

NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION

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.

Effective Date of Notice: June 11, 2003

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires York County Builders Association Welfare Benefit Plan. (the "Plan") to maintain the privacy of your personally identifiable health information and to inform you about the Plan's legal duties and privacy practices to protect that health information. This notice describes:

- the Plan's uses and disclosures of Protected Health Information (PHI) which includes all individually identifiable health information transmitted or maintained by the Plan, regardless of form (oral, written, electronic);
- your privacy rights with respect to your PHI;
- the Plan's duties with respect to your PHI;
- your right to file a complaint with the Plan and to the Secretary of the U.S. Department of Health and Human Services; and
- the person or office to contact for further information about the Plan's privacy practices.

These rules apply to the Plan, not York County Builders Association as an employer. Different policies may apply to other York County Builders Association programs or to data unrelated to the health plan.

As a general matter, the Plan will have access to protected health information when an individual enrolls in the Plan and when an individual contacts the Plan for assistance with claims. When an individual requests assistance from the Plan in processing a claim for benefits, such request will be deemed by the Plan to constitute an agreement on the part of such individual to the use and disclosure of protected health information related to such claim.

Section 1. How the Plan May Use or Disclose Your Health Information.

A. Uses and Disclosures Not Requiring Your Authorization.

HIPAA generally allows the Plan to disclose your health information *without your permission* (known as an authorization) to carry out treatment, payment and health care operations. HIPAA also allows the Plan to disclose your health information *without your permission* to York County Builders Association for plan administration purposes. York County Builders Association has amended the Plan documents to protect your health information and agrees not to use or disclose your health information other than as permitted or required by the Plan documents and by law.

- **Treatment:**

Treatment is the provision, coordination or management of health care and related services. It also includes but is not limited to consultations and referrals between one or more of your

providers. *For example, the Plan may share health information about you with physicians who are treating you.*

- **Payment**

Payment includes actions by this Plan. Other plans or providers make coverage determinations and obtain payment. This includes including billing, claims management, subrogation, plan reimbursement, reviews for medical necessity and appropriateness of care and utilization review and pre-authorizations. *For example, the Plan may tell a doctor whether you are eligible for coverage or what percentage of the bill will be paid by the Plan.*

- **Operations**

Health care operations include but are not limited to quality assessment and improvement, reviewing competence or qualifications of health care professionals, underwriting, premium rating and other insurance activities relating to creating or renewing insurance contracts. It also includes disease management, case management, conducting or arranging for medical review, legal services and auditing functions including fraud and abuse compliance programs, business planning and development, business management and general administrative activities. *For example, the Plan may use information about your claims to project future benefit costs or audit the accuracy of its claims processing functions.*

The amount of health information used or disclosed will be limited to the “minimum necessary” for these purposes, as defined under the HIPAA rules. The Plan may also contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

- **Plan Administration**

The Plan may also share your health information with York County Builders Association *without your permission* for plan administration purposes. York County Builders Association has amended its plan documents to protect your PHI as required by federal law. The Plan, or its health insurer or HMO, may disclose your health information without your written authorization to York County Builders Association for plan administration purposes. York County Builders Association may need your health information to administer benefits under the Plan.

The following categories of employees, who are employees of York County Business Association Insurance Trust, will have access to your health information for plan administration functions: Trust Manager, Claims Manager, Office Assistant.

Additional information may be shared between the Plan and York County Builders Association, as allowed under the HIPAA rules:

- The Plan, or its insurer or HMO, may disclose “summary health information” to York County Builders Association if requested, for purposes of obtaining premium bids to provide coverage under the Plan, or for modifying, amending, or terminating the Plan. Summary health information is information that summarizes participants’ claims information, but from which names and other identifying information have been removed.

- The Plan, or its insurer or HMO, may disclose to York County Builders Association information on whether an individual is participating in the Plan, or has enrolled or disenrolled in an insurance option or HMO offered by the Plan.

Be assured that York County Builders Association cannot and will not use health information obtained from the Plan for any employment-related actions nor will it forward it to your employer. However, health information collected by York County Builders Association from other sources, for example under the Family and Medical Leave Act, Americans with Disabilities Act, or workers' compensation is *not* protected under HIPAA (although this type of information may be protected under other federal or state laws).

B. Other Uses and Disclosures Not Requiring Your Authorization

Use and disclosure of your PHI is allowed *without your permission* under the following circumstances:

- (1) When required by federal, state or local law.
- (2) When permitted for purposes of public health activities, including when necessary to prevent or control the spread of disease, report product defects, to permit product recalls and to conduct post-marketing surveillance.
- (3) When authorized by law to report information about abuse, neglect or domestic violence to public authorities if there exists a reasonable belief that you may be a victim of abuse, neglect or domestic violence.
- (4) To a public health oversight agency for oversight activities necessary to monitor the health care system.
- (5) When required for judicial or administrative proceedings. For example, your PHI may be disclosed in response to a subpoena or discovery request provided certain conditions are met.
- (6) To authorized federal officials for conducting national security and intelligence activities, and for the protection of the President, other authorized persons, or heads of state.
- (7) When required for law enforcement purposes, including for the purpose of identifying or locating a suspect, fugitive, material witness, missing person, or in some situations, a victim.
- (8) When required to be given to a coroner or medical examiner for the purpose of identifying a deceased person, determining a cause of death or other duties as authorized by law. Also, disclosure is permitted to funeral directors, consistent with applicable law, as necessary to carry out their duties with respect to the decedent.
- (9) When required for research, subject to conditions.
- (10) When consistent with applicable law and standards of ethical conduct if the Plan, in good faith, believes the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public and the disclosure is to a person reasonably able to prevent or lessen the threat, including the target of the threat.

