

HIPAA

(Health Insurance Portability & Accountability Act)

Notice of Privacy Practices

This notice describes how health information about you may be used and disclosed and how you can get access to this information.
Please review it carefully.

A federal law known as HIPAA (Health Insurance Portability and Accountability Act of 1996) governs all group health plans use and disclosure of health information. You may find HIPAA's privacy rules at 45 Code of Federal Regulations Parts 160 and 164. This notice summarizes:

- These regulations,
- The Los Angeles County Fire Fighters' Local 1014 Health and Welfare Plan's ("Plan") obligations, and
- Your rights regarding the uses and disclosures of your health information.

You Should Know...

The Plan acknowledges that your health information is personal — and is committed to protecting your privacy. This notice of HIPAA privacy rights and the Plan's privacy obligations is effective January 2006.

For administration purposes, the Plan has access to a record of your claims reimbursed under the Plan. (This notice applies to all of the health records the Plan maintains or can access.) Your personal doctor or health care provider might have different policies or notices regarding a doctor's use and disclosure of your health information created in his or her office or clinic.

By law, the Plan **MUST**:

- Make sure that health information that identifies you is kept private,
- Give you this notice of the Plan's legal duties and privacy practices with respect to your health information,

- Retain copies of the notices the Plan issues to you, and
- Follow the terms of the notice that is currently in effect.

HIPAA also requires the Plan to tell you about:

- The Plan's uses and disclosures of your health information,
- Your privacy rights with respect to your health information,
- Your right to file a complaint with the Plan and with the Secretary of the Department of Health and Human Services, and
- The person or office at the Plan whom you may contact for additional information about the Plan's privacy practices.

How the Plan May Use and Disclose Your Health Information

The following categories describe the different ways the Plan may use and disclose your health information.

Some uses and disclosures of your health information require your consent, authorization or the opportunity to agree or object to the use or disclosure. Other uses and disclosures of your health information do not. This notice clearly identifies whether the use or disclosure of your health information requires your consent, authorization or the opportunity to agree or object.

Each category contains an explanation of what is meant by the "use and disclosure" of your health information, and gives some examples. Not every use or disclosure in a category will be listed. However, all of the ways the Plan is allowed to use and disclose your health information will fall into one of the categories listed.

The following categories DO NOT REQUIRE the Plan to obtain your consent, authorization, or to provide you the opportunity to agree or object to the use or disclosure.

For Treatment: The Plan may use or disclose your health information to help you get medical treatment or

services under the Plan. The Plan may disclose your health information to health care providers, including doctors, nurses, technicians, medical students, or other health care professionals who are providing you with services covered under the Plan. For example, the Plan might disclose the name of your child's dentist to your child's orthodontist so that the orthodontist may ask the dentist for your child's dental X-rays.

For Payment: The Plan may use and disclose your health information in the process of determining your eligibility for benefits under the Plan, to facilitate payment to health care providers for the treatment or services you have received from them, to determine benefit responsibility under the Plan, and to facilitate reviews for medical necessity/appropriateness of your care. For example, the Plan may tell your doctor whether you are eligible for coverage under the Plan, or what percentage of the bill may be paid by the Plan. Likewise, the Plan may share your health information with another entity to assist with the adjudication or subrogation of your claims or to another health plan to coordinate benefit payments.

For Plan Operations: The Plan may use and disclose your health information for other Plan operations. These uses and disclosures are necessary to administer the Plan and include using your health information in conducting quality assessment and improvement activities, and for underwriting, premium rating, and other insurance activities related to creating or renewing insurance contracts. Health care operations also include case management, conducting or arranging medical reviews, legal services, and audit functions, including fraud and abuse detection programs, business planning and development, and other activities related to business management and Plan administration. For example, the Plan may use your health information to refer you to a case management program or to audit the accuracy of its claim processing functions.

Plan Sponsor: The Plan may also disclose your health information to the Plan Sponsor, the Board of Trustees,

or your employer for purposes related to treatment, payment, health care operations, or as permitted by law. For example, disclosures may be made to ensure proper contributions are made to the Plan, or to decide a claims appeal.

As Required By Law: The Plan will disclose your health information when required to do so by federal, state or local law. For example, the Plan may disclose your health information when required to do so by a court order in a civil proceeding such as a malpractice lawsuit. Or, the Secretary of the Department of Health and Human Services might require the use and disclosure of your health information to investigate or determine the Plan's compliance with federal privacy regulations (this notice).

