

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS BENEFIT FUNDS

UNION TRUSTEES Paul Capurso Co-Chairman

David Caraballoso
Joseph A. Geiger
Adam Harkin
Anthony Madaio
Michael Piccirillo

Kristin O'Brien, LMSW, CEBS
Executive Director

395 Hudson Street
New York, NY 10014
Telephone: (212) 366-7300

MANAGEMENT TRUSTEES David T. Meberg Co-Chairman

John DeLollis
Kevin O'Callaghan
John O'Hare
Michael Salgo
Robert Wessels

Section 1: Purpose of This Notice and Effective Date

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. The initial effective date of this Notice was April 14, 2003. This Notice has been revised effective as of December 23, 2024

This Notice is required by law. The New York City District Council of Carpenters Welfare Fund (the "Plan") is required by law to take reasonable steps to ensure the privacy of your personally identifiable health information and to inform you about:

1. The Plan's uses and disclosures of Protected Health Information (PHI),
2. Your rights to privacy with respect to your PHI,
3. The Plan's duties with respect to your PHI,
4. Your right to file a complaint with the Plan and with the Secretary of the United States Department of Health and Human Services (HHS), and
5. The person or office you should contact for further information about the Plan's privacy practices.

This Notice applies to your health information held by the Fund Plan and outside companies that help administer the Plan. Please share this Notice with your covered family members, as their health information is also protected under federal law.

Section 2: Your Protected Health Information

Protected Health Information (PHI) Defined

The term "Protected Health Information" (PHI) includes all individually identifiable health information related to your past, present or future physical or mental health condition or to payment for health care. PHI includes information maintained by the Plan in oral, written, or electronic form.

When the Plan May Disclose Your PHI

Under the law, the Plan may disclose your PHI without your consent or authorization, or the opportunity to agree or object, in the following cases:

- At your request. If you request it, the Plan is required to give you access to certain PHI in order to allow you to inspect and/or copy it.
- As required by HHS. The Secretary of the United States Department of Health and Human Services may require the disclosure of your PHI to investigate or determine the Plan's compliance with the privacy regulations.
- For treatment, payment or health care operations. The Plan and its business associates will use PHI in order to carry out treatment, payment, or health care operations.

Treatment is the provision, coordination, or management of health care and related services. For example, the Plan may disclose PHI to a physician who is treating you.

Payment includes but is not limited to actions to make coverage determinations and payment. For example, the Plan may use health information to pay claims from your health care provider. If we contract with third parties to help us with payment operations, such as a third-party claims administrator, we will also disclose information to them and they may conduct these activities on our behalf. These third parties are known as "business associates."

Health care operations include but is not limited to quality assessment and improvement, 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 or its third-party administrators may use information about your claims to refer you to a disease management program, a well-pregnancy program, project future benefit costs or audit the accuracy of its health care payments.

The Plan will not use your genetic information for underwriting purposes.

Disclosure of Reproductive Health PHI

The Plan will not use or disclose your information to conduct a criminal, civil, or administrative investigation into, or to impose criminal, civil, or administrative liability on any person for the mere act of seeking, obtaining, providing, or facilitating reproductive health care, or to identify any person for the purpose of conducting such investigation or imposing such liability. Reproductive healthcare is healthcare that affects the health of an individual in all matters relating to the reproductive system and to its functions and processes.

For example, a state law might require a health plan to disclose PHI to law enforcement for an investigation. If the requested PHI involved reproductive health care that was lawful under the circumstances in which it was provided, the health plan could not disclose the PHI to law enforcement.

Attestation requirement: The Plan may not use or disclose PHI potentially related to reproductive health care for the activities listed above, without obtaining a valid attestation from the person requesting the use or disclosure.

For example, if an investigator requests information from a health plan about claims for coverage of certain reproductive health care provided by a particular health care provider, the investigator must supply an attestation. The health plan must presume that the reproductive health care was lawful unless the health plan has actual knowledge that the reproductive health care was not lawful or the investigator supplied information that demonstrates a substantial factual basis to believe that the reproductive health care was not lawful under these circumstances.

Information that is disclosed by the health plan in accordance with the regulations is subject to redisclosure by the recipient and no longer protected by HIPAA.

Disclosure to the Plan Sponsor

The Plan will also disclose PHI to certain individuals who work for the Plan Sponsor for purposes related to treatment, payment, and health care operations, and has amended the Plan Documents to permit this use and disclosure as required by federal law. For example, we may disclose information to certain individuals to allow them to decide appeals of eligibility determinations, negotiate renewals of insurance contracts or audit the accuracy of health care payments.

In addition, the Plan may use or disclose “summary health information” for the purpose of obtaining premium bids or modifying, amending or terminating the group health plan. Summary information summarizes the claims history, claims expenses or type of claims experienced by individuals for whom the Plan has provided health benefits.

Use of Psychotherapy Notes

The Plan does not routinely obtain psychotherapy notes. If it is necessary to use or disclose them, it must obtain your written authorization. However, the Plan may use and disclose such notes when needed by the Plan to defend itself against litigation filed by you. 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.

Substance use disorder treatment records

Substance use disorder treatment records received from federally assisted programs, or testimony relaying the content of such records, shall not be used or disclosed in civil, criminal, administrative, or legislative proceedings against the individual unless based on written consent, or a court order after notice and an opportunity to be heard is provided to the individual or the holder of the record, as provided under law. A court order authorizing use or disclosure must be accompanied by a subpoena or other legal requirement compelling disclosure before the requested record is used or disclosed.

Use or Disclosure of Your PHI to Family Members

Disclosure of your PHI to family members, other relatives, your close personal friends, and any other person you choose is allowed under federal law 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.

Please contact the Fund's Privacy/Security Officer if you wish to limit access to your PHI by any of the persons described above.

Use or Disclosure of Your PHI For Which Consent, Authorization or Opportunity to Object is Not Required

The Plan is allowed under federal law to use and disclose your PHI without your consent or authorization under the following circumstances:

1. When required by applicable law.
2. Public health purposes. To an authorized public health authority if required by law or for public health and safety purposes. PHI may also be used or disclosed if you have been exposed to a communicable disease or are at risk of spreading a disease or condition, if authorized by law. Public health does not include activities to conduct a criminal, civil, or administrative investigation or impose liability on any person for the mere act of seeking, obtaining, providing, or facilitating health care, or to identify any person for these activities.
3. Domestic violence or abuse situations. When authorized by law to report information about abuse, neglect or domestic violence to public authorities if a reasonable belief exists that you may be a victim of abuse, neglect or domestic violence. In such case, the Plan will promptly inform you that such a disclosure has been or will be made unless that notice would cause a risk of serious harm.
4. Health oversight activities. To a health oversight agency for oversight activities authorized by law. These activities include civil, administrative or criminal investigations, inspections, licensure or disciplinary actions (for example, to investigate complaints against health care providers) and other activities necessary for appropriate oversight of benefit programs (for example, to the Department of Labor).
5. Legal proceedings. When required for judicial or administrative proceedings. For example, your PHI may be disclosed in response to a subpoena or discovery request that is accompanied by a court order.
6. Law enforcement health purposes. When required for law enforcement purposes (for example, to report certain types of wounds).
7. Law enforcement emergency purposes. For certain law enforcement purposes, including identifying or locating a suspect, fugitive, material witness or missing person, and disclosing information about an individual who is or is suspected to be a victim of a crime.
8. Determining cause of death and organ donation. When required to be given to a coroner or medical examiner to identify a deceased person, determine a cause of death or other authorized duties. We may also disclose PHI for cadaveric organ, eye or tissue donation purposes.
9. Funeral purposes. When required to be given to funeral directors to carry out their duties with respect to the decedent.
10. Research. For research, subject to certain conditions.
11. Health or safety threats. When, consistent with applicable law and standards of ethical conduct, 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.

12. Workers' compensation programs. When authorized by and to the extent necessary to comply with workers' compensation or other similar programs established by law.
13. Specialized Government Functions. When required, to military authorities under certain circumstances, or to authorized federal officials for lawful intelligence, counterintelligence and other national security activities.

Except as otherwise indicated in this notice, uses and disclosures will be made only with your written authorization, which you have the right to revoke.

Other Uses or Disclosures

The Plan may contact you to provide you information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Section 3: Your Individual Privacy Rights

All requests under this section with respect to information about the Plan should be addressed to:

Privacy Official

New York City District Council of Carpenters Welfare Fund
395 Hudson Street
New York, NY 10014

If a form is required, it will be available from the Privacy Official.

You May Request Restrictions on PHI Uses and Disclosures

You may request the Plan to:

1. Restrict the uses and disclosures of your PHI to carry out treatment, payment or health care operations, or
2. Restrict uses and disclosures to family members, relatives, friends or other persons identified by you who are involved in your care.

The Plan, however, is not required to agree to your request if the Plan Administrator or Privacy Official determines it to be unreasonable.

You May Request Confidential Communications

The Plan will accommodate an individual's reasonable request to receive communications of PHI by alternative means or at alternative locations where the request includes a statement that disclosure could endanger the individual.

You or your personal representative will be required to complete a form to request restrictions on uses and disclosures of your PHI.

You May 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 Plan must provide the requested information within 30 days if the information is maintained on site or within 60 days if the information is maintained offsite. A single 30-day extension is allowed if the Plan is unable to comply with the deadline.

You or your personal representative will be required to complete a form to request access to the PHI in your designated record set. A reasonable fee may be charged.

If access is denied, you or your personal representative will be provided with a written denial setting forth the basis for the denial, a description of how you may exercise your review rights and a description of how you may complain to the Plan and HHS.

Designated Record Set: includes enrollment, payment, claims adjudication and other information used to make decisions about payment for care. Information used for quality control or peer review analyses and not used to make decisions about you is not included.

You Have the Right to Amend Your PHI

You have the right to request that the Plan 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 subject to certain exceptions.

The Plan has 60 days after receiving your request to act on it. The Plan is allowed a single 30-day extension if the Plan is unable to comply with the 60-day deadline. If the Plan denied your request in whole or part, the Plan must provide you with a written denial that explains the basis for the decision. You or your personal representative may then submit a written statement disagreeing with the denial and have that statement included with any future disclosures of that PHI.

You or your personal representative will be required to complete a form to request amendment of the PHI.

You Have the Right to Receive an Accounting of the Plan’s PHI Disclosures

At your request, the Plan will also provide you with an accounting of certain disclosures by the Plan of your PHI. We do not have to provide you with an accounting of disclosures related to treatment, payment, or health care operations, or disclosures made to you or authorized by you in writing. The Plan has 60 days to provide the accounting. The Plan is allowed an additional 30 days if the Plan gives you a written statement of the reasons for the delay and the date by which the accounting will be provided.

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.

Receive a Paper Copy of This Notice

You have the right to obtain a paper copy of this Notice upon request.

Your Personal Representative

You may exercise your rights through a personal representative. 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 take any action for you. Proof of such authority will be a completed, signed and approved Appointment of Personal Representative form or other form acceptable under state or federal law.

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. However, the Plan cannot elect to not treat a person as your personal representative primarily because the person has provided or facilitated reproductive health care at the request of the individual.

Section 4: The Plan's Duties

Maintaining Your Privacy

The Plan is required by law to maintain the privacy of your PHI and to provide you and your eligible dependents with notice of its legal duties and privacy practices.

This notice replaces the Plan's prior Notice and is effective beginning on December 23, 2024 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. If a privacy practice is changed, a revised version of this notice will be provided to you.

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 you or pursuant to your written authorization,
- Disclosures made to the Secretary of the United States Department of Health and Human Services pursuant to its enforcement activities under HIPAA,
- Uses or disclosures required by law, and
- Uses or disclosures required for the Plan's compliance with the HIPAA privacy regulations.

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

- Does not identify you, and
- With respect to which there is no reasonable basis to believe that the information can be used to identify you.

Section 5: 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 file a complaint with the Plan in care of the following person:

Privacy Official

Privacy/Security Officer
New York City District Council of Carpenters Welfare Fund
395 Hudson Street
New York, NY 10014

U.S. Department of Health and Human Services (“HHS”)

You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services (“HHS”). Please contact the nearest office of the Department of Health and Human Services, listed in your telephone directory, visit the HHS website at www.hhs.gov, or contact the Privacy Official for more information about how to file a complaint. The Plan will not retaliate against you for filing a complaint.

Section 6: If You Need More Information

If you have any questions regarding this notice or the subjects addressed in it, you may contact the following Privacy Official.

Privacy/Security Officer
New York City District Council of Carpenters Welfare Fund
395 Hudson Street
New York, NY 10014

Section 7: Conclusion

PHI use and disclosure by the Plan is regulated by the federal Health Insurance Portability and Accountability Act, known as HIPAA. 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 this notice if there is any discrepancy between the information in this notice and the regulations.

HIPAA PRIVACY POLICIES & PROCEDURES

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

**ADOPTED PURSUANT TO THE PRIVACY RULES UNDER THE HEALTH INSURANCE
PORTABILITY AND ACCOUNTABILITY ACT (HIPAA) AS AMENDED BY THE HEALTH
INFORMATION TECHNOLOGY FOR ECONOMIC AND CLINICAL HEALTH ACT (HITECH)**

**APRIL 14, 2003 (REVISED EFFECTIVE SEPTEMBER 23, 2013, JANUARY 1, 2023,
DECEMBER 23, 2024)**

New York City District Council of Carpenters Welfare Fund

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New York City District Council of Carpenters Welfare Fund

Minimum Necessary Policy

This policy and procedure is adopted pursuant to Section 164.502(b) of the privacy rules under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and the Health Information Technology for Economic and Clinical Health Act ("HITECH"). If the privacy rules are changed by HHS, the New York City District Council of Carpenters Welfare Fund (the "Fund") will follow the revised rules.

Minimum Necessary Policy Effective Date

April 14, 2003 (Amended effective September 23, 2013 and January 1, 2023, December 23, 2024).

Minimum Necessary Policy

The HIPAA Privacy Rules require that when using or disclosing PHI, or when requesting PHI from another covered entity, the Fund will make reasonable efforts to limit PHI to the minimum necessary to accomplish the intended purpose of the use, disclosure, or request. The Fund has implemented policies and procedures for routine uses and disclosures. As long as policies and procedures exist, the Fund does not need to make individual assessments of each routine use or disclosure.

To the extent practicable, the Fund will only use, disclose, or request a "limited data set" ("LDS") information. LDS information excludes the following direct identifiers of the individual or of the relatives, employers, or household members of the individual:

1. Names;
2. Postal address information (except town city, state and zip code may be disclosed);
3. Telephone and fax numbers;
4. Social Security numbers, medical record numbers, health plan beneficiary numbers, account numbers or certificate/license numbers;
5. Vehicle identifiers and serial numbers (including license plate numbers), and device identifiers and serial numbers;
6. Email addresses, web universal resource locators (URLs), internet addresses; and
7. Biometric identifiers (such as finger and voice prints), full face photographic images and any comparable images.

LDS information may include dates related to the individual (such as an individual's year of birth or death, year of admission or discharge, or age) and certain geographic information (such as an individual's town, city, state, or zip code).

THE FUND MUST IDENTIFY:

1. The persons or classes of persons, as appropriate, in the workforce who need access to PHI to carry out their duties, and
2. For each person or class of persons: (1) the category of PHI to which access is needed; and (2) any conditions appropriate to such access {45 CFR § 164.514(d)}.
 - a. The Fund will make reasonable efforts to limit PHI to the minimum necessary to accomplish the intended purpose when (a) using PHI, (b) disclosing PHI, and (c) requesting PHI.
 - b. The minimum necessary standard applies to oral, electronic, and written PHI.
 - c. The Fund has identified the persons or classes of persons within the Fund Office who need access to PHI to carry out their job duties. These job categories will be monitored on a regular basis and updated, as necessary.
 - i. The Fund has determined that global access to eligibility and participant demographics is necessary for all Fund Staff because all staff needs this PHI to perform functions of their job.
 - ii. The Fund has adopted data security measures designed to protect PHI and limit access as appropriate which are described in the Fund's Security Policies and Procedures.
 - iii. Occasionally the Fund retains temporary workers to assist in health care operations. Such workers will be trained and informed of the Fund's privacy policies and asked to sign a confidentiality agreement. Temporary worker access to information will be monitored and controlled.
 - d. The Fund has identified the categories or types of PHI needed.
 - e. Fund staff will be trained in their particular job function to recognize information that is necessary to perform the job, and to avoid access to information that is not necessary.
 - f. Fund staff shall direct members to the particular Claims Administrator for claims-related inquiries. When requested, Fund staff will coordinate claims-related inquiries with a particular Claims Administrator on a member's behalf to resolve customer service issues. If staff needs PHI outside the scope of their work, they should discuss the need with their supervisor and/or Privacy/Security Officer who may access this information.
3. The Fund has identified the conditions appropriate to access PHI.
 - a. Fund staff must be trained on the Fund's HIPAA Privacy and Security Policies and Procedures before they may access PHI.
 - b. Address changes must be made in writing to the Fund using the "Address Change Form."

- c. Fund staff may only access an individual's PHI when they are working on a payment or health care operation issue involving the individual or their dependent(s). For example, an employee cannot view a file on which they are not working, unless access is necessary for purposes of assuring consistent and accurate payment or health care operations customer service.
- d. Fund staff may not discuss an individual's PHI unless it is necessary to perform a payment or health care operation function. When necessary, the appropriate staff members may access PHI in order to perform specific job functions.
- e. The Privacy/Security Officer shall determine what access each employee shall be granted.