(11) When authorized by and to the extent necessary to comply with workers' compensation or other similar programs established by law.

Except as otherwise indicated in this notice, uses and disclosures will be made only with your written authorization subject to your right to revoke such authorization. You may revoke your authorization as allowed under HIPAA rules. However, you cannot revoke your authorization if the Plan has already taken action relying on your authorization. *So you cannot revoke your authorization for a disclosure that the Plan has already made.*

C. Uses and Disclosures That Require Your Written Authorization.

Your written authorization generally will be obtained before the Plan will use or disclose psychotherapy notes about you from your psychotherapist. Psychotherapy notes are separately filed notes about your conversations with your mental health professional during a counseling session. They do not include summary information about your mental health treatment. The Plan may use and disclose such notes when needed by the Plan to defend against litigation filed by you.

D. Uses and Disclosures That Require You Be Given an Opportunity to Agree Or Disagree Prior to The Use or Release

Disclosure of your PHI to family members, other relatives and your close personal friends is allowed if:

- the information is directly relevant to the family or friend's involvement with your care or payment for that care; and
- you have either agreed to the disclosure or have been given an opportunity to object and have not objected.

Section 2. Rights of Individuals.

A. Right to Request Restrictions on PHI Uses and Disclosures

You may request the Plan to restrict uses and disclosures of your PHI to carry out treatment, payment or health care operations, or to restrict uses and disclosures to family members, relatives, friends or other persons identified by you who are involved in your care or payment for your care. If you want to exercise your right, your request to the Plan must be in writing. However, the Plan is not required to agree to your request.

The Plan will accommodate reasonable requests to receive communications of PHI by alternative means or at alternative locations. Your request must in writing and you must include a statement that disclosure of all or part of the information could endanger you.

All requests for restrictions or communications by alternative means should be made to the following person: York County Builders Association Insurance Trust c/o Trust Manager, 540A Greenbriar Rd. York, PA 17404.

B. Right to Inspect and Copy PHI

You have a right to inspect and obtain a copy of your PHI contained in a "Designated Record Set," for as long as the Plan maintains the PHI. The "Designated Record Set" includes the

medical records and billing records about individuals maintained by or for a covered health care provider; enrollment, payment, billing, claims adjudication and case or medical management record systems maintained by or for a health plan; or other information used in whole or in part by or for the covered entity to make decisions about individuals. Information used for quality control or peer review analyses and not used to make decisions about individuals is not in the designated record set. You also do not have the right to inspect or obtain copies of psychotherapy notes or information compiled for civil, criminal or administrative proceedings. In addition the Plan may deny your right to access, although in certain circumstances, you may request a review of the denial.

If you want to exercise your right to inspect and copy your health information, your request to the Plan must be in writing. Requests for access to PHI should be made to the following person: York County Builders Association Insurance Trust c/o Trust Manager, 540A Greenbriar Rd. York, PA 17404.

Within 30 days of receipt of your request (60 days if the health information is not accessible onsite), the Plan will provide you with:

- the access or copies you requested;
- a written denial that explains why your request was denied and any rights you may have to have the denial reviewed or file a complaint; or
- a written statement that the time period for reviewing your request will be extended for no more than 30 more days, along with the reasons for the delay and the date by which the Plan expects to address your request.

The Plan may provide you with a summary or explanation of the information instead of access to or copies of your health information, if you agree in advance and pay any applicable fees. The Plan may also charge reasonable fees for copies or postage.

C. Right to Amend PHI

You have the right to request the Plan to amend your PHI or a record about you in a designated record set for as long as the PHI is maintained in the designated record set. The Plan may deny your request for a number of reasons. For example, your request may be denied if the health information is accurate and complete, was not created by the Plan (unless the person or entity that created the information is no longer available), is not part of the designated record set, or is not available for inspection (e.g., psychotherapy notes or information compiled for civil, criminal, or administrative proceedings).

If you want to exercise this right, your request to the Plan must be in writing, and you must include a statement to support the requested amendment. Within 60 days of receipt of your request, the Plan will:

- make the amendment as requested;
- provide a written denial that explains why your request was denied and any rights you may have to disagree or file a complaint; or

- provide a written statement that the time period for reviewing your request will be extended for no more than 30 more days, along with the reasons for the delay and the date by which the Plan expects to address your request.

Requests for amendment of PHI in a designated record set should be made to the following person: York County Builders Association Insurance Trust c/o Trust Manager, 540A Greenbriar Rd. York, PA 17404.