To Avert a Serious Threat to Health or Safety: The Plan may use and disclose your health information when necessary to prevent a serious threat to your health or safety, or to the health and safety of the public or another person. However, any such disclosure would be made only to a person able to help prevent the threat. For example, the Plan may disclose your health information in a legal proceeding regarding the licensure of a doctor.

Special Situations

Disclosure to Business Associates: The Plan may disclose your health information to business associates in carrying out treatment, payment or health care operations. For example, the Plan may disclose your health information to a third party administrator to facilitate claim payments under the Plan. In addition, Plan personnel may use your health information solely for the purposes of administering benefits under the Plan.

Organ and Tissue Donation: If you are an organ donor, the Plan may release your health 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.

Military and Veterans: If you are a member of the armed forces, the Plan may release your health information as required by military command authorities. The Plan may also release health information about foreign military personnel to the appropriate foreign military authority.

Workers' Compensation: The Plan may release your health information for Workers' Compensation or similar programs. These programs provide benefits for work-related injuries or illnesses.

Health Oversight Activities: The Plan may disclose your health information to a health oversight agency for activities authorized by law. These oversight activities can include audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Public Health Activities: When authorized by law, the Plan may use or disclose your PHI without your consent, authorization, or request to help with public health activities, including:

- Reporting of product defects,
- Facilitation of product recalls, and
- Post-marketing research.

The Plan may also use or disclose your PHI without your consent, authorization, or request to help with public health activities if you have been exposed to a communicable disease, or if you are at risk of spreading a disease or condition.

Victims of Abuse, Neglect, or Domestic Violence: When authorized by law, the Plan may use or disclose your PHI without your consent, authorization, or request if it believes that you have been a victim of abuse, neglect, or domestic violence. In this case, the Plan will report this information to the authorities, and promptly notify you that such a report has been (or will be) made *unless*

notifying you would cause a risk of serious harm. For the purpose of reporting child abuse or neglect, it is not necessary to inform the minor that such a report has been (or will be) made. Generally, the Plan may disclose PHI to the minor's parents, or other representatives, although there might be circumstances under federal or state law when parents and/or other representatives will not be given access to the minor's PHI.

Lawsuits and Disputes: If you are involved in a lawsuit or a dispute, the Plan may disclose your health information in response to a court order or administrative ruling. The Plan may also disclose your health information in response to a subpoena, discovery request, or other lawful process by someone involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the health information requested.

Law Enforcement: The Plan may release your health information if asked to do so by a law enforcement official:

- In response to a court order, subpoena, warrant, summons or similar process,
- To identify or locate a suspect, fugitive, material witness, or missing person,
- About the victim of a crime, but only if the Plan is able to obtain the person's agreement, or is unable to obtain consent because of emergency circumstances.
- About a death the Plan believes might be the result of criminal conduct, and
- To report evidence of criminal conduct that occurred on the premises of the Plan.

Coroners, Medical Examiners, and Funeral Directors: The Plan may release your health information to a coroner, medical examiner, or funeral director. This might be necessary, for example, to identify a deceased person or determine the cause of death.

National Security and Intelligence Activities: The Plan may release your health information to authorized federal

officials for intelligence, counterintelligence, and other national security activities authorized by law, or for the protection of the President of the United States, or other authorized persons.

The following categories DO REQUIRE the Plan to obtain your written authorization for the use or disclosure.

Psychotherapy Notes: Generally, the Plan must obtain your written authorization to use and disclose psychotherapy notes about you from your psychotherapist. Psychotherapy notes are notes that are kept in a separate file, and that contain information about your conversations with your mental health professional during a counseling session. They do not include summary information about your mental health treatment. However, the Plan may use and disclose your psychotherapy notes when needed by the Plan to defend against a lawsuit filed by you.

The following categories DO REQUIRE the Plan to give you an opportunity to agree or disagree prior to the use or disclosure.

Family or Friends Involvement: The Plan may disclose your health information to family members, other relatives, or your friends if:

- The health 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 the opportunity to object to the disclosure and have not objected.

Your Rights Regarding Your Health Information

You have the following rights regarding your health information maintained by the Plan:

Right to Inspect and Copy Your Health Information: You have the right to inspect and obtain a copy of your health information contained in a "designated record set," for as long as the Plan maintains your health information.