Routine Disclosures

- 1. When information is disclosed to the Trustees, the Fund Office will make reasonable efforts to limit PHI to the minimum necessary to accomplish the intended purpose
- 2. When receiving a request for PHI from a Public Officer or agency for a permitted disclosure, the Fund Office may rely on the judgment of the requestor as to the minimum amount of information that is necessary.

The Privacy/Security Officer, supervisor or counsel, as deemed appropriate, will review all such requests to determine if they are routine disclosures.

- 3. Business associate agreements should require a business associate to request from the Fund only the minimum information necessary to perform their functions on behalf of the Fund.
- 4. Routine disclosures to a Business Associate, as listed in this document, have been reviewed by the Fund and are consistent with the minimum necessary rule.
- 5. The Privacy/Security Officer has determined that for Routine Disclosures related to payment or health care operations, the minimum necessary information may require more than LDS information.

Non-Routine Disclosures

The Privacy/Security Officer must approve any non-routine disclosures. A non-routine disclosure is a disclosure of PHI that is not addressed by the minimum necessary protocols. Each non-routine disclosure must be reviewed on an individual basis. The criteria for reviewing a non-routine disclosure are as follows:

- 1. The non-routine disclosure must be necessary to (i) allow the Fund to carry out its obligations under ERISA, HIPAA, and governing plan documents, (ii) required by law, or (iii) pursuant to an individual's authorization.
- 2. The non-routine disclosure must be limited to LDS information unless the Privacy/Security Officer determines that additional information is reasonably necessary to accomplish the purpose of the disclosure.

3. The non-routine disclosure must be otherwise consistent with the Fund's privacy policies.
4. The non-routine disclosure must not be prohibited by the HIPAA privacy rules.
5. A request for a non-routine disclosure that is accompanied by participant written authorization that is compliant with HIPAA will be honored in a manner consistent with the Fund's privacy policies. Pursuant to the participant's authorization, the information described in the authorization will be disclosed, even if that information is more than the LDS information or additional information that is reasonably necessary to accomplish the purpose of the disclosure.
6. Fund staff may not discuss or share an individual's PHI unless it is necessary to perform a health care operation function for the Fund or requested pursuant to a properly executed Authorization. For example, if a healthcare provider requests copies of an individual's birth certificate, marriage certificate, claims information, or any identifying information etc., the Fund will only provide it if the individual requests the disclosure pursuant to an Authorization.

Requests

1. Generally, the Fund does not request PHI from another health plan, but if requesting such information, the Fund will make reasonable efforts to limit PHI to the LDS information, or as determined by the Privacy/Security Officer, additional information that is the minimum necessary to accomplish the intended purpose.
2. Generally, the Fund does not request medical records, but if requesting medical records from a health care provider, the Fund will not request the entire medical file, but only that portion necessary to accomplish the intended purpose and the minimum necessary. If the Fund determines that the entire medical file must be requested, the Privacy/Security officer must approve the request and authorization from the individual is required.
3. Generally, Fund staff will not request psychotherapy notes, but if requesting psychotherapy notes, Fund staff will not request psychotherapy notes without written authorization from the individual. Psychotherapy notes are notes recorded in any medium by a health care provider who is a mental health professional documenting or analyzing the contents of conversation during a private counseling session or a group, joint, or family counseling session. Psychotherapy notes are only those notes that are kept separate from the rest of the medical record. Summary medical information regarding psychotherapy may be used without written authorization if for treatment, payment, or health care operations purposes.

Minimum Necessary Rule Not Applicable

Pursuant to the HIPAA privacy rules, the Minimum Necessary standard does not apply to the following uses, disclosures, and requests for PHI:

1. Disclosures or requests to a health care provider for treatment purposes. The Fund does not generally engage in treatment; its services are limited to health care operations and payment. The treatment exception would generally only apply when information is requested by a health care provider for treatment purposes.

2. Disclosures to the individual who is the subject of the PHI. The identity of the individual must be verified pursuant to the Verification Policy and Procedure outlined in this document.
3. Disclosures based on an authorization.
4. Disclosures to HHS for compliance and enforcement purposes related to HIPAA's administrative simplification requirements.
5. Uses or disclosures required by other laws.
6. Uses or disclosures required for compliance with HIPAA's electronic data interchange (EDI) transaction standards. Any required or situationally required EDI elements do not have to meet the minimum necessary test. However, the minimum necessary standard does apply to optional data elements. Therefore, before including optional data elements in a HIPAA standard transaction, the Fund Office must have a protocol for that use or disclosure.

New York City District Council of Carpenters Welfare Fund

Minimum Necessary Procedures

Routine Disclosures to Business Associates

In order to implement the minimum necessary rules, we have listed each business associate and the type of information routinely discussed by the Fund to the Business Associate.

HEALTH CARE SERVICE PROVIDERS

Independence
Current agreement with Independence Administrators (“IA”) renews periodically. Contract: Retainer/Business Associate agreement.
Services: Medical and behavioral health. IA performs claims payment, claims screening, utilization, and peer review. IA conducts EDI transmissions on behalf of the Fund. IA hears first and second level appeals.
Minimum Necessary Information Routinely Disclosed by Fund: The Fund provides eligibility and demographic information to IA, including dependent data.
Reports from IA to the Fund: Eligibility information, Claims Reports, and CMS reports

Express Scripts
Agreement is between Express Scripts and the Fund. Contract: Retainer/Business Associate agreement; Contract renews periodically.
Services: Adjudication of health benefit claims for prescription drugs; utilization review; customer service; reporting overpayments (re: Fund requests/member); cost-sharing amounts; Appeals are heard by PBM.
Minimum necessary information routinely disclosed by Fund: Fund discloses eligibility and dependent status.

Empire HealthChoice Assurance Inc. (“Empire Dental”)
Agreement is between Empire Dental and Fund. Contract: Retainer/Business Associate agreement; Contract renews periodically.
Services: Dental administration. Empire Dental performs claims payment, claims screening, utilization, and peer review for dental benefits. Empire Dental conducts EDI transmissions on behalf of the Fund. Empire Dental hears first and second level appeals.
Minimum Necessary Information Routinely Disclosed by Fund: The Fund provides eligibility and demographic information to Empire Dental, including dependent data.

Reports from Empire Dental to the Fund: Claims Reports, eligibility information, second level appeals and utilization reports
Comprehensive Professional Systems, Inc. (“CPS”)
Agreement is between Comprehensive Professional Systems, Inc. (“CPS”) and Fund. Contract: Retainer/Business Associate agreement; Contract renews periodically.
Services: Administers Optical benefit. CPS performs claims payment, claims screening, utilization and provides optical benefits and provides optical panel. CPS hears appeals.
Minimum Necessary Information Routinely Disclosed by Fund: The Fund provides eligibility and demographic information to CPS, including dependent data.
Reports from CPS to the Fund: Claims Reports, appeals, utilization reports
General Visions Services (“GVS”)
Agreement is between GVS and Fund. Contract: Retainer/Business Associate agreement; Contract renews periodically.
Services: Administers Optical benefit. GVS performs claims payment, claims screening, utilization and provides optical benefits and provides optical panel. GVS hears appeals.
Minimum Necessary Information Routinely Disclosed by Fund: The Fund provides eligibility and demographic information to GVS, including dependent data.
Reports from GVS to the Fund: Claims Reports, appeals, utilization reports
Bridgeway (Software/Systems Vendor)
Agreement is between Bridgeway (formerly ISSI) (Software/Systems Vendor) and the Fund. Contract: Retainer/Business Associate agreement; Contract renews periodically.
Services: Creates files and communicates with various vendors for the Fund Office.
Minimum necessary information routinely disclosed by Fund: Fund Office discloses information for health care operations and payment.
Amalgamated Life Insurance Company (“Amalgamated”)
Agreement is between Amalgamated and the Fund. Contract: Retainer/Business Associate agreement; Contract renews periodically.
Services: Provides life insurance and accidental death and dismemberment benefits and coverage

Minimum Necessary Information Routinely Disclosed by Fund: The Fund provides eligibility and demographic information, including dependent data.
Reports provided by Amalgamated to the Fund: Provides claims data
Amalgamated Employee Benefits Administrators (“AEBA”)
Agreement is between AEBA and the Fund. Contract: Retainer/Business Associate agreement; Contract renews periodically.
Services: Administers NY Paid Family Leave benefits
Minimum Necessary Information Routinely Disclosed by Fund: The Fund provides eligibility and demographic information.
Reports provided by AEBA to the Fund: Claims Reports, utilization reports

PROFESSIONALS

Counsel
Contract/Agreement: Contract is evergreen.
Services: Counsel/Legal Services
Minimum necessary information routinely disclosed by Fund: Case-by-case basis
Reports provided to Fund: None

Segal Consulting
Contract: Retainer/Business Associate agreement; contract is evergreen.
Services: Consulting services
Minimum necessary information routinely disclosed by Fund: ASC965, Retiree information, Ad hoc reports, as needed, case-by-case basis
Schultheis & Panettieri, LLP
Agreement is between Auditor and the Fund. Contract: Retainer/Business Associate agreement; Contract renews periodically.
Services: Assists in preparing financial statements and other documents, provides reporting and auditing functions on behalf of the Plan; conducts payroll audits.

Minimum necessary information routinely disclosed by Fund: The Plan provides health claims and records via paper and electronically.

Reports to the Plan: Verification reports and verification of contributions. The reports contain verification of services, which may contain individually identifiable health information. Other documents necessary to complete function of services provided.

New York City District Council of Carpenters Welfare Fund

Use of Authorizations Policy Statement

This policy and procedure is adopted pursuant to Section 164.508 of the privacy rules under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the Health Information Technology for Economic and Clinical Health Act ("HITECH"). The Plan will also require authorizations as required under the HIPAA Privacy Rule to Support Reproductive Health Care Privacy, published April 26, 2024. If the privacy rules are changed by HHS, the Fund will follow the revised rules.

Use of Authorizations Privacy Effective Date

April 14, 2003 (Amended effective September 23, 2013 and January 1, 2023, December 23, 2024).

Use of Authorizations Privacy Policy

Except as otherwise provided under the privacy regulations or other applicable law, the Fund may not use or disclose PHI without a valid authorization. An authorization is not required for use or disclosure of PHI for treatment, payment, or health care operations or for uses or disclosures otherwise permitted under the privacy rules.

If an authorization is asked for or received, the Fund will only use or disclose PHI in a manner consistent with the authorization.

New York City District Council of Carpenters Welfare Fund

Use of Authorizations Procedures

1. A valid authorization is required for any use or disclosure of PHI, except as provided under these procedures or under the privacy regulations.
2. An authorization is not required for use or disclosure of PHI for treatment, payment, or health care operations.
3. The Fund will seek authorization for disclosures of PHI for reasons other than treatment, payment, or health care operations. The Fund will seek a heightened level of authorization as instructed by the Rule to Support Reproductive Health Care Privacy, published April 26, 2024.
4. If the Fund seeks an authorization for a use or disclosure of PHI, the Fund must provide the individual with a copy of the signed authorization, when applicable.
5. The Privacy/Security Officer will make a determination as to whether a specific use or disclosure of PHI other than those defined under the “Minimum Necessary Policy” requires an authorization.
6. The Fund’s business associate, the hospital/medical administrator, is responsible for administering Behavioral Health benefits. Therefore, if applicable, the Fund will obtain an authorization to use or disclose treatment notes/psychotherapy notes except:
 - a. Use or disclosure by the Fund to defend a legal action, or
 - b. Use or disclosure to the Secretary of Health and Human Services (HHS) regarding compliance with HIPAA privacy rules,
 - c. Use or disclosure as required by law,
 - d. Use or disclosure for health oversight activities with respect to the oversight of the originator of the notes,
 - e. Use or disclosure to coroners and medical examiners,
 - f. Use or disclosures to an individual, when requested under, and as required by their right to inspect, copy and receive an accounting of their PHI,
 - g. Use or disclosures, consistent with applicable law and standards of ethical conduct, where the Fund 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 is to a person reasonably able to prevent or lessen the threat, including the target of the threat.
7. The Fund will use authorizations for marketing purposes. Refer to the Fund’s Marketing and Prohibition on the Sale of PHI Policy and Procedure for more information. The Fund does not generally use PHI for marketing purposes.

8. The Fund will use authorizations in the case of a sale of PHI. Refer to the Fund's Marketing and Prohibition on the Sale of PHI Policy and Procedure for more information. The Fund does not generally sell PHI.
9. If the Privacy/Security Officer determines that an authorization is required, then the Fund will attempt to obtain a valid authorization from the individual.
10. Individuals always have the option to sign an authorization to disclose their PHI to the recipient(s) of their choice.
11. Authorizations will be used to disclose the PHI of a deceased individual for a period of 50 years following the individual's death. The authorization shall be executed by the personal representative of the deceased. After 50 years have passed, the individually identifiable information of the decedent will no longer be PHI, and as such, an authorization will no longer be needed to disclose that information.
12. The Privacy/Security Officer, supervisor or counsel, as deemed appropriate, will use the Fund's authorization form or other acceptable forms. Additional information may be included on the form as long as it is not inconsistent with the form.
13. When the form is completed and submitted by the covered individual or other appropriate party, the Privacy/Security Officer, supervisor or counsel, as deemed appropriate, will review the form to ensure that it is signed and complete. If the form has not been signed, is not properly completed or is otherwise defective, the Privacy/Security Officer, supervisor or counsel, as deemed appropriate, will re-send the form to the covered individual within ten business days with a specific explanation of the reason for rejecting the form.
14. The authorization must have an expiration date or event and must be signed and dated.
15. An authorization is not valid if:
 - a. The expiration date has passed, or the expiration event is known by the Fund to have occurred.
 - b. The authorization has not been filled out completely.
 - c. The authorization is known by the Fund to have been revoked.
 - d. Any material information in the authorization is known by the Fund to be false.
16. Authorizations should be on separate forms. If two authorizations are required, separate forms should be used.
17. The Fund will generally not condition the provision to an individual of treatment, payment, enrollment or eligibility on receipt of an authorization from the individual. However, the Fund may condition enrollment or eligibility for benefits on receipt of authorization prior to enrollment if the authorization is sought for underwriting or risk rating determinations and does not relate to psychotherapy notes.
18. If a personal representative signs the authorization form, then there must be proof of the representative's authority on file with the Fund.

19. An individual may revoke an authorization at any time by providing a signed written notice to the Fund by mail, facsimile, email, or hand-delivery. An oral revocation will not be valid. A revocation will not be valid to the extent the Fund has relied on the authorization.
20. The Fund will retain all authorizations for at least six years from the expiration date of the authorization, in accordance with the Fund's record retention policy and procedure.
21. Where an authorization is required by the Fund's Business Associates, those will be maintained by the appropriate organization.

**New York City District Council of Carpenters Welfare Fund
Authorization Form for Release of Medical Information**

I _____ hereby authorize the use or disclosure of my health information as described in this authorization.

1. Specific person/organization (*or class of persons*) authorized to provide the information:

New York City District Council of Carpenters Welfare Fund

2. Specific person/organization (*or class of persons*) authorized to receive all of the below information:

☐ _____

3. Specific and meaningful description of the information:

Please check the applicable box or describe the information you wish the Fund to disclose:

- ☐ Copy of Birth Certificate ☐ Copy of Marriage Certificate
☐ Written, electronic and oral information related to eligibility for benefits for the period commencing on _____ and continuing through _____.
☐ Written, electronic and oral information including claims, reports, and other documents related to claims for benefits for an injury or illness commencing on _____ and continuing through _____.
☐ Other: _____

4. **Purpose of the request:** Please state the purpose of the request below. If you do not wish to state a purpose, please state, "At the request of the individual." The Fund will forward the authorization to the appropriate parties. _____
5. **Right to Revoke:** I understand that I have the right to revoke this authorization at any time by notifying the New York City District Council of Carpenters Welfare Fund in writing at 395 Hudson Street, New York, NY 10014. I understand that the revocation is only effective after it is received and logged by the Fund. I understand that any use or disclosure made prior to the revocation under this authorization will not be affected by a revocation.
6. I understand that after this information is disclosed, federal law might not protect it and the recipient might disclose it again.
7. I understand that I am entitled to receive a copy of this authorization.
8. I understand that this authorization will **expire within one year** of the date of this authorization is signed.
9. The Fund will not condition treatment, payment, enrollment, or eligibility for health plan benefits on receipt of an authorization.

Signature of Individual

Date

Address

If a Personal Representative executes this form, that Representative warrants that they have authority to sign the form on the basis of:

This authorization reflects the requirements of 45 C.F.R. § 164.508 (August 14, 2002, as updated by HITECH, January 25, 2013).

New York City District Council of Carpenters Welfare Fund

Verification - Policy Statement

This policy and procedure is adopted pursuant to Section 164.514(h) of the privacy rules under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). If the privacy rules are changed by HHS, the Fund will follow the revised rules.

Verification Effective Date

April 14, 2003 (Amended effective September 23, 2013 and January 1, 2023, December 23, 2024).

Verification Policy

This policy is adopted pursuant to section 164.514(h) of the privacy regulations under HIPAA.

1. **General Policy:** It is the policy of the Fund to verify the identity of an individual or entity requesting Protected Health Information (PHI), and to verify the authority of such individual to have access to PHI, before the PHI is disclosed to the individual, if the identity or any such authority of the individual is not known to the Fund.

It is also the policy of the Fund to obtain any documentation, statements, or representations, whether oral or written, from the person requesting the PHI when such documentation, statement or representation is a condition of the disclosure under HIPAA. The Fund may rely, if such reliance is reasonable under the circumstances, on documentation, statements, or representations that, on their face, meet HIPAA's requirements.