D. The Right to Receive an Accounting of PHI Disclosures

At your request, the Plan will also provide you with an accounting of disclosures by the Plan of your PHI during the six years prior to the date of your request, but not earlier than June 4, 2003 (the date that the HIPAA privacy rules are generally effective). However, such accounting need not include PHI disclosures made: (1) to carry out treatment, payment or health care operations; (2) to individuals about their own PHI; (3) incidental to other permitted or required disclosures; (4) based on your written authorization; (5) to family members or friends involved in your care (where disclosure is permitted without authorization); (6) for national security or intelligence purposes or to correctional institutions or law enforcement officials in certain circumstances; or (7) as part of a “limited data set” (health information that excludes certain identifying information).

If you want to exercise your right to inspect and copy your health information, your request to the Plan must be in writing. Requests for access to PHI should be made to the following person: York County Builders Association Insurance Trust c/o Trust Manager, 540A Greenbriar Rd. York, PA 17404.

The Plan will provide you with a the accounting within 60 days of your request or a written statement extending the time to provide the accounting for no more than 30 days along with a written statement of the reasons for the delay and the date by which the Plan expects to provide the accounting. You may make one request in any 12 month period at no cost to you. If you request more than one accounting within a 12-month period, the Plan will charge a reasonable, cost-based fee for each subsequent accounting.

E. The Right to Receive a Paper Copy of This Notice Upon Request.

To obtain a paper copy of this Notice contact the following person: York County Builders Association Insurance Trust c/o Trust Manager, 540A Greenbriar Rd. York, PA 17404.

F. Personal Representatives.

You may exercise your rights through a personal representative. Your personal representative will be required to produce evidence of his/her authority to act on your behalf before that person will be given access to your PHI or allowed to take any action for you. Proof of such authority may take one of the following forms:

- a power of attorney for health care purposes, notarized by a notary public;
- a court order of appointment of the person as the conservator or guardian of the individual; or
- an individual who is the parent of a minor child.

The Plan retains discretion to deny access to your PHI to a personal representative to provide protection to those vulnerable people who depend on others to exercise their rights under these rules and who may be subject to abuse or neglect. This also applies to personal representatives of minors.

Section 3. The Plan's Duties.

The Plan is required by law to maintain the privacy of PHI and to provide individuals (participants and beneficiaries) with notice of its legal duties and privacy practices.

This notice is effective beginning June 11, 2003 and the Plan is required to comply with the terms of this notice. However, the Plan reserves the right to change its privacy practices and to apply the changes to any PHI received or maintained by the Plan prior to that date. When necessary, a revised Notice will be mailed to all participants.

Any revised version of this notice will be distributed within 60 days of the effective date of any material change to the uses or disclosures, the individual's rights, the duties of the Plan or other privacy practices stated in this notice.

Minimum Necessary Standard

When using or disclosing PHI or when requesting PHI from another covered entity, the Plan will make reasonable efforts not to use, disclose or request more than the minimum amount of PHI necessary to accomplish the intended purpose of the use, disclosure or request, taking into consideration practical and technological limitations.

However, the minimum necessary standard will not apply in the following situations:

- disclosures to or requests by a health care provider for treatment;
- uses or disclosures made to the individual;
- disclosures made to the Secretary of the U.S. Department of Health and Human Services;
- uses or disclosures that are required by law; and
- uses or disclosures that are required for the Plan's compliance with legal regulations.

This notice does not apply to information that has been de-identified. De-identified information is information that does not identify an individual and with respect to which there is no reasonable basis to believe that the information can be used to identify an individual.

In addition, the Plan may use or disclose "summary health information" to the plan sponsor for obtaining premium bids or modifying, amending or terminating the Welfare Benefit Plan, which summarizes the claims history, claims expenses or type of claims experienced by individuals for whom a plan sponsor has provided health benefits under a group health plan; and from which identifying information has been deleted in accordance with HIPAA.

Section 4. Your Right to File a Complaint With the Plan or the HHS Secretary.

If you believe that your privacy rights have been violated, you may complain to the Plan in care of the following person: York County Builders Association Insurance Trust c/o Trust Manager, 540A Greenbriar Rd. York, PA 17404.

You may file a complaint with the Secretary of the U.S. Department of Health and Human Services, Hubert H. Humphrey Building, 200 Independence Avenue S.W., Washington, D.C. 20201.

Neither York County Builders Association nor the Plan will retaliate against you for filing a complaint.

Section 5. Whom to Contact at the Plan for More Information.

If you have any questions regarding this notice or the subjects addressed in it, you may contact the following person: York County Builders Association Insurance Trust c/o Trust Manager, 540A Greenbriar Rd. York, PA 17404.

Conclusion

PHI use and disclosure by the Plan is regulated by a federal law known as HIPAA (the Health Insurance Portability and Accountability Act). You may find these rules at 45 Code of Federal Regulations Parts 160 and 164. This notice attempts to summarize the regulations. The regulations will supersede any discrepancy between the information in this notice and the regulations.