The designated record set includes enrollment, payment, billing, claims adjudication and case or health management record systems maintained by or for a health Plan; or other information used in whole or in part by or for the Plan to make decisions about people covered under the Plan. Information used for quality control or peer review analyses and not used to make decisions about people covered by the Plan is not contained in the designated record set.

If you request a copy of your health information, it will be provided to you within 30 days, if the Plan maintains the information on site, or within 60 days, if the information is maintained off site. If the Plan is unable to comply within these time limits, the Plan may request a one-time extension of up to an additional 30 days in order to provide the requested information.

You or your personal representative must complete a form to request access to your health information contained in the designated record set. You must submit the completed request form to the Plan Administrator.

If you request a copy of the information, the Plan may charge a fee for the costs of copying, mailing or other supplies associated with complying with your request.

The Plan may deny your request to inspect and copy some or all of the health information in certain circumstances. If you are denied access to health information, you may have the right to request a review (appeal) of the decision.

If the Plan denies your request to inspect or copy your health information, the Plan will provide you or your personal representative with a written denial identifying the reason(s) for the denial. The denial will also include a description of how you may exercise your appeal rights, and a description of how you may file a complaint with the Plan or the Secretary of the Department of Health and Human Services.

Right to Amend Your Health Information: If you think that your health information is incorrect or incomplete, you may ask the Plan to amend the information. You have the right to request an amendment for as long as the information is kept by, or for, the Plan in a designated record set.

To request an amendment, you must submit your request, in writing, to the Plan Administrator. Your written request must include a reason that supports your request.

After you request that the Plan amend your health information, the Plan must comply with your request within 60 days, or notify you that your request has been denied. The Plan may extend this for up to an additional 30 days, if the Plan is unable to comply with your request within the initial 60-day period.

The Plan may deny your request for an amendment to your health information if your request is not in writing or does not include a reason to support the request. In addition, the Plan may deny your request if you ask the Plan to amend information that:

- Is not part of the health information kept by or for the Plan,
- Was not created by the Plan, unless the person or entity that created the information is no longer available to make the amendment,
- Is not part of the information which you would be permitted to inspect and copy, or
- Is accurate and complete.

If the Plan denies your request in the whole or in part, the Plan must provide you with a written denial that explains the basis for the denial. You or your personal representative may then submit a written statement disagreeing with the denial, and have that statement included with any future disclosure of your health information. The denial will also describe how you may file a complaint with the Plan or with the Secretary of the Department of Health and Human Services.

Right to an Accounting of Disclosures: You have the right to request an “accounting of disclosures” if a disclosure was made without your authorization for any purpose other than treatment, payment, or health care operations, or where the disclosure was to you about your own health information, or as otherwise permitted by HIPAA.

To request this list of disclosures, you must submit a written request to the Plan Administrator. Your request must state a time period for which you are requesting the list of disclosures. This period may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, paper or electronic). The first list you request within a 12 month period will be provided free of charge. For additional lists, the Plan may charge you for the costs of providing the list. The Plan will notify you of the cost involved and you may choose to withdraw or modify your request at that time before you incur any costs.

The Plan has 60 days from the date of your request to provide you the list of disclosures, and is allowed an additional 30 days to comply, if the Plan provides you with a written statement of the reasons for the delay and the date by which the accounting will be provided.

Right to Request Restrictions: You have the right to request a restriction or limitation on your health information the Plan uses or discloses for treatment, payment, or health care operations. You also have the right to request a limit on your health information the Plan discloses to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that the Plan not use or disclose information about a surgical procedure you had.

The Plan is not required, by law, to agree to your request. If the Plan *does* agree, it may terminate its agreement at a later date.

You or your personal representative must complete a form to request restrictions on the use or disclosure of your health information. You must submit the completed form to the Administrative Manager at:

Administrative Manager
Los Angeles County Fire Fighters Local 1014 Health and Welfare Plan
3460 Fletcher Avenue
El Monte, CA 91731
Phone: (800) 660-1014
E-mail: medicalplan@local1014.org

In your request, you must indicate (1) what information you want to limit, (2) whether you want to limit the Plan's use, disclosure, or both, and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

Right to Request Confidential Communications: You have the right to request that the Plan communicate with you about your health information or other health matters in a certain way, or at a certain location. For example, you may ask that the Plan contact you only at work or by mail.

To request confidential communications, you must submit a written request to the Plan Administrator. The Plan will not ask you the reason for your request. The Plan will accommodate all reasonable requests. Your request must specify how and/or where you wish to be contacted.