2. **Public Officials:**

- a. **Administrative Requests from Law Enforcement Officials:** If all of the conditions required before the Fund can disclose information to a law enforcement Officer pursuant to an administrative request are met, then the verification requirements are satisfied by the administrative subpoena or similar process, or by a separate written statement that, on its face, demonstrates that the applicable requirements have been met. No additional verification is required. See Law Enforcement Policy and Privacy regulation section 164.512(f)(1)(ii)(C).
- b. **Identity & Authority of Other Public Officials:** The identity and authority of all other Public Officers must be verified in the manner set out in the Fund's Verification Procedure for Public Officers.

3. **Imminent Serious Threat to Health and Safety:** A disclosure to an individual or entity pursuant to section 164.512(j)(1)(i) (other than to a Public Officer) to avert an imminent threat to health or safety is allowed without further verification if the Fund has a good faith belief that the disclosure is necessary to prevent or lessen a serious or 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. If these conditions are met, no further verification is needed. In such emergencies, the Fund is not required to demand written proof that the person requesting the PHI is legally authorized. The Fund can reasonably rely on verbal representations.
4. **Where Verification is Not Required:** This policy does not apply to disclosures made under section 164.510 of HIPAA's privacy regulation regarding disclosures for facility directories, and disclosures for involvement in an individual's care and for notification purposes. Verification is not required for these disclosures.

New York City District Council of Carpenters Welfare Fund

Verification - Procedures

1. **When Required:** Subject to any exceptions noted in the Fund's verification policy, unless an individual or entity is requesting PHI in person and the identity and authority of the individual or entity is personally known to Fund office staff, the Fund must verify the identity and authority of the individual. Individuals are deemed to have the authority to obtain their own PHI, unless otherwise indicated.
2. **Manner of Verifying Identity:**
 - a. **Request in Person for Individual's Own PHI:** If an individual makes a request for their own PHI in person, they must show the Fund one piece of identification such as a valid picture ID, Driver's License, passport, or union card to verify their identity.
 - b. **Request by Telephone or Electronically for Individual's Own PHI:**

Fund staff responding to a question by telephone for an individual's own PHI must verify the individual's identity by asking them to verify two facts in their file, such as the following:

 - i. Name,
 - ii. Address including zip code,
 - iii. Date of birth,
 - iv. Marital status,
 - v. Home or cell phone number,
 - vi. Social security number or last 4 digits of social security number or unique ID PIN # (which the individual will select and the Fund will note in the system), and
 - vii. If a request is made for specific claims information, the participant must put the request in writing. The information will be sent to the participant's last-recorded mailing address on record.
 - c. **Request by Mail or Fax for Individual's Own PHI:** Any request for disclosure of PHI by mail or fax must be accompanied by a copy of at least one form of identification such as a driver's license, passport, or union card to verify their identity. Documents must be mailed to the individual's last-recorded mailing address of the individual unless a written change of address form has been received.
 - d. **Requests on Behalf of Another:** PHI will not be disclosed to an individual requesting this information on behalf of another unless the individual is a personal representative of the individual (as set out in the Fund's Personal Representative Policy). Fund staff will confirm the authority of a person to act on behalf of the

individual by making sure that the personal representative procedure has been followed (i.e., a personal representative form has been completed indicating the authority of the individual to act on behalf of another). The individual acting on behalf of another must verify their identity as well as the identity of the individual for whom they are requesting information as outlined above. Spouses and parents/guardians must also verify their relationship to the individual, in addition to verifying their identity, by providing the last 4 digits of the participant's social security number, date of birth or address, etc. The Plan may elect not to treat a person as the personal representative of an individual if: the Plan Administrator or the Privacy Official has a reasonable belief that the individual has been or may be subjected to domestic violence, abuse, or neglect by such person; or treating such person as the personal representative could endanger the individual; and the Plan Administrator or the Privacy Official, in the exercise of professional judgment, decide that it is not in the best interest of the individual to treat the person as the individual's personal representative. However, the Plan's reasonable basis for electing not to treat a person as a personal representative of an individual, despite state law or other requirements of the Privacy Rule, cannot be primarily because the person has provided or facilitated reproductive health care by such person and at the request of the individual.

- e. **Requests involving a translator:** If an individual requests that a translator assist them in discussing PHI with the Fund, the Fund shall either obtain an authorization (and verify identity of the translator) or follow the procedure set forth in the Fund's policy for Involvement in an Individual's Care.
- f. **Requests by Health Care Providers:** Requests from providers will be directed to the applicable claims administrator. However, where requested, PHI will be disclosed to a Health Care Provider for purposes related to the payment or health care operations of the Fund. If the Health Care Provider calls via telephone, the Fund will disclose PHI after the following steps:

The health care provider must state their name and provider identification number.

The health care provider must identify the individual's identity with the following:

- i. Last name and first initial,
 - ii. Date of birth,
 - iii. Claim number, and
 - iv. Gender
- g. **Requests by Public Officials:**
 - i. **Identifying Public Officials:** The Fund office will rely, if such reliance is reasonable under the circumstances, on any of the following to verify the identity of a Public Official or a person acting on behalf of a Public Official:
 - 1) If the request is made in person, presentation of an agency identification badge, other Official credential, or other proof of government status;

- 2) If the request is in writing, the request is on appropriate letterhead; or
 - 3) If the disclosure is to a person acting on behalf of a Public Official, a written statement on appropriate government letterhead that the person is acting under the government's authority or other evidence or documentation of agency, such as a contract, memorandum of understanding, or purchase order, that establishes that the person is acting on behalf of the Public Official.
- ii. **Confirming Authority of Public Official:** The Fund will rely, if such reliance is reasonable under the circumstances, on any of the following to verify authority when the disclosure of PHI is to a Public Official or a person acting on behalf of the Public Officer (this confirmation cannot be completed via telephone):
- 1) A written statement of the legal authority under which the PHI is requested, or if a written statement is impractical, an oral statement of such legal authority;
 - 2) If a request is made pursuant to legal process, a warrant, subpoena, order, or other legal process issued by a grand jury or judicial or administrative tribunal is presumed to constitute legal authority.
- iii. **Requests by Other Parties:** When an entity (other than the individual themselves, a personal representative, or Public Official) requests disclosure of PHI that is otherwise allowed under HIPAA and the Fund's Policies and Procedures, their identity and authority must also be confirmed. An entity will have the authority to receive the information if a valid authorization is completed pursuant to the Fund's authorization policy. For all other entities, the authority and identity of the entity must be confirmed in writing on letterhead to the Fund Office that the entity is who they claim to be. The entity must also provide a written statement describing the authority under which the PHI is requested. The Fund is not required to verify the identity and authority of an individual, business associate or other entity that is known to the Fund to be ongoing.

New York City District Council of Carpenters Welfare Fund

Recognition of Personal Representative - Policy Statement

This policy and procedure is adopted pursuant to Section 164.502 of the privacy rules under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the Health Information Technology for Economic and Clinical Health Act ("HITECH"), and pursuant to section 2560.503-1 of the claims and appeals regulation under the Employee Retirement Income Security Act ("ERISA"). If the privacy rules are changed by HHS, the Fund will follow the revised rules.

Recognition of Personal Representative Effective Date

April 14, 2003 (Amended effective September 23, 2013 and January 1, 2023, December 23, 2024).

Recognition of Personal Representative Policy

The Fund will treat a personal representative as the individual for purposes of implementing the HIPAA privacy rules and ERISA's claims and appeals procedure rules (subject to any limitations in the Summary Plan Description).

1. The personal representative may only have access to PHI that is consistent with and relevant to the scope of authority set out in the personal representative form.
2. The Plan may elect not to treat a person as the personal representative of an individual if:
 - a. The Fund has a reasonable belief that:
 - i. The individual has been or may be subjected to domestic violence, abuse, or neglect by such person; or
 - ii. Treating such person as the personal representative could endanger the individual; and
 - b. The Fund, in the exercise of professional judgment, decides that it is not in the best interest of the individual to treat the person as the individual's personal representative.

The following individuals will be deemed to be a personal representative of an individual without having to complete a personal representative form, unless the Fund agrees to a request by an individual to restrict disclosure of PHI to the deemed personal representative under section 164.522 of the privacy regulation:

1. Each sender maintains its own policy as outlined in their Privacy statement. For information maintained by the Fund Office, the following applies.
2. **Dependent Children Including Unemancipated Minors:** The Fund will consider a parent or guardian as the personal representative of an unemancipated minor unless applicable law requires otherwise, or the Fund agrees to abide by a participant or beneficiary request that the Fund restrict disclosure of PHI to a parent or guardian.
3. **Deceased Individuals:** Upon presentation to the Fund of identifying documentation of authority, the Fund will automatically recognize the following persons as personal representatives of deceased individuals or their estates:

- a. Executors;
- b. Administrators; or
- c. Other persons with authority to act on behalf of the deceased individual or their estate.

The Fund will comply with the terms of this policy and procedure with respect to the PHI of a decedent for a period of 50 years following the date of such decedent's death. After 50 years have passed, the identifiable health information of the decedent is no longer considered PHI protected by the privacy rules.

- 4. **Treating Physician Regarding an Urgent Claim:** In the case of an "urgent claim," a "health care professional" (as these terms are defined in ERISA's claims regulation) with knowledge of a participant's or beneficiary's medical condition will be automatically recognized by the Fund as a personal representative. The health care professional is deemed to be a personal representative only with respect to the disclosure of PHI directly relating to the urgent claim.
- 5. **Power of Attorney:** Upon presentation to the Fund of identifying documentation of authority, the Fund will automatically recognize any person who holds a medical legal power of attorney (or health proxy) for an individual as that individual's personal representative (subject to any limitations in the Summary Plan Description).
- 6. **Other Applicable Law:** The Fund will recognize any person who is authorized under State or other applicable law (e.g., court-appointed legal guardian) to act on behalf of the individual in making healthcare-related decisions as that individual's personal representative. It may be necessary for the person to present identifying documentation of authority to the Fund.
- 7. **Spouses, Other Family Members or Other Close Personal Friend of the Individual:** The Fund may disclose PHI to an individual who is not a personal representative (or deemed to be a personal representative) if they are a family member, other relative or close personal friend of the individual, or any other person identified by the individual, and the disclosure is directly relevant to such person's involvement with the individual's care or payment for the individual's care pursuant to sections 164.510(b) of HIPAA's privacy regulation in accordance with the Plan's *Use & Disclosure for Involvement in an Individual's Care and for Notification Purposes* and *Verification Policies and Procedures*. This rule extends to the PHI of a decedent unless doing so is inconsistent with any prior expressed preference of the decedent that is known to the Fund. See the Fund's Policy and Procedure for Uses and Disclosures for Involvement in an Individual's Care and for Notification Purposes.

Where a personal representative form has been completed and approved, it will be recognized by the Plan. The individual has a right to revoke the designation at any time by submitting a signed statement to the Plan office revoking the designation. To designate another individual as personal representative, a new personal representative form must be completed and approved by the Plan.

New York City District Council of Carpenters Welfare Fund

Recognition of Personal Representatives - Procedures

Other than those individuals deemed to be personal representatives in paragraph 2 of the Policies related hereto, the Fund will only treat an individual as a personal representative where a personal representative form, or such other form as recognized by the Fund has been filled out and the Fund Office has approved the designation. Individuals may request a copy of the personal representative form by calling the Fund Office. All personal representatives will be subject to the Fund's verification procedure.

New York City District Council of Carpenters Welfare Fund

Appointment of Personal Representative

I, _____ [Name of Participant or Beneficiary]

Mailing address: _____

Phone: (_____) _____

hereby designate: _____ [Name of Personal Representative]

Mailing address: _____

Phone: (_____) _____

Relationship to Participant or Beneficiary _____ to act on my behalf or on behalf of: _____ [Name of Dependent]

I authorize my Personal Representative to act for me [and for my covered spouse or dependent, if named above,] in receiving any information that is (or would be) provided to me as a participant/beneficiary of the Fund, including but not limited to, any information that relates to my claim for coverage or benefits under the Fund and any individual rights that I have regarding my protected health information under HIPAA.

[Or alternatively, --- I authorize my Personal Representative to act for me and for my covered spouse and dependents (if named above) in receiving the following protected health information to conduct the following functions on my behalf:

I understand that this designation is subject to approval by the Fund. I also understand that, once approved, this designation will remain in effect unless I revoke it. I understand that I have the right to revoke this designation at any time by submitting a signed statement to that effect to the Fund Office.

I certify that I have reviewed the Fund's Policy for Recognition of Personal Representative.

Participant's or Beneficiary's Signature

Date

Personal Representative's Signature

Date

New York City District Council of Carpenters Welfare Fund

Use & Disclosure for Involvement in an Individual's Care and for Notification Purposes - Policy Statement

This policy and procedure is adopted pursuant to Section 164.510(b) of the privacy rules under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the Health Information Technology for Economic and Clinical Health Act ("HITECH"). If the privacy rules are changed by HHS, the Fund will follow the revised rules.

Effective Date

April 14, 2003 (Amended effective September 23, 2013 and January 1, 2023, December 23, 2024).

Use & Disclosure for Involvement in an Individual's Care and for Notification Purposes Policy

The Fund may disclose to a family member, other relative, or a close personal friend of an individual, or to any other person identified by the individual, protected health information directly relevant to such person's involvement with the individual's care or payment related to the individual's health care. This disclosure can only be made where the individual that is the subject of the PHI is given the opportunity to agree or object according to the Fund's Procedure for Use & Disclosure for Involvement in an Individual's Care and for Notification Purposes. The agreement or objection should be documented unless otherwise stated.

The Fund may also use and disclose protected health information to notify, or assist in the notification of (including identifying or locating) a family member, a personal representative of the individual, or another person responsible for the care of the individual, of the individual's location, general condition, or death. Any such use or disclosure must be made according to the Fund's Procedure for Use & Disclosure for Involvement in an Individual's Care and for Notification Purposes.

In addition, the Fund may disclose a decedent's PHI to a family member, other relative, or close personal friend of the decedent, or any other person previously identified by the decedent to the Fund if the disclosure is directly relevant to such person's involvement with the decedent's care or payment related to the decedent's healthcare, unless doing so is inconsistent with any prior expressed preference of the decedent that is known to the Fund. The Fund will comply with the terms of this policy and procedure with respect to the PHI of a decedent for a period of 50 years following the date of such decedent's death. After 50 years have passed, the individually identifiable health information of the decedent is no longer considered PHI protected by the privacy rules.

The general purpose of this rule is to allow disclosure in those limited instances where disclosure of protected information to next-of-kin (or to those with a close relationship to an individual) is necessary, or it is needed in order to locate next-of-kin or other individuals involved in their care. This policy will also allow disclosure of protected health information to disaster relief organizations under certain circumstances.

Disclosures made under this policy and procedure are not subject to the Fund's verification policy.

Exceptions

- This policy and procedure will not apply to disclosures to individuals who are personal representatives in accordance with the Fund's Recognition of Personal Representative Policy & Procedure.
- This policy and procedure does not apply to disclosure made to avert an imminent threat to health or safety, as described in section 11 of the Fund's Policy Regarding the Disclosure for Public Health, Law Enforcement, or Legal Process.
- The Plan may disclose PHI to public health authorities authorized by law to collect or receive PHI for the purpose of population-level activities to prevent disease in and promote the health of the population. This may include identifying, monitoring, preventing, or mitigating ongoing or prospective threats to the health or safety of a population, which may involve the collection of PHI. This exception does not include activities with any of the following purposes: to conduct a criminal, civil, or administrative investigation into any person for the mere act of seeking, obtaining, providing, or facilitating healthcare; to impose criminal, civil, or administrative liability on any person for the mere act of seeking, obtaining, providing, or facilitating healthcare; or to identify any person for any of the activities listed above.

New York City District Council of Carpenters Welfare Fund

Use & Disclosure for Involvement in an Individual's Care and for Notification Purposes - Procedure

The following procedures must be followed before PHI is disclosed to a person involved in an individual's care or for notification purposes:

1. **Use or Disclosure with the Individual Present:** If an individual is present for, or otherwise available prior to a use or disclosure to those involved in an individual's care or for notification purposes, and the individual has the capacity to make health care decisions, the Fund may use or disclose protected health information if the Fund:
 - a. Obtains the individual's agreement (either orally or in writing);
 - b. Provides the individual with the opportunity to object to the disclosure, and the individual does not express an objection; or
 - c. Reasonably infers from the circumstances, based on the exercise of professional judgment, that the individual does not object to the disclosure.

This procedure may be followed when a translator accompanies an individual.

2. **Limited Uses and Disclosures When the Individual is not Present:** If an individual is not present, or the opportunity to agree or object to the use or disclosure cannot practicably be provided because of the individual's incapacity or an emergency circumstance, the Fund may, in the exercise of professional judgment, determine whether the disclosure is in the best interest of the individual and, if so, disclose only the protected health information that is directly relevant to the person's involvement with the individual's health care. The Fund may use professional judgment and its experience with common practice to make reasonable inferences of the individual's best interests in allowing a person to act on behalf of the individual in obtaining protected health information on their behalf to assist an individual in their care or payment for their care.
3. **Use and Disclosure for Disaster Relief Purposes:** The Fund may use or disclose protected health information to a public or private entity authorized by law or by its charter to assist in disaster relief efforts, for the purpose of coordinating with such entities the uses or disclosures permitted to notify or assist in notifying persons involved in an individual's care. Disclosures to these entities must be made according to sections 1 and 2 above where the Fund determines, in the exercise of its professional, good faith judgement, that the requirements in sections 1 and 2 do not interfere with the ability to respond to an emergency situation.
4. **Documentation:** All written agreements to allow disclosure or written objections to the disclosure must be kept according to the Fund's Record Retention Policy.

