authorization in writing at any time.

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

You have the following rights regarding your health information that the 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 Plan's disclosure of your health information to someone involved in the payment of your care. However, the Plan is not required to agree to your request. If you wish to make a request for restrictions, please contact the Plan's privacy officer at the address shown under the "Contact Person – Privacy Officer" section of this Notice.

**Right to Receive Confidential Communications.** You have the right to request that the 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 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's privacy officer at the address shown under the "Contact Person – Privacy Officer" section of this Notice. The 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 the Plan's privacy officer at the address shown under the "Contact Person – Privacy Officer" section of this Notice. If you request a copy of your health information, the Plan may charge a reasonable fee for copying, assembling costs and postage, if applicable, associated with your request. The 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 Plan amend the records. That request may be made as long as the Plan maintains the information.

A request for an amendment of records must be made in writing to the Plan's privacy officer at the address shown under the "Contact Person – Privacy Officer" section of this Notice. The 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 Plan, if the health information you are requesting to amend is not part of the 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 Plan determines the records containing your health information are accurate and complete.

**Right to an Accounting.** You have the right to obtain a list of certain disclosures the Plan has made of your protected health information. This is often referred to as an "accounting of disclosures." However, any accounting of disclosures will not include any of the following disclosures:

- Disclosures made before April 14, 2003;
- Disclosures related to treatment, payment, or health care operations;
- Disclosures the Plan made to you;
- Disclosures you authorized;
- Disclosures made to federal officials for national security and intelligence activities;
- Disclosures about inmates or detainees to correctional institutions or law enforcement officials;
- Disclosures made more than six years ago (the amount of time we are required to maintain records under the Privacy Rule);
- Disclosures made incident to a use or disclosure permitted or required by the Privacy Rule;
- Disclosures for a facility's directory or to persons involved in your care or certain other notification purposes; or
- Disclosures that were made as part of a limited data set.

Your right to an accounting of disclosures to a health oversight agency or law enforcement official may be suspended at the request of the agency or official. If you want to exercise this right, your request to the Plan must be in writing. You may make one (1) request in any 12-month period at no cost to you, but the Plan may charge a fee for subsequent requests. You will be notified of the fee in advance and have the opportunity to change or revoke your request.

**Notification of Breach of Unsecured PHI.** If PHI that the Plan or any of its business associates uses or discloses is "breached" within the meaning of the notification requirements of the Privacy Rule, then, in accordance with HIPAA, the Plan will provide the required notifications to those individuals who have been affected by the breach, the Department of Health and Human Services and to any other necessary parties.

**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's privacy officer at the address shown under the "Contact Person – Privacy Officer" section of this Notice.

### ***DUTIES OF THE PLAN***

The 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 Plan is required to abide by the terms of this Notice, which may be amended from time to time.

The 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 Plan changes its policies and procedures, the 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 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 Plan should be made in writing to the Privacy Officer at the address shown under the "Contact Person – Privacy Officer" section of this Notice. The 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 – PRIVACY OFFICER***

The Plan has designated Robynn Losee as the privacy officer and contact person for all issues regarding patient privacy and your privacy rights. You may contact her at:

Robynn Losee  
Teamsters Benefit Trust  
39420 Liberty Street, Suite 260  
Fremont, California 94538

***EFFECTIVE DATE***

This Notice is effective September 23, 2013, and supersedes all prior versions.

IF YOU HAVE ANY QUESTIONS REGARDING THIS NOTICE, PLEASE CONTACT THE PLAN'S PRIVACY OFFICER AT THE ADDRESS SHOWN ABOVE.