Right to a Paper Copy of This Notice: You have the right to receive a paper copy of this notice. You may ask the Plan to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to receive a paper copy of this notice.

To obtain a paper copy of this notice, submit a written request to the Administrative Manager at:

Administrative Manager
Los Angeles County Fire Fighters Local 1014
Health and Welfare Plan
3460 Fletcher Avenue
El Monte, CA 91731
Phone: (800) 660-1014
E-mail: medicalplan@local1014.org

A Note about Personal Representatives

You may exercise your privacy rights through a personal representative. Your personal representative will be required to provide evidence of his or her authority to act on your behalf before that person will be given access to your health information or allowed to take any action on your behalf with respect to your health information. 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 appointing the person as your conservator or guardian, or
- Proof that an individual is the parent of a minor child.

The Plan may decide to deny access to your health information to a personal representative if it thinks this will protect people who depend on others to exercise their rights under these rules and who might be subject to abuse or neglect. This also applies to personal representatives of minors.

However, state or other applicable law will govern whether the Plan is permitted to disclose an unemancipated minor dependent child's health information to the child's parent(s). State or other applicable law will also govern whether the Plan is permitted to provide the parents with access to the child's health information.

Changes to This Notice

The Plan reserves the right to change this notice. The Plan also reserves the right to make the revised or changed notice effective for health information the Plan

already maintains, or has access to about you — as well as any information the Plan receives in the future. *The Plan will post a copy of the current notice on the Plan web site.* This notice will contain the effective date of the current notice on the first page, in the top right-hand corner.

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, your rights, the duties of the Plan or other privacy practices stated in this notice.

Minimum Necessary Standard

When the Plan uses or discloses your health information, or requests your health information from another entity, the Plan will make reasonable efforts not to use, disclose or request more than the minimum amount of your health information needed 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 to:

- Disclosures to or requests by a health care provider for treatment,
- Uses by you or disclosures to you of your own health information,
- Disclosures made to the Secretary of the Department of Health and Human Services,
- Uses or disclosures that may be required by law,
- Uses or disclosures that are required by the Plan's compliance with legal regulations, and
- Uses and disclosures for which the Plan has obtained your authorization.

This notice does not apply to information that has been “de-identified.” De-identified information is health 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.

Also, the Plan may use or disclose “summary health information” to the Plan Sponsor to obtain premium bids or to modify, amend or terminate the Plan. Summary health information is information that summarizes the claims history, claims expenses, or types of claims experienced by individuals for whom the Plan has provided benefits under the Plan, and from which identifying information has been deleted in accordance with the Health Insurance Portability and Accountability Act (HIPAA).

Complaints

If you believe your privacy rights have been violated, you may file a complaint with the Administrative Manager at:

*Administrative Manager
Los Angeles County Fire Fighters Local 1014 Health and Welfare Plan
3460 Fletcher Avenue
El Monte, CA 91731
Phone: (800) 660-1014
E-mail: medicalplan@local1014.org*

You may also file a complaint with the Secretary of the Department of Health and Human Services at:

*Office for Civil Rights
Department of Health and Human Services
50 United Nations Plaza, Room 322
San Francisco, CA 94102
(415) 437-8310
(415) 437-8311 (TDD)
(415) 437-8329 (Fax)*

You must submit any complaints in writing in one of two ways: 1) by mailing or faxing a written letter, or 2) by filing an electronic complaint online at www.hhs.gov/ocr/hipaa. The Plan will not penalize or retaliate against you for filing a complaint.

Other Uses of Your Health Information

Other uses and disclosures of health information not covered by this notice or the laws that apply to the Plan will be made only with your written permission. If you provide the Plan with permission to use or disclose your health information, you may revoke that permission, in writing, at any time. If you revoke your permission, the Plan will no longer use or disclose your health information for the reasons covered by your written authorization. You should understand that the Plan is unable to take back any disclosures that have already been made with your permission, and that the Plan is required to retain any records regarding any care or services provided to you under the Plan.

Questions?

If you have any questions about this notice, please contact the Administrative Manager at:

*Administrative Manager
Los Angeles County Fire Fighters Local 1014 Health and
Welfare Plan
3460 Fletcher Avenue
El Monte, CA 91731
Phone: (800) 660-1014
E-mail: medicalplan@local1014.org*

Governing Law

If there is any discrepancy between the information in this notice and the actual HIPAA regulations, the regulations will prevail, and the Plan will use and disclose your health information in a manner consistent with the regulations.