New York City District Council of Carpenters Welfare Fund

Claims and Appeals - Privacy Policy Statement

This policy and procedure is adopted pursuant to Section 164.502(g) of the privacy rules under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), Section 2560.503-1 of the claims and appeals regulation under the Employee Retirement Income Security Act ("ERISA"), and the Affordable Care Act ("ACA"). If the privacy rules are changed by HHS, the Fund will follow the revised rules.

Claims and Appeals Privacy Effective Date

April 14, 2003 (Amended effective September 23, 2013 and January 1, 2023, December 23, 2024).

Claims and Appeals Policy

The claims and appeals process is a payment function which means that individual authorization is not required to use or disclose protected health information for this purpose.

The Fund will safeguard the privacy of protected health information ("PHI") used and disclosed during the claims and appeal process by using and disclosing only the information that is minimally necessary to make internal claims determinations and appeals and external reviews, and by limiting access to PHI to only those staff and service providers (business associates) who need to review this information. See Fund's Minimum Necessary policy. In addition, in dealing with PHI involving health claims, the Fund will recognize all individuals' rights required by HIPAA and set forth in the Fund's Individual Rights Policies and Procedures.

New York City District Council of Carpenters Welfare Fund

Claims and Appeals - Privacy Procedure

The Fund will incorporate the following procedures within the claims process:

1. Initial Claim Review:

All claims determinations are made by the Fund's TPAs. PHI provided to the Fund's TPAs (business associates) will be limited to only that which is minimally necessary.

2. Appeals:

All appeals are to be heard by the Fund's TPAs and, in some cases, by the Trustees.

Any information compiled for the Fund's TPAs or Trustees on appeals that they are to review will include only LDS information, unless the Fund staff determines that additional identifying information is necessary. Only documents relevant to the claim will be provided to the TPAs or Trustees. If and to the extent that any PHI is provided electronically to TPAs or Trustees, it will only be sent through secure methods such as encrypted email or through a secure web portal.

The notice of appeal determination will only be sent to the individual making the appeal request (subject to the Fund's rules regarding personal representatives, persons involved in an individual's care/payment, or other individual where authorization is not required under the privacy regulation). Only the information required under the ERISA claims regulation, as amended by the Affordable Care Act, will be disclosed in the notice.

4. Individual Inquiries on Claims:

All inquiries concerning claims that involve the disclosure of PHI are subject to the Fund's Policy and Procedure to verify the identity and authority of the individual making the request. In addition, any Fund disclosure of PHI in response to inquiries made on behalf of another will only be made with an individual authorization, unless the individual requesting the PHI is a personal representative, someone involved in an individual's care/payment, or other individual where authorization is not required under the privacy regulation. All PHI concerning claims obtained in responding to individual inquiries will be safeguarded pursuant to the Fund's Security Policy and Record Retention Policy and Procedure.

New York City District Council of Carpenters Welfare Fund

De-Identification - Policy Statement

This policy and procedure is adopted pursuant to Section 164.514 of the privacy rules under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the Guidance Regarding Methods for De-Identification of Protected Health Information in Accordance with the HIPAA Privacy Rule dated November 26, 2012. If the privacy rules are changed by HHS, the Fund will follow the revised rules.

De-Identification Effective Date

April 14, 2003 (Amended effective September 23, 2013 and January 1, 2023, December 23, 2024).

De-Identification Policy

The Fund may disclose health information that has been “de-identified” without observing other HIPAA-required policies and procedures, because de-identified information is not subject to the HIPAA privacy rules.

Health information that does not identify an individual, that complies with the de-identification policies and procedures, and which the Fund believes cannot be used to identify an individual is considered “de-identified.”

If reasonable, to the extent possible, the Fund will use de-identified information for Fund administration purposes.

New York City District Council of Carpenters Welfare Fund

De-Identification - Procedures

1. The following identifiers of the individual or of relatives, employers, or household members of the individual are removed, and the Fund does not have knowledge that the information provided could be used alone or in combination with other information to identify an individual who is a subject of the information:
 - a. Names;
 - b. All geographic subdivisions smaller than a state, including street address, city, county, precinct, and zip codes. The initial three digits of a zip code may be used if, according to the current publicly available data from the Bureau of the Census, the geographic unit formed by combining all zip codes with the same three initial digits contains more than 20,000 people. If the geographic units which make up the initial three digits of a zip code contain 20,000 or fewer people, the first three digits must be changed to 000. Utilizing Census 2000 data, zip codes with the following initial three digits must have the zip code changed to 000: 036, 059, 063, 102, 203, 556, 692, 790, 821, 823, 830, 878, 879, 884, 890, and 893.
 - c. All elements of dates (except year) for dates directly related to an individual, including birth date, admission date, discharge date, date of death; and all ages over 89 and all elements of dates (including year) indicative of such age, except that such ages and elements may be aggregated into a single category of age 90 or older;
 - i. For example, de-identified information could not include the date and month of a medical procedure or event (i.e., 1/1/2009) but it may include only the year (i.e., 2009).
 - ii. Age may be included in de-identified information, except that ages over 89 must be indicated as 90 or above, whether the actual age is stated or implied (i.e., if the birth year is 1910 and treatment is provided in 2010, the birth year must be reported as "on or before 1920").
 - d. Telephone numbers;
 - e. Fax numbers;
 - f. Email addresses;
 - g. Social security numbers;
 - h. Medical record numbers;
 - i. Health plan beneficiary numbers;
 - j. Account numbers;
 - k. Certificate/license numbers;

- l. Vehicle identifiers and serial numbers, including license plate numbers;
 - m. Device identifiers and serial numbers;
 - n. Web Universal Resource Locators (URLs);
 - o. Internet Protocol (IP) address numbers;
 - p. Biometric identifiers, including finger and voice prints;
 - q. Full face photographic images and any comparable images; and
 - r. Any other unique identifying number, characteristic, or code, except as permitted for re-identification of the data as set forth below.
 - Examples include the fact that an individual is the “current President of State University” or a clinical trial identification number.
 - s. Parts or derivatives of any of the above-listed identifiers may not be included in de-identified information. For example, de-identified information may not include the last four digits of an individual’s social security number or participant’s initials.
2. **REIDENTIFICATION:** The Fund may assign a code or other means of record identification to maintain in the database to allow de-identified information to be re-identified by the Fund, provided that:
- a. Derivation. The code or other means of record identification is not derived from or related to information about the individual and is not otherwise capable of being translated so as to identify the individual; and
 - b. Security. The Fund does not use or disclose the code or other means of record identification for any other purpose, and does not disclose the mechanism for re-identification.

New York City District Council of Carpenters Welfare Fund

Breach Notification - Policy Statement

This policy and procedure is adopted pursuant to Subpart D of Part 164 of Title 45 of the Code of Federal Regulations (Section 164.400, *et seq.*), under the Health Information Technology for Economic and Clinical Health (HITECH) Act, enacted as part of the American Recovery and Reinvestment Act of 2009. If the breach notification rules are changed by HHS, the Fund will follow the revised rules.

Breach Notification Policy Effective Date:

September 23, 2009 (Amended effective September 23, 2013 and January 1, 2023, December 23, 2024).

Breach Notification Policy

The Fund will follow this notification procedure to determine if there has been a breach of unsecured Protected Health Information (PHI) and to respond to any such breach. Unsecured PHI is PHI that has not been rendered unusable, unreadable, or indecipherable through the use of a technology or methodology specified by HHS. At this time, the specified technologies and methodologies are:

1. Encryption for electronic PHI “in motion,” “at rest” and “in use.” The Fund’s encryption policies, if any, are described in its Security Policies and Procedures.
2. Hardcopy PHI, whether documents, discs, tapes, flashdrives or any other portable technology that is destroyed by shredding.
3. Electronic PHI is destroyed in accordance with applicable guidance issued by HHS. The Fund’s Security Policies and Procedures describe its procedures for the destruction of electronic PHI, if any.
4. A breach of unsecured PHI means the acquisition, access, use or disclosure of unsecured PHI in a manner that is not permitted by the HIPAA privacy rules, and that compromises the security or privacy of the PHI. However, the following three circumstances are excluded from the definition of a breach:
 - a. An unintentional acquisition, access, or use of PHI by a workforce member acting in good faith and within the scope of their authority, as long as the acquisition, access or use does not result in further use or disclosure in a manner not permitted by the privacy rule.
 - b. Any inadvertent disclosure of PHI by a workforce member authorized to access PHI to another person who is authorized to access PHI maintained by the Fund, as long as the information received as a result of that disclosure is not further used or disclose in a manner not permitted by the Privacy Rule.

- c. A disclosure of PHI where the Fund has a good faith belief that an unauthorized person to whom the disclosure was made would not reasonably be able to return such information.

If the violation does not fit into one of the three exclusions, the Privacy/Security Officer will presume that a breach of unsecured PHI has occurred unless a risk assessment, conducted in accordance with these procedures, determines that there is a low probability that the PHI has been compromised. If the Privacy/Security Officer determines that there has been a breach of unsecured PHI, the Fund will provide notification in accordance with these procedures. In situations where the Privacy/Security Officer may have been responsible (or partly responsible) for the breach, counsel or other appropriate designee will make this determination.

The HIPAA privacy rule's administrative requirements discussed elsewhere in the Fund's HIPAA Privacy Policies and Procedures (*e.g.*, providing training to workforce, having a complaint process, applying sanctions for violations, maintaining documentation, *etc.*) apply to these breach notification requirements.

Business Associates

When a Business Associate or a Business Associate's agent/subcontractor is responsible for the breach, the Business Associate is obligated to inform the Fund of the breach as soon as possible but within no longer than 60 days or as such time as mandated by the BAA. Upon receipt of such notice, the Fund will determine in each instance whether the required breach notices will be provided by the Fund or by the applicable Business Associate. However, if the Business Associate agreement sets forth a procedure that governs how breach notices will be provided if the Business Associate is responsible for the breach, the provisions of the Business Associate agreement will be followed as long as they are permissible under applicable law.

NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS WELFARE FUND

Breach Notification - Procedures

Determination of Violation

1. All members of the Fund's workforce are required to report to the Fund's Privacy/Security Officer any use or disclosure of PHI that might be a violation of these Policies and Procedures or the privacy rules. Reports may be made orally or in writing, but must be provided immediately upon committing any action that the person believes may have violated the Fund's Policies and procedures or privacy rules or immediately upon learning that another member of the workforce or any other person (such as a Business Associate) may have done something in violation of the Fund's Policies and Procedures or the privacy rules.
2. The Privacy/Security Officer will:
 - a. Accept reports from any person who believes there may have been a violation of the Fund's privacy rules,
 - b. Investigate the alleged violation of the Fund's privacy rules,
 - c. Question the person or workforce member reporting the perceived violation,
 - d. Question the workforce member or other person who is alleged to have violated the Fund's privacy rules,
 - e. Question other persons or workforce members who may have information about the alleged violation,
 - f. Determine, in consultation with other workforce members and the Fund's professional advisors, as appropriate, whether there has been a breach of unsecured PHI, as defined in the Fund's Breach Notification Policy Statement and in Section 164.402, (i.e., there has been an acquisition, access, use or disclosure not permitted by the privacy rule that has compromised the security or privacy of PHI). To make this determination, the Privacy/Security Officer may have to conduct a risk assessment as described below in subsection 4, and
 - g. Make and keep a written record of the breach incident investigation and of the determination whether there has been a breach of unsecured PHI.
3. If the Privacy/Security Officer may have been responsible (or partly responsible) for a breach of unsecured PHI, counsel or other appropriate designee will conduct the investigation and make the determination whether there has been a breach requiring notification.

4. If the Privacy/Security Officer believes that the privacy or security of PHI may not have been compromised, they may conduct a risk assessment (after an alleged violation of the privacy rules has been reported and before a Breach Notification is provided to affected individuals) to determine whether there is a low probability that PHI has been compromised. The risk assessment will base its determination on consideration of at least the following factors:
 - a. The nature and extent of the PHI involved, including the types of identifiers and the likelihood of re-identification;
 - b. The unauthorized person who used the PHI or to whom the disclosure was made;
 - c. Whether the PHI was actually acquired or viewed; and
 - d. The extent to which the risk to the PHI has been mitigated.

If the risk assessment is not conducted or if the Privacy/Security Officer determines that there is more than a low probability that PHI has been compromised, a Breach Notification will be provided as set forth in this procedure. If, based on the risk assessment, the Privacy/Security Officer determines that there is a low probability that PHI has been compromised, a Breach Notification will not be provided.

5. Any records related to the investigation and/or risk assessment will be retained in accordance with the Record Return Policy.

Notification to an Individual of a Breach of Unsecured PHI

1. The Fund will, following the discovery of a breach of unsecured PHI, notify each individual whose unsecured PHI has been – or is reasonably believed to have been – accessed, acquired, used, or disclosed as a result of the breach.
2. The Fund will provide the notice to each individual without unreasonable delay and in no case later than 60 calendar days after discovery of a breach. Notification may be delayed at the request of a law enforcement official if the official states that notice would impede a criminal investigation or cause damage to national security.
3. The individual notices will be in writing, in plain language, and will include, to the extent possible, all of the following points:
 - a. A brief description of what happened (including the date of the breach and the date of the discovery of the breach, if known),
 - b. A description of the types of unsecured PHI that were involved in the breach (such as whether full name, social security number, date of birth, home address, account number, diagnosis, or other types of information were involved) – without listing the actual individual identifiers or other sensitive information involved,
 - c. Any steps that individuals should take to protect themselves from potential harm,

- d. A brief description of what the Fund is doing to (i) investigate the breach, (ii) mitigate harm, and (iii) protect against further breaches, and
 - e. Contact information for individuals to ask questions including a toll-free phone number, an e-mail address, a Web site, or postal address.
- 4. The Fund will mail these notices, by first-class mail, to the individual's last known address or, if the individual agrees to electronic notice and such agreement has not been withdrawn, the Fund will provide notice by electronic mail. If the Fund knows the individual is deceased and has the address of next of kin or personal representative, the notice will be mailed to that person.
- 5. If the Fund has insufficient or out-of-date contact information for fewer than 10 individuals, the Fund will use an alternate form of notice such as telephone. If the Fund has insufficient or out-of-date contact information for 10 or more individuals, the Fund will notify those individuals either through a conspicuous posting on the Fund's website for a period of 90 days or conspicuous notice in appropriate major print or broadcast media.
- 6. In situations deemed urgent by the Fund due to the possible imminent misuse of unsecured PHI, the Fund may provide notice to the affected individual(s) by phone or other means, in addition to providing the individual written notice.
- 7. If the individual affected by breach is a minor or otherwise lacks legal capacity due to a physical or medical condition, the Fund will provide the notice to the individual's personal representative (who, in the case of a minor child, will typically be the child's parent).

Notification to HHS

- 1. For breaches of unsecured PHI that involve fewer than 500 individuals, the Fund will keep a log and report these breaches to HHS on an annual basis, not later than 60 days after the end of each calendar year in which the breaches were discovered by the Fund, in the manner specified on the HHS website. The Fund may opt to report breaches to HHS at the same time it sends notices to individuals, in the manner specified on the HHS website.
- 2. For breaches of unsecured PHI involving 500 or more individuals, the Fund will notify HHS at the same time it provides the individual notices required above, in the manner specified on the HHS website. Notification may be delayed at the request of a law enforcement official if the official states that notice would impede a criminal investigation or cause damage to national security.

Notification to the Media for Breaches Involving 500+ Individuals

- 1. For breaches involving more than 500 residents of one state or one jurisdiction (*i.e.*, a geographic area smaller than a state, such as a county, city or town), the Fund will notify prominent media outlets serving the state or jurisdiction at the same time it provides the individual notices required above. Notification may be delayed at the request of a law enforcement official if the official states that notice would impede a criminal investigation or cause damage to national security. The Fund must notify the media directly, and not by posting the notification on its website. The Fund is not required to incur any cost to print or run a media notice.

Breach by Business Associate

1. Through its Business Associate agreements or otherwise, the Fund will require its Business Associates to promptly notify the Fund of any breach of unsecured PHI for which the Business Associate or one of its agents/subcontractors is or may be responsible.
2. Through its Business Associate Agreement or otherwise, the Fund will determine whether any required notices will be provided by the Fund or by the applicable Business Associate.

Documentation

1. The Fund will maintain documentation sufficient to demonstrate that for each incident (1) the requisite investigation and/or risk assessment was conducted, and (2) all required notifications were provided or the use or disclosure at issue did not constitute a breach of unsecured PHI (and thus no notifications were required).
2. The Fund will maintain such documentation in accordance with the Records Retention Policy.

New York City District Council of Carpenters Welfare Fund

Complaint Policy for Violation of Privacy Rules

This policy and procedure is adopted pursuant to Section 164.530(d) of the privacy rules under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). If the privacy rules are changed by HHS, the Fund will follow the revised rules.

Complaint Policy Effective Date:

April 14, 2003 (Amended effective January 1, 2023, December 23, 2024).

Complaint Policy

The Fund accepts and will investigate complaints of violations of the Fund's privacy policies and procedures from covered individuals as well as complaints from Fund staff.

The Privacy/Security Officer will determine:

1. Whether there has been a violation of the Fund's privacy policies and procedures,
2. The seriousness and effect of the violation, and
3. Any corrective action that may be taken.

The Privacy/Security Officer will document all complaints received and their outcome, if any.

New York City District Council of Carpenters Welfare Fund

Complaint Procedures

Form of Complaints

1. Complaints must be in writing. They may be on the Fund's Complaint Form or they may be in another written form. Complaints must contain:
 - a. The date of the complaint,
 - b. The date of the alleged violation or other action that is the subject of the complaint,
 - c. The name or position of the party against whom the complaint is made,
 - d. The substance of the complaint, and
 - e. The name and signature of the complainant.
2. Fund staff will accept written complaints from covered individuals and from Fund employees. When Fund employees receive oral complaints from covered individuals, they will inform the individual that complaints must be in writing and they will send the individual a complaint form to complete and return to the Fund Office. Fund employees may first submit complaints in writing or orally but oral complaints must be followed with written complaints.
3. The Fund staff will date-stamp the complaint when it is received.
4. The Fund staff will forward written complaints to the Privacy/Security Officer for review.

Disposition of Complaint

1. The Privacy/Security Officer will:
 - a. Investigate the complaint,
 - b. Question the covered individual or employee making the complaint, if necessary,
 - c. Question the party alleged to have violated the privacy policies and procedures,
 - d. Consider any documents, evidence or testimony offered on behalf of the party alleged to have violated the Fund's privacy policies and procedures,
 - e. Determine whether there has been a violation of the Fund's privacy policies and procedures,
 - f. Determine whether any corrective action is necessary as a result of the complaint,
 - g. Implement any corrective measures necessary as a result of the complaint,
 - h. Document any corrective measures taken,

- i. When appropriate, inform the employee, participant or beneficiary of the determinations made with regard to the complaint,
 - j. Make and keep a record of the complaint investigation, including the complaint and the Fund's findings, to ensure consistency of determinations and corrective measures for similar violations, and
 - k. Retain written records for six years beginning from the date on which there is a disposition of the complaint.
2. The Privacy/Security Officer will make a disposition of the complaint within 60 days of the date that the complaint is date stamped in the Fund Office.

New York City District Council of Carpenters Welfare Fund

Complaint Form

Name of Complainant: _____

Current Date: _____

Date of Violation: _____

Name of Employee perceived to have violated the privacy policies and procedures:

My complaint is: _____

I am completing this complaint form with regard to the Fund's practices, policies, procedures, or compliance under the privacy standards of the Health Insurance Portability and Accountability Act (HIPAA). I understand that although the Fund reviews and makes determinations regarding every complaint received, the Fund does not respond to every complaint in writing. I understand that I will not be retaliated against for submitting this complaint.

Signature of Complainant: _____

New York City District Council of Carpenters Welfare Fund

Report of Complaint Investigation

Current Date: _____

Date of Incident: _____

Name of Complainant: _____

Name of Employee perceived to have violated the privacy policies and procedures:

Report of Investigation of Complaint Regarding Violation of privacy policies and procedures:

Corrective measures, if any, and date of implementation: _____

Name of Privacy/Security Officer: _____

Signature of Privacy/Security Officer: _____

New York City District Council of Carpenters Welfare Fund

Anti-Retaliation - Policy Statement

This policy and procedure is adopted pursuant to Section 164.530(g) of the privacy rules under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). If the privacy rules are changed by HHS, the Fund will follow the revised rules.

Anti-Retaliation Effective Date

April 14, 2003 (Amended effective January 1, 2023, December 23, 2024).

Anti-Retaliation Policy

In compliance with Section 164.530, the Fund will not take retaliatory action against any person who files a complaint with the Fund or with the Department of Health and Human Services.

The Fund will not intimidate, threaten, coerce, discriminate against, or take other retaliatory action against:

1. Any individual for exercising their rights under the privacy rules or for filing a complaint or participating in other process established by the privacy rules; or
2. Any individual or other person or entity for filing a complaint about the Fund's HIPAA privacy compliance with the Secretary of Health and Human Services; or
3. Any individual or other person or entity for testifying, assisting, or participating in an investigation, compliance review, proceeding, or hearing involving; or
4. Any individual or other person or entity for opposing any act or practice made unlawful by HIPAA, provided the individual or person or entity has a good faith belief that the practice opposed is unlawful. The manner of the opposition must be reasonable and not involve a disclosure of PHI in violation of HIPAA regulations. For example, an employee who discloses PHI to the media or friends is not protected.

New York City District Council of Carpenters Welfare Fund

Mitigation of Harmful Effects - Policy Statement

This policy and procedure is adopted pursuant to Section 164.530(f) of the privacy rules under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). If the privacy rules are changed by HHS, the Fund will follow the revised rules.

Mitigation of Harmful Effects Effective Date

April 14, 2003 (Amended effective January 1, 2023, December 23, 2024).

Mitigation of Harmful Effects Policy

In compliance with Section 164.530, the Fund will mitigate to the extent practicable any harmful effects known to the Fund by a use or disclosure of protected health information (PHI) in violation of the Fund's policies and procedures or HIPAA regulations by employees of the Fund or any business associate.

In order to mitigate harmful effects, the use or disclosure of PHI that violates the Fund's procedures and/or HIPAA must be known to the Fund. This means the Privacy/Security Officer must have been informed of the violation by an individual, a member of the Fund's workforce, or a business associate.

When mitigating harmful effects, the Fund will take reasonable steps based on knowledge of where the information has been disclosed, how it might be used to cause harm to an individual, and what steps can actually have a mitigating effect in that specific situation.

New York City District Council of Carpenters Welfare Fund

Sanctions for Violation of Privacy Rules - Policy Statement

This policy and procedure is adopted pursuant to Section 164.530(e) of the privacy rules under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). If the privacy rules are changed by HHS, the Fund will follow the revised rules.

Sanctions Policy Effective Date:

April 14, 2003 (Amended effective January 1, 2023, December 23, 2024).

Sanctions Policy

An employee of the Fund who is responsible for handling Protected Health Information (PHI) of covered individuals will be sanctioned for violating the HIPAA privacy rules and the privacy policies and procedures adopted by the Fund.

The Privacy/Security Officer will determine whether there has been a violation of the privacy rules, the seriousness and effect of the violation and the sanction to be imposed on the employee.

The Privacy/Security Officer has discretion to determine appropriate sanctions for violation of the privacy rules. Sanctions will include disciplinary action up to and including dismissal.

New York City District Council of Carpenters Welfare Fund

Sanctions Procedures

Determination of Violation

1. All Fund employees are required to report any perceived violations of the Fund's privacy rules to the Privacy/Security Officer. Reports may be made in writing.
2. The Privacy/Security Officer will:
 - a. Investigate the alleged violation of the privacy rules,
 - b. Question the employee reporting the perceived violation,
 - c. Question the employee who is alleged to have violated the privacy rules,
 - d. Consider any evidence or testimony accompanying the report of violation or submitted on behalf of the employee alleged to have violated the privacy rules,
 - e. Determine whether there has been a violation of the privacy rules, and
 - f. Make and keep a record of the investigation.

Determination of Sanction

1. The Privacy/Security Officer will determine:
 - a. The gravity of the violation of the privacy rules, and
 - b. The appropriate sanction to be imposed on the employee.
2. The Privacy/Security Officer has discretion to determine appropriate sanctions and will consider:
 - a. Whether the violation is accidental or egregious,
 - b. Whether it is a first-time violation or a repeated violation, and
 - c. Current human resources policies and practices governing other workplace sanctions.
3. The Privacy/Security Officer will make and keep a record of sanctions imposed to ensure consistency of sanctions for similar violations.
4. Sanctions will not be imposed for disclosures of protected health information that meet the conditions set out in sections 164.530(g)(2) and 164.502(j) of the privacy rule regarding whistleblower protections.

New York City District Council of Carpenters Welfare Fund

Report of Privacy Rules Violation

Current Date: _____

Date of Violation: _____

Name of Employee perceived to have violated the privacy rules:

Perceived violation of privacy rules: _____

Name of Person completing this Report (please print): _____

Signature of Person completing this Report: _____

New York City District Council of Carpenters Welfare Fund

Sanction for Violation of Privacy Rules

Current Date: _____

Date of Violation: _____

Name of Employee found to have violated the privacy rules:

Sanction for violation of privacy rules: _____

Name of Privacy/Security Officer: _____

Signature of Privacy/Security Officer: _____

New York City District Council of Carpenters Welfare Fund

Training - Policy Statement

This policy and procedure is adopted pursuant to Section 164.530(b) of the privacy rules under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). If the privacy rules are changed by HHS, the Fund will follow the revised rules.

Training Effective Date

April 14, 2003 (Amended effective January 1, 2023, December 23, 2024).

Training Policy

It is the policy of the Fund to train the Fund's workforce, including all Fund personnel, on all Fund policies and procedures concerning the use or disclosure of protected health information implemented for compliance with the privacy requirements under HIPAA.

New York City District Council of Carpenters Welfare Fund

Training - Procedures

1. Timing of Training:

- a. The Fund provided training to all of its personnel no later than April 14, 2003 and it periodically provided training on multiple dates thereafter.
- b. After April 14, 2003, each new employee of the Fund will be trained within a reasonable time after they join the Fund's work force.
- c. Training will also be provided to each member of the Fund staff whose functions are affected by a material change in the Fund's policies and procedures. This training will take place within a reasonable time after the material change in policy or procedure becomes effective.
- d. The Fund will re-train personnel, as necessary.
- e. The Fund will train temporary employees and independent contractors as necessary based on their assignment.

2. Manner of Training:

- a. All Fund employees attended instructional sessions conducted by Privacy/Security Officer or other outside entity discussing the Fund's privacy policies and procedures.
- b. The Privacy Officer will arrange for all training and ensure that all personnel are trained.
- c. The Privacy Officer or other appropriate outside entity will conduct training for new employees.
- d. All Fund training must include a discussion of prohibited uses and disclosures of PHI as well as any sanctions that may be imposed against personnel who violate the Fund's privacy policies and procedures.
- e. As part of this initial training, all employees must be apprised of the Fund's written privacy policies and procedures and where they can access and review them as well as receive a copy of the Fund's Notice of Privacy Practices distributed to Participants.

3. Documentation: Each employee must certify that they have completed the initial privacy training. They must also certify their participation in any subsequent training. Employees must sign the sign in sheet or other form of certification to certify that they have completed the training.

New York City District Council of Carpenters Welfare Fund

Disclosure of Protected Health Information (PHI) for Public Health, Law Enforcement, or Legal Process - Policy Statement

This policy and procedure is adopted pursuant to Section 164.512 of the privacy rules under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the Health Information Technology for Economic and Clinical Health Act ("HITECH"). If HHS changes the privacy rules, the Fund will follow the revised rules.

DISCLOSURE OF PHI FOR PUBLIC HEALTH, LAW ENFORCEMENT, OR LEGAL PROCESS EFFECTIVE DATE

April 14, 2003 (Amended effective September 23, 2013 and January 1, 2023, December 23, 2024).

DISCLOSURE OF PHI FOR PUBLIC HEALTH, LAW ENFORCEMENT, OR LEGAL PROCESS POLICY

The Fund may use and disclose Protected Health Information (PHI) for Public Health, Law Enforcement, or Legal Process purposes under the following conditions:

- The Fund may disclose this information without the consent or authorization of the individual who is the subject to the information.
- The Fund is not required to give the individual the opportunity to agree or object to the use or disclosure.
- These uses and disclosures must comply with the minimum necessary rule – that is, the information used or disclosed must be limited to LDS information or additional information that is minimally necessary to accomplish the business purpose. (Only uses and disclosures required by law are not subject to the minimum necessary rule.)
- In all cases involving these uses and disclosures, the Privacy/Security Officer or their designee must review and authorize the use or disclosure.
- Verification of the identity of Public Officers requesting PHI should be made pursuant to the Fund's Verification Policies and Procedures.
- The Fund will comply with the terms of this policy and procedure with respect to the PHI of living individuals, and of decedents for a period of 50 years following the date of the decedent's death. Fifty years after a decedent's death, their identifiable health information is no longer considered PHI protected by the privacy rule.
- The uses and disclosures listed below are permitted by the HIPAA privacy rules, but the Fund reserves the right to refuse to make the disclosure or to seek legal guidance regarding whether the disclosure should be made, including but not limited to seeking guidance from a court of applicable jurisdiction.

1. **USES AND DISCLOSURES REQUIRED BY LAW:** The Fund may use or disclose PHI to the extent that the use or disclosure is required by law. The use or disclosure must comply with and be limited to the relevant requirements of the law. If the use or disclosure is to report abusive situations, to comply with judicial or administrative legal process, or for law enforcement purposes, the use or disclosure must also comply with these policies and procedures.

Uses and disclosures that are required by law are not subject to the minimum necessary rule.

For example, the Fund may disclose PHI pursuant to an administrative subpoena, but the PHI must be limited to that authorized to be disclosed on the face of the subpoena.

2. **PUBLIC HEALTH REASONS:** The Fund may disclose PHI to public health authorities authorized by law to collect or receive PHI for the purpose of disease control or prevention. This includes but is not limited to the following:

- a. Reporting disease or injury,
- b. Reporting vital events such as birth or death,
- c. Conduct of public health surveillance,
- d. Conduct of public health investigations, and
- e. Conduct of public health interventions.

The Fund may disclose PHI at the direction of a public health authority to an Officer of a foreign government agency that is acting in collaboration with a public health authority.

3. **CHILD ABUSE OR NEGLECT:**

The Fund may disclose PHI to public health authorities or other appropriate government authority authorized by law to receive reports of child abuse or neglect.

4. **FOOD AND DRUG ADMINISTRATION ENFORCEMENT:**

The Fund may disclose PHI to persons subject to the jurisdiction of the FDA for the purpose of activities related to the quality, safety or effectiveness of an FDA-regulated product or activity.

5. **COMMUNICABLE DISEASE:**

The Fund will disclose PHI to a person who may have been exposed to a communicable disease, or may otherwise be at risk of contracting or spreading a disease or condition, if the Fund and the public health authority are authorized by law to notify such person as necessary in the conduct of a public health intervention or investigation.

6. **SAFETY LAW REPORTING AND EMPLOYER MEDICAL SURVEILLANCE:**

The Fund may need PHI in order to comply with its obligations under state and federal law as applicable, including the Occupational Safety and Health Act (OSHA), the Federal Mine

Safety and Health Act (FMSHA), and similar state laws that require the Fund to record illness or injury to carry out responsibilities for workplace medical surveillance.

The Fund may, from time to time, employ or hire a covered health care provider to assist it with applicable federal and state disclosure obligations, and for the following purposes:

- a. To conduct an evaluation relating to medical surveillance of the workplace or
- b. To evaluate whether the individual has a work-related illness or injury.

If the covered health care provider is a member of the Fund's workforce, they may, without authorization, disclose to the Fund PHI that consists of findings concerning a work-related illness or injury or a workplace-related medical surveillance.

In this case, the provider must give written notice to the individual that their PHI is disclosed to the Fund by either (1) giving the written notice to the individual at the time the health care is provided or (2) if the health care is provided on the Fund's worksite, by posting the notice in a prominent place at the location where the health care is provided.

7. **VICTIMS OF ABUSE, NEGLECT OR DOMESTIC VIOLENCE:** The Fund will disclose PHI about an individual whom it reasonably believes to be a victim of abuse, neglect or domestic violence to a government authority, including a social service or protective services agency, authorized by law to receive reports of such abuse, neglect or domestic violence.

Disclosure will be made only:

- a. After authorization by the individual;
- b. To the extent required by law and to the extent that the disclosure complies with the law;
- c. If expressly authorized by statute or regulation and the Fund believes, in the exercise of professional judgment, that the disclosure is necessary to prevent further harm to the victim or other people;
- d. If expressly authorized by statute or regulation and if a Public Officer represents that an investigation will be adversely affected by waiting for authorization by the individual and that disclosure will not be used against the individual.

The Fund must inform the individual of any disclosure unless it believes informing the individual would place the individual at risk of serious harm, or if it would be informing a personal representative who it believes is responsible for the abuse or injury and informing the representative would not be in the best interests of the individual.

This section does not apply to reports of child abuse or neglect, which are addressed in Section 3.

8. **HEALTH OVERSIGHT ACTIVITIES:** The Fund will disclose PHI to a health oversight agency for oversight activities authorized by law, such as audits; investigations; inspections; licensure or disciplinary actions; civil, administrative, or criminal proceedings or actions; or other activities necessary for oversight of:

- a. the health care system;
- b. government benefit programs for which health information is relevant to beneficiary eligibility;
- c. entities subject to government regulation for which health information is necessary for determining compliance with program standards; or
- d. entities subject to civil rights laws for which health information is necessary for determining compliance.

The Fund will not disclose PHI for an investigation or other activity in which the individual is the subject of the investigation and the investigation is not related to the receipt of health care, a claim for public benefits related to health, qualification for or receipt of public benefits or services when a patient's health is integral to the public benefits or services.

Health oversight agencies include an agency or authority of the United States, including the Department of Labor, a State, a territory, a political subdivision of a state or territory, or an Indian tribe that is authorized by law to oversee the health care system (both public and private) or government programs described in this Section.

- 9. **DISCLOSURE IN RESPONSE TO A COURT ORDER:** The Fund will disclose PHI in the course of any judicial or administrative proceeding in response to an order of a court or administrative tribunal. The Fund will disclose only the PHI expressly authorized by such order.
- 10. **DISCLOSURE IN THE COURSE OF JUDICIAL OR ADMINISTRATIVE PROCEEDING WITHOUT A COURT ORDER**

The Fund will not disclose PHI in response to a subpoena, discovery request or other lawful process unless it verifies that the individual is aware of the request and has not made a valid objection to it, in accordance with the rules set forth in this Section.

Counsel will be consulted, if necessary, when a subpoena, discovery request, or other lawful process is received.

The Fund will disclose PHI in response to a subpoena, discovery request, or other lawful process, not accompanied by an order of a court or administrative tribunal, **ONLY** if it receives "written documentation" from the party seeking the PHI that: reasonable efforts have been made to ensure that the individual who is the subject of the PHI has been given notice of the request and either did not object or a court overruled the objection.

Written documentation means a statement by the requestor that:

- The party requesting disclosure has made a good faith attempt to provide written notice to the individual whose PHI is being sought, or if the individual's location is unknown, has mailed a notice to the individual's last known address;
- The notice included sufficient information to allow the individual to go to court and object to the release; and
- The time for objections has expired or the court has resolved the objections.

The Fund will also disclose PHI in response to a subpoena, discovery request, or other lawful process if the parties have agreed to a qualified protective order and have presented it to a court or administrative tribunal, or if the party seeking the PHI has requested a qualified protective order from such a court or administrative tribunal. A qualified protective order means an order of a court or administrative tribunal or a stipulation by the parties that prohibits the parties from using or disclosing the PHI for any purpose other than the litigation or proceeding for which the PHI was requested. It must also require the return or destruction of the PHI (including all copies made) at the end of the proceeding.

11. **LAW ENFORCEMENT PURPOSES:** The Fund will disclose PHI for a law enforcement purpose to a law enforcement Officer. The Privacy/Security Officer, supervisor or counsel, as deemed appropriate, will be responsible for this disclosure, and must take reasonable steps to verify that an individual is a member of a law enforcement entity.

The Fund is required by law to report of certain types of wounds or other physical injuries.

The Fund will disclose PHI as required by and as relevant to the following legal process:

- A court order, court-ordered warrant or subpoena, or summons issued by a judicial officer,
- A grand jury subpoena, or
- An administrative request, including an administrative subpoena or summons, or a civil or an authorized investigative demand, or similar process under law, IF the PHI sought is relevant to a legitimate law enforcement inquiry, the request is specific and limited to the purpose for which the information is sought, and certification is made that de-identified information could not be used.

The Fund will disclose PHI about an individual in response to a law enforcement Officer's request for such information for the purpose of identifying or locating a suspect, fugitive, material witness, or missing person, but the Fund will supply only the following information:

- a. Name and address;
- b. Date and place of birth;
- c. Social security number;
- d. ABO blood type and rh factor;
- e. Type of injury;
- f. Date and time of treatment;
- g. Date and time of death, if applicable; and
- h. A description of distinguishing physical characteristics, including height, weight, gender, race, hair and eye color, presence, or absence of facial hair (beard or moustache), scars, and tattoos.

The Fund will not disclose for the purposes of identification or location of any PHI related to the individual's DNA or DNA analysis, dental records, or typing, samples or analysis of body fluids or tissue unless directed by law enforcement or court order.

12. **PHI OF VICTIMS:** The Fund will disclose PHI in response to a law enforcement Officer's request about an individual who is or is suspected to be a victim of a crime if:

- The individual agrees to such disclosure, or
- If the individual is unable to agree due to incapacity or other emergency circumstance, the law enforcement Officer must represent that PHI is needed to determine whether a violation of law by someone other than the victim has occurred, and that such information is not intended to be used against the victim, that immediate law enforcement activity which depends upon the disclosure would be materially and adversely affected by waiting until the individual is able to agree to the disclosure, and that disclosure is in the best interests of the person.

The Fund will also disclose PHI about a deceased individual to law enforcement authorities if law enforcement suspects the individual's death resulted from a criminal act.

The Fund will disclose PHI if it has a good faith belief that it is evidence of a crime on Fund premises.

13. **OTHER ENTITIES:** The Fund will provide PHI to a coroner or medical examiner for the purpose of identification of a deceased person, determination of cause of death, or the coroner's other duties as authorized by law.

The Fund will also disclose PHI to funeral directors as necessary for fulfillment of their duties. If necessary, PHI may be disclosed prior to and in anticipation of the individual's death.

The Fund will disclose PHI to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of cadaveric organs, eyes, or tissue for the purpose of facilitating organ, eye, or tissue donation and transplantation.

14. **RESEARCH:** The Fund may provide PHI for research if a waiver is approved by an Institutional Review Board or by an independent privacy board who has reviewed the effect on the individual's privacy rights. At least one board member must have no conflict of interest. The Fund must also receive representations from researchers that PHI will not be removed from Fund premises and that it is necessary for the research purposes.

Any such waiver must have an adequate plan to protect identifiers from disclosure and to destroy the identifiers at the earliest opportunity unless there is a justification for retaining the identifiers. They must also contain adequate written assurances that the PHI will not be reused or disclosed to any other person or entity.

The waiver must state that research could not practicably be conducted without access to and use of the PHI and must have a brief description of the PHI for which use or access has been determined to be necessary by the IRB or privacy board. There must be a statement that the alteration or waiver of authorization has been reviewed and approved under either normal or expedited review procedures.

15. **DISCLOSURE TO AVERT A SERIOUS THREAT TO HEALTH OR SAFETY:** The Fund will disclose PHI if the Fund, in good faith, believes it to be necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. Such disclosure must be to persons reasonably able to prevent or lessen the threat, including the target of the threat. The Fund will also disclose if it believes in good faith that it will be necessary for law enforcement to identify or apprehend an individual the Fund believes may have caused serious physical harm to the victim because of a statement by an individual admitting participation in a violent crime. Such information must be limited to:

- a. Name and address;
- b. Date and place of birth;
- c. Social security number;
- d. ABO blood type and rh factor;
- e. Type of injury;
- f. Date and time of treatment;
- g. Date and time of death, if applicable; and
- h. A description of distinguishing physical characteristics, including height, weight, gender, race, hair and eye color, presence, or absence of facial hair (beard or moustache), scars, and tattoos.

The Fund will not disclose for the purposes of identification or location any PHI related to the individual's DNA or DNA analysis, dental records, or typing, samples or analysis of body fluids or tissue.

The Fund may also disclose PHI when it is necessary for law enforcement to identify or apprehend an individual who is believed to have escaped from a correctional institution or lawful custody.

The Fund CANNOT disclose PHI relating to an individual's therapy or request for therapy to treat a propensity to commit the criminal conduct that is the basis for the disclosure.

16. **NATIONAL SECURITY:** The Fund will disclose to the US Armed Forces PHI of individuals serving in the armed forces when deemed necessary by military authorities to assure execution of the military mission, if the military authority has published in the Federal Register the following information:

- a. Appropriate military command authorities; and
- b. The purposes for which the PHI may be used or disclosed.

The Fund will disclose PHI to authorized federal Officers for the conduct of lawful intelligence, counter-intelligence, and other national security activities authorized by the National Security Act (50 U.S.C. § 401, et seq.) and implementing authority (e.g., Executive Order 12333). The Fund will also disclose PHI to Officers for the protection of the President or other persons or to foreign heads of state.

17. **INMATES:** The Fund will disclose PHI to Correctional Institutions and other law enforcement custodial situations if law enforcement represents that PHI is necessary for the provision of health care to the individual. The Fund will also disclose if necessary for the health and safety of the individual or others at the correctional institution or other persons responsible for the transportation of inmates and maintenance of safety, security, and order of the correctional institution. An individual is no longer an inmate when released on parole, probation, supervised release, or otherwise is no longer in lawful custody.
18. **WORKERS' COMPENSATION:** The Fund may disclose PHI as authorized and to the extent necessary to comply with laws relating to workers' compensation or other similar programs, established by law, which provide benefits for work-related injuries or illness without regard to fault. Workers' compensation disclosures that are required by law are not subject to the minimum necessary rule.
19. **COMPLIANCE WITH HIPAA:** The Fund must permit HHS access during normal business hours to our facilities and information, including PHI, which is pertinent to ascertaining compliance with the applicable requirements of HIPAA. If HHS determines that exigent circumstances exist, such as the destruction of documents, the Fund must permit access at any time without notice. Disclosures made to HHS in accordance with a HIPAA compliance investigation are not subject to the minimum necessary rule. Section 164.502(b)(2)(iv).

If any information required of the Fund under this section is in the exclusive possession of any other agency or person and the other agency or person fails or refuses to furnish the information, the Fund must set forth what efforts have been made to obtain the information.

New York City District Council of Carpenters Welfare Fund

Disclosure of Protected Health Information (PHI) for Public Health, Law Enforcement, or Legal Process - Procedures

1. Disclosures of Protected Health Information (PHI) without the authorization of the individual may be made according to the Fund's policies.
2. A request to inspect and/or copy PHI must be made on the form provided by the Fund or other form acceptable to the Fund. (See Request for Access to PHI Without Authorization From Individual Form.)
3. Requests from Public Officers shall be verified using the Fund's Verification Policy and Procedures for requests from Public Officers.
4. The form requesting the right to inspect and/or copy will be date-stamped by the Privacy/Security Officer (or designee) and will be logged in.
5. The Fund may charge the following fees:
 - a. Costs of creating or copying PHI including labor and supplies (for electronic or hard copy information);
 - b. Postage for mailing the PHI; and
 - c. The cost of preparing a summary of PHI.
6. The Fund will record the following information in its files with a copy of the Request Form:
 - a. The date the information was disclosed;
 - b. The information disclosed;
 - c. The requesting party's name and address;
 - d. The reason for the disclosure; and
 - e. A copy of the subpoena, court order, etc., if applicable.

New York City District Council of Carpenters Welfare Fund
Request for Access to Protected Health Information (PHI) Without
Authorization from Individual

Name of Individual for whom PHI is requested: _____

Name of Party Requesting: _____

Address: _____

I am requesting that I be allowed to inspect and copy the following PHI: _____

Reason for Request of PHI: _____

Signature of Individual Requesting Access to PHI: _____

Attach copy of individual's identification to this form along with all other documentation of the reason for disclosure. (e.g., subpoena, court order, etc.)

Use and Disclosure of Protected Health Information (PHI)

1. Use and disclosure of Protected Health Information (PHI): The Fund will use PHI to the extent and in accordance with the uses and disclosures permitted by the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Specifically, the Fund will use and disclose PHI for purposes related to health care treatment, payment for health care, and health care operations.

“Treatment” is the provision, coordination or management of health care and related services. It also includes but is not limited to coordination of benefits with a third party and consultations and referrals between one or more of health care providers. The Fund rarely, if ever, uses or discloses PHI for treatment purposes.

“Payment” includes activities undertaken by the Fund to obtain premiums or determine or fulfill its responsibility for coverage and the provision of benefits that relate to an individual to whom health care is provided. These activities include, but are not limited to, the following:

- a. Determination of eligibility, coverage, and cost-sharing amounts (e.g., cost of a benefit, Plan maximums, and co-payments as determined for an individual's claim),
- b. Coordination of benefits,
- c. Adjudication of health benefit claims (including appeals and other payment disputes),
- d. Subrogation of health benefit claims,
- e. Establishing employer contributions,
- f. Risk-adjusting amounts due based on enrollee health status and demographic characteristics,
- g. Billing, collection activities and related health care data processing,
- h. Claims management and related health care data processing, including auditing payments, investigating, and resolving payment disputes and responding to participant inquiries about payments,
- i. Obtaining payment under a contract for reinsurance (including stop-loss and excess of loss insurance).
- j. Medical necessity reviews, or reviews of appropriateness of care or justification of charges,
- k. Utilization review, including precertification, preauthorization, concurrent review, and retrospective review,
- l. Disclosure to consumer reporting agencies related to the collection of premiums or reimbursement (the following PHI may be disclosed for payment purposes:

name and address, date of birth, SSN, payment history, account number, and name and address of the provider and/or health plan), and

- m. Reimbursement to the Fund.

Health Care Operations include, but are not limited to, the following activities:

- a. Quality Assessment,
- b. Population-based activities relating to improving health or reducing health care costs, protocol development, case management and care coordination, disease management, contacting of health care providers and patients with information about treatment alternatives and related functions,
- c. Rating provider and Plan performance, including accreditation, certification, licensing, or credentialing activities,
- d. Underwriting (the Fund does not use or disclose PHI that is genetic information as defined in 45 CFR § 160.103 for underwriting purposes as set forth in 45 CFR § 164.502(a)(5)(1)), premium rating, and other activities relating to the creation, renewal or replacement of a contract of health insurance or health benefits, and ceding, securing, or placing a contract for reinsurance of risk relating to claims for health care (including stop-loss insurance and excess of loss insurance),
- e. Conducting or arranging for medical review, legal services and auditing functions, including fraud and abuse detection and compliance programs,
- f. Business planning and development, such as conducting cost-management and planning-related analyses related to managing and operating the entity, including formulary development, administration, development, or improvement of methods of payment or coverage policies and patient safety activities,
- g. Business management and general administrative activities of the entity, including, but not limited to:
 - i. Management activities relating to the implementation of and compliance with the requirements of HIPAA Administrative Simplification,
 - ii. Customer service, including the provision of data analyses for policyholders, Fund Administrators, or other entities,
 - iii. Resolution of internal grievances, and
 - iv. Due diligence in connection with the sale or transfer of assets to a potential successor in interest, if the potential successor in interest is a covered entity or, following completion of the sale or transfer, will become a covered entity.
- h. Compliance with and preparation of all documents as required by the Employee Retirement Income Security Act of 1974 (ERISA), including Form 5500s, SARs, and other documents.

2. The Fund will use and disclose PHI as required by law and as permitted by the authorization of the participant or beneficiary. With an authorization, the Fund will disclose PHI to any other benefit plan for purposes related to the administration of such benefit plan.
3. For purposes of this Fund, the Board of Trustees of the New York City District Council of Carpenters Welfare Fund is the "Plan Administrator." The Fund will disclose PHI to the Plan Administrator given that the Plan documents have been amended to incorporate the following provisions.

With respect to PHI, the Plan Administrator agrees to:

- a. Not use or further disclose the information other than as permitted or required by the Plan Document or as required by law,
 - b. Ensure that any agents, including a subcontractor, to whom the Plan Administrator provides PHI received from the Fund agree to the same restrictions and conditions that apply to the Plan Administrator with respect to such information,
 - c. Not use or disclose the information for employment-related actions and decisions unless authorized by the individual,
 - d. Not use or disclose the information in connection with any other benefit or employee benefit plan of the Plan Administrator unless authorized by the individual,
 - e. Report to the Fund any use or disclosure of the information that is inconsistent with the uses or disclosures provided for of which it becomes aware,
 - f. Make PHI available to the individual in accordance with the access requirements of HIPAA,
 - g. Make PHI available for amendment and incorporate any amendments to PHI in accordance with HIPAA,
 - h. Make available the information required to provide an accounting of disclosures,
 - i. Make internal practices, books, and records relating to the use and disclosure of PHI received from the group health plan available to the Secretary of HHS for the purposes of determining compliance by the Fund with HIPAA, and
 - j. If feasible, return or destroy all PHI received from the Fund that the Plan Administrator still maintains in any form and retain no copies of such information when no longer needed for the purpose for which disclosure was made. If return or destruction is not possible, limit further uses and disclosures to those purposes that make the return or destruction impossible.
 - k. If a breach of unsecured PHI occurs, the Fund will notify the affected individual(s).
4. Adequate separation between the Fund and the Plan Administrator must be maintained. Therefore, in accordance with HIPAA, only the following employees or classes of employees may be given access to PHI:

- a. The Privacy/Security Officer, and
- b. Other Fund Staff as designated by the Privacy/Security Officer to the extent required for treatment, payment, and operations.

The persons described in section 4 may only have access to and use and disclose PHI for administration functions that the Plan Administrator performs for the Plan.

- 5. If the persons described in section 4 do not comply with this Plan Document, the Plan Administrator shall provide a mechanism for resolving issues of noncompliance, including disciplinary sanctions.
- 6. Effective April 21, 2005, the Plan Administrator has done the following:
 - a. Implement administrative, physical, and technical safeguards that reasonably and appropriately protect the confidentiality, integrity, and availability of electronic PHI that it creates, receives, maintains, or transmits on behalf of the Fund,
 - b. Ensure that the adequate separation discussed in A above, specific to electronic PHI, is supported by reasonable and appropriate security measures,
 - c. Ensure that any agent, including a subcontractor, to whom it provides electronic PHI agrees to implement reasonable and appropriate security measures to protect the electronic PHI, and
 - d. Report to the Fund any security incident of which it becomes aware concerning electronic PHI.

New York City District Council of Carpenters Welfare Fund

Distribution of Privacy Notice - Policy Statement

This policy and procedure is adopted pursuant to Section 164.520 of the privacy rules under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the Health Information Technology for Economic and Clinical Health Act (HITECH) and the Genetic Nondiscrimination Information Act (GINA). If the privacy rules are changed by HHS, the Fund will follow the revised rules.

DISTRIBUTION OF PRIVACY NOTICE EFFECTIVE DATE

April 14, 2003 (Amended effective September 23, 2013 and December 23, 2024).

DISTRIBUTION OF PRIVACY NOTICE POLICY

The Fund will prepare and distribute a Privacy Notice describing its privacy policies and procedures. The Notice may consist of a Notice of Privacy Practices. The Notice was provided to all participants prior to April 14, 2003 and at the following times thereafter:

- Upon request,
- To all new enrollees at the time of enrollment;
- If there is a material revision to the Notice, the revised Notice will be posted on the Fund's website no later than the effective date of the material revision, and thereafter sent to covered individuals with the Plan's next annual mailing;
- At least once every three years, the Fund will notify all covered individuals that the Privacy Notice is available;
- The Notice may be provided to the participant on behalf of the participant and their beneficiaries, except if the Plan knows that a beneficiary lives at a different address, it must provide the Notice to that beneficiary at that address.

New York City District Council of Carpenters Welfare Fund

Distribution of Privacy Notice - Procedures

1. The Fund mailed its Privacy Notice to all plan participants before April 14, 2003.
2. The Privacy/Security Officer (or their delegate) will send a Privacy Notice to each newly covered individual unless a Privacy Notice was provided to that individual within the past 12 months.
3. No less than every three years, the Privacy/Security Officer will notify all participants that the Privacy Notice is available.
4. If the Notice is materially revised, then the Fund will (i) ensure that the revised Privacy Notice (or the material revision) is prominently posted on the website no later than the effective date of the material revision, and (ii) provide the revised Privacy Notice (or information about the material revision, and how to obtain the revised Privacy Notice) in the Plan's next annual mailing to individuals then covered under the Fund.
5. The Fund may send the Privacy notice by e-mail to any covered individual who agrees to electronic notice. The Fund must still provide a paper copy of the Privacy Notice upon request or if the Fund knows that the e-mail was not received.
6. The Privacy/Security Officer will maintain a copy of the Privacy Notice.

New York City District Council of Carpenters Welfare Fund

Privacy Notice

Section 1: Purpose of This Notice and Effective Date

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. The effective date of this Notice is 12/23/2024

This Notice is required by law. The New York City District Council of Carpenters Benefits Funds (the “Plan”) is required by law to take reasonable steps to ensure the privacy of your personally identifiable health information and to inform you about:

1. The Plan’s uses and disclosures of Protected Health Information (PHI),
2. Your rights to privacy with respect to your PHI,
3. The Plan’s duties with respect to your PHI,
4. Your right to file a complaint with the Plan and with the Secretary of the United States Department of Health and Human Services (HHS), and
5. The person or office you should contact for further information about the Plan’s privacy practices.

This Notice applies to your health information held by the New York City District Council of Carpenters Benefits Funds and outside companies that help administer the Plan. **You will receive a separate Privacy Notice from the insurer or HMO that you have selected for your health coverage.** Please share these Notices with your covered family members, as their health information is also protected under federal law.

Section 2: Your Protected Health Information

Protected Health Information (PHI) Defined

The term “Protected Health Information” (PHI) includes all individually identifiable health information related to your past, present or future physical or mental health condition or to payment for health care. PHI includes information maintained by the Plan in oral, written, or electronic form.

When the Plan May Disclose Your PHI

Under the law, the Plan may disclose your PHI without your consent or authorization, or the opportunity to agree or object, in the following cases:

- At your request. If you request it, the Plan is required to give you access to certain PHI in order to allow you to inspect and/or copy it.
- As required by HHS. The Secretary of the United States Department of Health and Human Services may require the disclosure of your PHI to investigate or determine the Plan's compliance with the privacy regulations.
- For treatment, payment, or health care operations. The Plan and its business associates will use PHI in order to carry out treatment, payment, or health care operations.

Treatment is the provision, coordination, or management of health care and related services. For example, the Plan may disclose PHI to a physician who is treating you.

Payment includes but is not limited to actions to make coverage determinations and payment. For example, the Plan may use health information to pay claims from your health care provider. If we contract with third parties to help us with payment operations, such as a third-party claims administrator, we will also disclose information to them and they may conduct these activities on our behalf. These third parties are known as "business associates."

Health care operations includes but is not limited to quality assessment and improvement, 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 or its third-party administrators may use information about your claims to refer you to a disease management program, a well-pregnancy program, project future benefit costs or audit the accuracy of its health care payments.

The Plan will not use your genetic information for underwriting purposes.

Disclosure of Reproductive Health PHI

The Plan will not use or disclose your information to conduct a criminal, civil, or administrative investigation into, or to impose criminal, civil, or administrative liability on any person for the mere act of seeking, obtaining, providing, or facilitating reproductive health care, or to identify any person for the purpose of conducting such investigation or imposing such liability. Reproductive healthcare is healthcare that affects the health of an individual in all matters relating to the reproductive system and to its functions and processes.

For example, a state law might require a health plan to disclose PHI to law enforcement for an investigation. If the requested PHI involved reproductive health care that was lawful under the circumstances in which it was provided, the health plan could not disclose the PHI to law enforcement.

Attestation requirement: The Plan may not use or disclose PHI potentially related to reproductive health care for the activities listed above, without obtaining a valid attestation from the person requesting the use or disclosure.

For example, if an investigator requests information from a health plan about claims for coverage of certain reproductive health care provided by a particular health care provider, the investigator must supply an attestation. The health plan must presume that the reproductive health care was lawful unless the health plan has actual knowledge that the reproductive health care was not lawful or the investigator supplied information that demonstrates a substantial factual basis to believe that the reproductive health care was not lawful under these circumstances.

Information that is disclosed by the health plan in accordance with the regulations is subject to redisclosure by the recipient and no longer protected by HIPAA.

Disclosure to the Plan Sponsor

The Plan will also disclose PHI to certain individuals who work for the Plan Sponsor for purposes related to treatment, payment, and health care operations, and has amended the Plan Documents to permit this use and disclosure as required by federal law. For example, we may disclose information to certain individuals to allow them to decide appeals of eligibility determinations, negotiate renewals of insurance contracts or audit the accuracy of health care payments.

In addition, the Plan may use or disclose “summary health information” for the purpose of obtaining premium bids or modifying, amending, or terminating the group health Plan. Summary information summarizes the claims history, claims expenses or type of claims experienced by individuals for whom the Plan has provided health benefits.

Use of Psychotherapy Notes

The Plan does not routinely obtain psychotherapy notes. If it is necessary to use or disclose them, it must obtain your written authorization. However, the Plan may use and disclose such notes when needed by the Plan to defend itself against litigation filed by you. 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.

Substance use disorder treatment records

Substance use disorder treatment records received from federally assisted programs, or testimony relaying the content of such records, shall not be used or disclosed in civil, criminal, administrative, or legislative proceedings against the individual unless based on written consent, or a court order after notice and an opportunity to be heard is provided to the individual or the holder of the record, as provided under law. A court order authorizing use or disclosure must be accompanied by a subpoena or other legal requirement compelling disclosure before the requested record is used or disclosed.

Use or Disclosure of Your PHI to Family Members

Disclosure of your PHI to family members, other relatives, your close personal friends, and any other person you choose is allowed under federal law 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.

Please contact the Fund's Privacy/Security Officer if you wish to limit access to your PHI by any of the persons described above.

Use or Disclosure of Your PHI For Which Consent, Authorization or Opportunity to Object is Not Required

The Plan is allowed under federal law to use and disclose your PHI without your consent or authorization under the following circumstances:

1. When required by applicable law.
2. Public health purposes. To an authorized public health authority if required by law or for public health and safety purposes. PHI may also be used or disclosed if you have been exposed to a communicable disease or are at risk of spreading a disease or condition, if authorized by law. Public health does not include activities to conduct a criminal, civil, or administrative investigation or impose liability on any person for the mere act of seeking, obtaining, providing, or facilitating health care, or to identify any person for these activities.
3. Domestic violence or abuse situations. When authorized by law to report information about abuse, neglect, or domestic violence to public authorities if a reasonable belief exists that you may be a victim of abuse, neglect, or domestic violence. In such case, the Plan will promptly inform you that such a disclosure has been or will be made unless that notice would cause a risk of serious harm.
4. Health oversight activities. To a health oversight agency for oversight activities authorized by law. These activities include civil, administrative, or criminal investigations, inspections, licensure, or disciplinary actions (for example, to investigate complaints against health care providers) and other activities necessary for appropriate oversight of benefit programs (for example, to the Department of Labor).
5. Legal proceedings. When required for judicial or administrative proceedings. For example, your PHI may be disclosed in response to a subpoena or discovery request that is accompanied by a court order.
6. Law enforcement health purposes. When required for law enforcement purposes (for example, to report certain types of wounds).
7. Law enforcement emergency purposes. For certain law enforcement purposes, including identifying or locating a suspect, fugitive, material witness or missing person, and disclosing information about an individual who is or is suspected to be a victim of a crime.

8. Determining cause of death and organ donation. When required to be given to a coroner or medical examiner to identify a deceased person, determine a cause of death or other authorized duties. We may also disclose PHI for cadaveric organ, eye, or tissue donation purposes.
9. Funeral purposes. When required to be given to funeral directors to carry out their duties with respect to the decedent.
10. Research. For research, subject to certain conditions.
11. Health or safety threats. When, consistent with applicable law and standards of ethical conduct, 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.
12. Workers' compensation programs. When authorized by and to the extent necessary to comply with workers' compensation or other similar programs established by law.
13. Specialized Government Functions. When required, to military authorities under certain circumstances, or to authorized federal officials for lawful intelligence, counterintelligence, and other national security activities.

Except as otherwise indicated in this notice, uses and disclosures will be made only with your written authorization, which you have the right to revoke.

Other Uses or Disclosures

The Plan may contact you to provide you information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Section 3: Your Individual Privacy Rights

All requests under this section with respect to information about the Plan should be addressed to:

Privacy/Security Officer
New York City District Council of Carpenters Welfare Fund
395 Hudson Street
New York, NY 10014

Privacy Official

If a form is required, it will be available from the Privacy Official.

You May Request Restrictions on PHI Uses and Disclosures

You may request the Plan to:

1. Restrict the uses and disclosures of your PHI to carry out treatment, payment, or health care operations, or
2. Restrict uses and disclosures to family members, relatives, friends, or other persons identified by you who are involved in your care.

The Plan, however, is not required to agree to your request if the Plan Administrator or Privacy Official determines it to be unreasonable.

You May Request Confidential Communications

The Plan will accommodate an individual's reasonable request to receive communications of PHI by alternative means or at alternative locations where the request includes a statement that disclosure could endanger the individual.

You or your personal representative will be required to complete a form to request restrictions on uses and disclosures of your PHI.

You May 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 Plan must provide the requested information within 30 days if the information is maintained on site or within 60 days if the information is maintained offsite. A single 30-day extension is allowed if the Plan is unable to comply with the deadline.

You or your personal representative will be required to complete a form to request access to the PHI in your designated record set. A reasonable fee may be charged.

If access is denied, you or your personal representative will be provided with a written denial setting forth the basis for the denial, a description of how you may exercise your review rights and a description of how you may complain to the Plan and HHS.

Designated Record Set: includes enrollment, payment, claims adjudication and other information used to make decisions about payment for care. Information used for quality control or peer review analyses and not used to make decisions about you is not included.

You Have the Right to Amend Your PHI

You have the right to request that the Plan 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 subject to certain exceptions.

The Plan has 60 days after receiving your request to act on it. The Plan is allowed a single 30-day extension if the Plan is unable to comply with the 60-day deadline. If the Plan denied your request in whole or part, the Plan must provide you with a written denial that explains the basis for the decision. You or your personal representative may then submit a written statement

disagreeing with the denial and have that statement included with any future disclosures of that PHI.

You or your personal representative will be required to complete a form to request amendment of the PHI.

You Have the Right to Receive an Accounting of the Plan's PHI Disclosures

At your request, the Plan will also provide you with an accounting of certain disclosures by the Plan of your PHI. We do not have to provide you with an accounting of disclosures related to treatment, payment, or health care operations, or disclosures made to you or authorized by you in writing. The Plan has 60 days to provide the accounting. The Plan is allowed an additional 30 days if the Plan gives you a written statement of the reasons for the delay and the date by which the accounting will be provided.

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.

Receive a Paper Copy of This Notice

You have the right to obtain a paper copy of this Notice upon request.

Your Personal Representative

You may exercise your rights through a personal representative. 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 take any action for you. Proof of such authority will be a completed, signed, and approved Appointment of Personal Representative form or other form acceptable under state or federal law.

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. However, the Plan cannot elect to not treat a person as your personal representative primarily because the person has provided or facilitated reproductive health care at the request of the individual.

Section 4: The Plan's Duties

Maintaining Your Privacy

The Plan is required by law to maintain the privacy of your PHI and to provide you and your eligible dependents with notice of its legal duties and privacy practices.

This notice is effective beginning on April 14, 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. If a privacy practice is changed, a revised version of this notice will be provided to you.

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 you or pursuant to your written authorization,
- Disclosures made to the Secretary of the United States Department of Health and Human Services pursuant to its enforcement activities under HIPAA,
- Uses or disclosures required by law, and
- Uses or disclosures required for the Plan's compliance with the HIPAA privacy regulations.
- This notice does not apply to information that has been de-identified. De-identified information is information that:
 - Does not identify you, and
 - With respect to which there is no reasonable basis to believe that the information can be used to identify you.

Section 5: 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 file a complaint with the Plan in care of the following person:

Privacy Official

Privacy/Security Officer
New York City District Council of Carpenters Welfare Fund
395 Hudson Street
New York, NY 10014

U.S. Department of Health and Human Services ("HHS")

You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services ("HHS"). Please contact the nearest office of the Department of Health and Human Services, listed in your telephone directory, visit the HHS website at www.hhs.gov, or contact the Privacy Official for more information about how to file a complaint. The Plan will not retaliate against you for filing a complaint.

Section 6: If You Need More Information

If you have any questions regarding this notice or the subjects addressed in it, you may contact the following Privacy Official.

Privacy/Security Officer
New York City District Council of Carpenters Welfare Fund
395 Hudson Street
New York, NY 10014

Section 7: Conclusion

PHI use and disclosure by the Plan is regulated by the federal Health Insurance Portability and Accountability Act, known as HIPAA. 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 this notice if there is any discrepancy between the information in this notice and the regulations.

New York City District Council of Carpenters Welfare Fund

Job Description for Privacy/Security Officer

Position Title: Privacy/Security Officer

Effective Date: April 13, 2003 (Amended effective September 23, 2013 and January 1, 2023, December 23, 2024).

Position Summary: The position of Privacy Security Officer is required under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). The Privacy/Security Officer is responsible for coordinating the New York City District Council of Carpenters Welfare Plan's policies and procedures under HIPAA's privacy rules and any applicable state law and monitoring and deciding any issues that occur under the rules and the Fund's privacy practices.

Reports to: The Privacy/Security Officer reports to the Board of Trustees of the Fund.

Essential Functions:

The Privacy/Security Officer is responsible for the following tasks:

1. Developing and implementing HIPAA's privacy rules as applicable to the Fund, in coordination with the Trustees, consultants and legal counsel,
2. Developing training programs for Fund staff, Trustees and, where appropriate, contractors, business associates and other third parties,
3. Publishing and distributing the privacy notice,
4. Serving as the designated decision maker for issues and questions involving interpretation of the privacy rules, in coordination with counsel,
5. Inventorying the uses and disclosures of all protected health information (PHI),
6. Ensuring that legal issues in drafting compliance documents are addressed, including amendment of Plan documents, negotiation of business associate contracts and development of authorizations,
7. Developing and implementing appropriate firewalls between the Board of Trustees and the group health Plan,
8. Tracking releases of PHI that are not for purposes of treatment, payment, or operations, so that individuals may review or receive a report on such activities,
9. Establishing structures to ensure individual rights guaranteed by HIPAA,
10. Setting up a complaint process that provides for consistent application of sanctions for violation,

11. With regard to reports of breaches of unsecured PHI, investigating such reports, conducting risk assessments if necessary and appropriate, and managing the provision of notices to affected individuals, HHS, and the media, as necessary and appropriate,
12. Developing overall privacy policies and procedures for the Fund as well as a notice of information practices and forms necessary to implement the Fund's policies,
13. Establishing programs to audit and monitor business associates and internal privacy compliance, including the performance of the initial and periodic privacy risk assessments,
14. Cooperating with the Office of Civil Rights or other applicable governmental agency in any compliance review or investigations, and
15. Keeping up to date on the latest privacy and security developments and federal and state laws and regulations (including attendance at HIPAA seminars).

New York City District Council of Carpenters Welfare Fund

Marketing and Prohibition on Sale of PHI - Policy Statement & Procedure

This policy and procedure is adopted pursuant to sections 164.501 (definition of Marketing), 164.502(a)(5)(ii), and 164.508(a)(3) and (a)(4) of the privacy rules under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the Health Information and Technology for Economic and Clinical Health Act ("HITECH"). If the privacy rules are changed by HHS, the Fund will follow the revised rules.

Marketing Effective Date

April 14, 2003 (Amended effective as of September 23, 2013 and January 1, 2023, December 23, 2024).

Marketing Policy

1. Subject to the definitions and exceptions below, the Fund will obtain an authorization to disclose PHI to market products and services to participants and beneficiaries.
2. "Marketing" for the purposes of this policy shall mean to make a communication from the Fund (or its business associate) about a product or service that encourages recipients of the communication to purchase or use the product or service and for which, in exchange for making the communication, the Fund (or its business associate) receives direct or indirect financial remuneration from the entity whose product or service is being marketed.

For marketing purposes, financial remuneration means direct payment from the third party whose product or service is described in the marketing communication, or indirect payment from another entity on behalf of the third party whose product or service is described in the marketing communication. Financial remuneration does not include non-financial benefits, such as in-kind benefits, or financial payments made for purposes other than marketing.

3. The following activities are not marketing, and therefore can be done without the Fund obtaining an individual authorization:
 - a. A communication to provide refill reminders or otherwise communicate about a drug or biologic that is currently being prescribed for the individual, only if any financial remuneration received by the Fund (or its business associate) in exchange for making the communication is reasonably related to the Fund's (or its business associate's) cost of making the communication. In addition to refill reminders, these communications may include information about generic equivalents, medication adherence or how to take a biologic or self-administered medication. If the financial remuneration received by the Fund (or its business associate) is in excess of the costs reasonably related to making the communication, the communication will be a marketing communication for which authorization is required.
 - b. Communications related to the following treatment and health care operations purposes, except if the Fund (or its business associate) receives financial

remuneration in exchange for making these communications, they will be marketing communications for which authorization is required.

- i. A communication describing a health-related product or service (or payment for such product or service) that is provided by, or included in a plan of benefits of, the Fund, including communications about the entities participating in the Fund's network; replacement of, or enhancements to, the plan of benefits; and health-related products or services available only to a participant that add value to, but are not part of, a plan of benefits.
 - ii. A communication made for treatment of the individual by a health care provider including case management or care coordination for the individual or to direct or recommend alternative treatments, therapies health care providers, or settings of care to the individual.
 - iii. A communication for case management or care coordination contacting of individuals with information about treatment alternatives, and related functions to the extent these activities do not fall within the definition of treatment.
- 4. The following communications are not marketing communications for which an authorization is required even if financial remuneration is received:
 - a. A face-to-face communication by the entity with the individual whose PHI is being disclosed,
 - b. A promotional gift of nominal value to the individual whose PHI is being disclosed,
 - c. Communications that generally promote good health, or
 - d. Information regarding government programs.

Prohibition on Sale of PHI Policy

Subject to the exceptions below, the Fund (or its business associate) will obtain an authorization to disclose PHI if it is receiving direct or indirect remuneration from or on behalf of the recipient of the information in exchange for the information

- 1. For this purpose, "sale of PHI" includes transactions that involve a transfer of ownership of PHI, as well as exchanges of PHI under access, license or lease agreements, and any other exchanges of PHI for which remuneration is made.
- 2. Remuneration includes financial payments or non-financial benefits (such as benefits in kind). Direct remuneration is that which is received directly from the recipient of the PHI and indirect remuneration is that which is received on behalf of the recipient of the PHI from another entity.

3. The following disclosures are excluded from the prohibition on the sale of PHI, and therefore, no authorization is required to make these disclosures, even if the Fund (or its business associate) receives remuneration:
- a. Disclosures for public health purposes under 164.512(b) or 164.514(e);
 - b. Disclosure for research purposes pursuant to 164.512(i) or 164.514(e) as long as remuneration is subject to certain limitations;
 - c. Disclosures for treatment and payment purposes;
 - d. Disclosures for the transfer, merger or consolidation of all or part of the Fund (or its business associate) and for related due diligence;
 - e. Disclosure to a Business Associate for activities that the business associate undertakes on behalf of the Fund, and the only remuneration is for the performance of the business associate activities on behalf of the Fund;
 - f. Disclosures to an individual who makes a request for access (see “Policy on Right of Access to PHI”) or a request for an accounting of disclosure (see “Policy on Right to Accounting of Disclosures of PHI”);
 - g. Disclosures as required by law as permitted under 164.512(a); and
 - h. For any other purpose permitted by these Policies and Procedures and the privacy rule, as long as any remuneration is limited to a reasonable, cost-based fee to cover the cost to prepare to transmit the PHI for that purpose, or a fee that is permissible by other law.

Marketing and Prohibition on Sale of PHI Authorization Procedure

The Fund (or its business associate) shall obtain an authorization meeting the requirements set out in the Fund’s Use of Authorizations Policy and Procedure from all participants and beneficiaries who will receive or be affected by a communication that meets the definition of “marketing” under the privacy rule or whose PHI is involved in a “sale of PHI” under the privacy rule. The authorization must be signed and received by the Fund (or its business associate) before the marketing activity begins (e.g., before a communication is sent to a participant or beneficiary, or before a list of names is sent to a third party to market a product or service) or before the “sale of PHI” occurs (e.g., before the individual’s PHI is disclosed in exchange for remuneration from the recipient). If for marketing, the authorization must state that the Fund (or its business associate) will receive financial remuneration (payment) from or on behalf of the third party whose items or services are being marketed. If for the sale of PHI, the authorization must disclose that the Fund (or its business associate) will receive remuneration (payment or other benefit) for disclosing (selling) the PHI.

New York City District Council of Carpenters Welfare Fund

Record Retention - Policy Statement

This policy and procedure is adopted pursuant to various requirements of the privacy rules, including but not limited to Section 164.530(j) under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and general rules under the Employee Retirement Income Security Act of 1974 (ERISA). If the privacy rules are changed by HHS, the Fund will follow the revised rules. The Fund has developed and adopted a separate record retention policy; contact the Fund Office.

Record Retention Effective Date

April 14, 2003 (Amended effective September 23, 2013 and January 1, 2023, December 23, 2024).

Record Retention Policy

ERISA	ERISA generally requires that benefit plans maintain copies of all source documents and certain records for six years. Documents from which federal filings are made (including vouchers, worksheets, receipts, and resolutions) must be retained at least six years after the filing. Items such as detailed records of compensation and contributions that would be required to support individual participant benefit calculations and all Plan documents that would affect any participant's eligibility under the Plan should be maintained for a minimum of 10 years.
HIPAA Privacy	HIPAA's privacy rules require that any required documentation must be retained -either in written or electronic form - for six years from either the date it was created or the date it was last in effect, whichever is later. The Department of Labor (DOL) has established proposed ERISA guidelines for plan administrators that wish to retain documents electronically. Plans that are retaining records under HIPAA's privacy rules may wish to follow these general, technology-neutral guidelines when retaining electronic records to show a good faith attempt to comply with HIPAA's recordkeeping provisions. Records that must be retained under the privacy rules, include, but are not limited to, plan documents, policies on PHI uses and disclosures, signed authorization, the privacy notice, documentation regarding individual rights and records, and business associate contracts.

New York City District Council of Carpenters Welfare Fund

Record Retention - Procedures

HIPAA Records*	
	Retention Period
Plan documents	Permanently
Policies on PHI uses and disclosures	Current year plus six prior years
Minimum necessary policies and procedures, including protocols for PHI use, routine disclosures, and requests	Current year plus six prior years
All signed authorizations	Current year plus six prior years
The privacy notice	Current year plus six prior years
Documentation regarding the following individual rights: (1) Any communication that is required to be in writing (for example, a notice of denial of access); (2) Designated record sets subject to inspection and copying by an individual, and the name or title of the persons or offices responsible for receiving and processing the requests; (3) The name or title of the persons or offices responsible for receiving and processing individual requests for PHI amendment; and (4) Documentation of any agreed-upon restrictions on the PHI use or disclosure requested by an individual.	Current year plus six prior years
Records of PHI disclosure for non-TPO purposes	Current year plus six prior years
All individual complaints and their outcome	Current year plus six prior years
Records of any sanctions imposed on employees, agents, subcontractors, or business associates	Current year plus six prior years
Records on any PHI use and disclosure for research purposes, as allowed without authorization under the privacy rules	Current year plus six prior years
Information on whether an entity is a hybrid or affiliated entity or an organized healthcare arrangement	Current year plus six prior years
Business associate contracts	Current year plus six prior years
Employee training manuals and procedures (Recommended but not required)	Current year plus six prior years
Documentation related to breaches of unsecured PHI, including investigation reports, risk assessment and notices	Current year plus six prior years

Form of Record Retention

Traditional Records	
ERISA and HIPAA	No particular form mandated. However, records must be of sufficient detail to provide the basic information and data by which document may be verified, explained, or clarified and checked for accuracy and completeness.
2. Electronic Recordkeeping	
ERISA	<p>Under Department of Labor regulations, electronic media may be used provided:</p> <ol style="list-style-type: none"> 1. The recordkeeping system reasonably ensures the integrity, accuracy, authenticity, and reliability of electronic records; 2. The electronic records are kept in a safe and accessible place, and may be readily inspected or examined; 3. The electronic records can be converted into paper copy; and 4. There are adequate records management practices. <p>Original paper records may be discarded at any time after they have been transferred to an electronic recordkeeping system, except if an electronic reproduction would not constitute a duplicate record.</p>
HIPAA Privacy	Use ERISA electronic recordkeeping rules until HIPAA rules for electronic recordkeeping have been finalized.

New York City District Council of Carpenters Welfare Fund

Administrative, Technical, and Physical Safeguards - Policy Statement

This policy and procedure is adopted pursuant to Section 164.530(c) of the privacy rules under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). If the privacy rules are changed by HHS, the Fund will follow the revised rules.

Effective Date

April 14, 2003 (Amended effective January 1, 2023, December 23, 2024).

Policy

The Fund will establish appropriate procedures for administrative, technical, and physical safeguards to ensure the security of PHI and prohibit access to PHI by anyone other than those individuals specifically authorized to work with PHI as part of Fund operations.

New York City District Council of Carpenters Welfare Fund

Administrative, Technical and Physical Safeguards - Procedures

The Fund will adhere to the following security procedures:

1. **Email Policy:** The Fund has the right to monitor both internal and external emails. Email shall be used for appropriate business purposes. Email shall be exchanged through secure means, such as encryption or secured websites. Security protocols are contained in the Security Policies and Procedures.
2. **Security Protocols:** The Fund maintains security protocols for electronic and paper documents (including reporting a breach of confidentiality and disciplinary procedures for employees who breach confidentiality policies). Security protocols for electronic PHI are contained in the Security Policies and Procedures.
3. **Storage of paper PHI:** Information will be stored in a file cabinet that is locked when not in use. No files containing PHI shall be left out on a desk overnight.
4. **Access to Fund Office:** Only Fund personnel or other authorized personnel will be given keys or key codes to enter the office. Other personnel should not enter an individual office unless they have a business purpose for doing so.
5. Fund personnel who perform functions that require access, use or disclosure of PHI work in physically segregated workspace. Other Fund personnel do not enter that segregated workspace unless they have a business purpose for doing so.
6. **Computer Access:** A password shall be required to log onto a computer, and screens should be automatically turned off if activity does not occur for 15 minutes. Passwords must be at least eight characters long, a combination of numbers and letters, and must be changed every 90 days. Accounts will be locked out after three invalid attempts to log in. Employees must not share their password information with anyone. Computer access protocols are contained in the Security Policies and Procedures.
7. **Fax:** Fax machines should be in secure locations and be monitored regularly (e.g., every 30 minutes) for incoming documents. Fax machines should be turned off each night (if feasible). All outgoing faxes must have a cover sheet with a confidentiality statement.
8. **Discussion Areas:** Access to physical areas where participants and beneficiaries discuss benefit issues with staff should be limited. Conversations about individual benefit issues by individuals who are not involved in payment or health care operations functions regarding that individual are prohibited. Care should be taken to avoid conversations in public areas.
9. **Computer Network:** Access controls (user-based, role-based or context based) have been implemented and included in the administrative operations and system network controls. Computer Network access controls and protocols are contained in the Security Policies and Procedures.

10. **Termination/Resignation of Employees:** Upon final departure of any terminated or resigning employees, the Fund will collect all keys/fobs and equipment and change the passwords of such former employees.
11. **Electronic Transmission:** Security protocols for electronic transmissions of PHI are contained in the Security Policies and Procedures.
12. **Disaster Recovery Program:** Disaster Recovery protocols are contained in the Security Policies and Procedures.
13. **Shredding:** After appropriate use is complete, documents containing PHI will be shredded before disposal, subject to the time frames specified in the Fund's record retention policy.
14. **Hardware Disposal:** Hardware disposal protocols are contained in the Security Policies and Procedures.
15. **Audit Trails:** The Fund will monitor access to information stored on its system through the use of audit trails. Protocols are contained in the Security Policies and Procedures.
16. **Mail:** Appropriate precautions must be taken when opening mail to assure that documents containing PHI are secure.

New York City District Council of Carpenters Welfare Fund

Individual Rights Right to Request Restrictions on Use & Disclosure - Policy Statement

This policy and procedure is adopted pursuant to Section 164.522 of the privacy rules under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the Health Information Technology for Economic and clinical Health Act ("HITECH"). If the privacy rules are changed by HHS, the Fund will follow the revised rules.

Right to Request Restriction of Use & Disclosure Policy Effective Date

April 14, 2003 (Amended effective September 23, 2013 and January 1, 2023, December 23, 2024).

Right to Request Restriction of Use & Disclosure Policy

A covered individual may request that the Fund restrict the use and disclosure of PHI for treatment, payment, and health care operations and to persons involved in an individual's care and for notification purposes.

The Fund, however, is not required to agree to the request if the Privacy/Security Officer determines it to be unreasonable, for example, if it would interfere with the Fund's ability to pay a claim.

If the Fund agrees to the requested restriction, it will abide by the restriction except:

1. If the individual is in need of emergency treatment, AND
2. The disclosure is necessary to provide that treatment.

The Fund may then use the restricted PHI, and may disclose this information to a health care provider in order to provide the needed treatment.

If restricted PHI is disclosed to a health care provider because it is necessary for emergency treatment, the Fund will request that the health care provider not further use or disclose the information.

The Fund's agreement to a restriction on the use or disclosure is not effective to prevent uses or disclosures:

1. When required by the Secretary of the U.S. Department of Health and Human Services to investigate or determine compliance with HIPAA,
2. For Facilities directories, or
3. For instances where an authorization is not required under the Fund's Policy for Disclosure of PHI for Public Health, Law Enforcement or Legal Process.

The Fund's agreement to a restriction is binding only on the Fund and its business associates, not on other entities such as insurers or health care providers.

Separately, the Fund acknowledges and understands that individuals have the right to request that PHI related to services or items for which they have paid out-of-pocket in full not be disclosed to the Fund, and that such requests must be granted if the disclosure would be for payment or health care operations purposes and the disclosure is not otherwise required by law. These requests will generally be directed to health care providers, but may result in PHI not being shared with the Fund.

Business Associates

As Business Associate agreements are negotiated and a Business Associate may take responsibility for Individual Rights under the Business Associate agreement, this Policy and Procedure will be reviewed and updated to include references to the responsibility of the Business Associate, if any.

New York City District Council of Carpenters Welfare Fund

Right to Request Restrictions on Use & Disclosure - Procedures

1. An individual covered by the Fund may request that the Fund restrict any use or disclosure of their PHI for treatment, payment, and health care operations, and to persons involved in an individual's care and for notification purposes. (See Request for Restriction Form.)
2. An individual must make a request to restrict the use or disclosure of PHI in writing to the following Privacy/Security Officer:

Privacy/Security Officer
New York City District Council of Carpenters Welfare Fund
395 Hudson Street
New York, NY 10014
3. The Privacy/Security Officer will review the request and notify the covered individual in writing of the decision within 30 days, subject to a 15-day extension, as necessary.
4. The Fund's agreement to a restriction on the use or disclosure is not effective to prevent uses or disclosures:
 - a. When required by the Secretary of the U.S. Department of Health and Human Services to investigate or determine compliance with HIPAA,
 - b. For Facilities directories, or
 - c. For instances where an authorization is not required under the Plan's Policy for Disclosure of PHI for Public Health, Law Enforcement or Legal Process.
5. The covered individual may revoke their agreement to restrict the use and disclosure of PHI by submitting a signed written request to terminate the agreement.
6. The Fund may terminate an agreement to restrict the use and disclosure of PHI by notifying the covered individual in writing. The termination will only be effective for PHI created or received after the date the Fund sends the notice.
7. The Privacy/Security Officer will retain documentation of the restrictions that are approved for six years.

New York City District Council of Carpenters Welfare Fund

Request for Restrictions Forms

Request for Restrictions on Use & Disclosure

Individuals should use this form to request a restriction on the use or disclosure of individual PHI.

Denial of Request for Restrictions on Use & Disclosure

The Privacy/Security Officer should use this form to:

- Notify the individual of the denial of the request for restriction, and
- Provide a statement of the individual's right to have the denial reviewed.

New York City District Council of Carpenters Welfare Fund

Request for Restrictions on Use & Disclosure

This form allows me to request a restriction on the use and disclosure of my personal health information, which is referenced to as "PHI." The Fund will consider each request carefully but is not required to agree to the restriction.

Name of Individual: _____ Date: _____

I am requesting that use and access to my PHI be restricted in the following manner:

Please Indicate Below If You Wish the Following Restriction to Apply:

- ☐ Deny other family members covered under the Fund access to my PHI via phone and Internet. If you are not the Member (and are a spouse or child of the member), you will not be able to access your information on the Internet. You will need to call the number on your or the Member's ID card to obtain information by phone. The Member will still be able to obtain their own PHI via phone and Internet.

Please note for this Restriction:

- If you are not the Member, any check payment for services rendered to you will be sent to the Member. Therefore, a Member may receive a check that may prompt questions to you about the services rendered.
- Communications, including communications that include PHI, will continue to be sent to the current address that the Fund has on file for you. If you wish to request an alternate means, you will need to complete the "Request for Confidential Communications" form.

Please note for Any Restriction Request:

- If you wish your employer, any other group health plan or anyone outside of the Fund to restrict their use or disclosure of your information, you must obtain their agreement separately.
- I understand that if the information on this form is not complete, the Fund will return the form to me, and my restriction request will not be considered until the Fund has received complete information.
- If any enrollment information, such as SSN or date of birth is changed, you will have to make another request at that time.

Please note this request only covers information maintained by the Fund Office.

VERIFICATION – (Please Print)

Identification of Person Requesting the Restriction: The following information is needed for verification. Please complete all applicable items.

Your Name: _____ Date of Birth: _____

Address on File: _____

Phone number where we can reach you, if we need to contact you to process your request (required): _____ Last 4 digits of your Security #: _____

Member number on ID card _____ Group Number on ID card: _____

Relationship to Member

☐ Self ☐ Spouse ☐ Dependent Child ☐ Dependent Parent

Name of Member (if you are not the member) _____ Date of Member's Birth: _____

Social Security of Member: _____

Address of Member if different from yours: _____

VERIFICATION QUESTIONS: Please provide the answers to the following questions so that the Fund may verify your identity if you call for your PHI. You must answer these questions:

Mother's date of birth: Answer in the following 8-digit format: for example, 11231949 for November 23, 1949): _____

Choose a Four Digit Pin Number: _____

DO NOT provide anyone else with the answers to these questions. When you call, the Fund will ask you to provide the information you gave us above in order to verify your identity. We ask these questions because the answers should be easy for you to remember. Please keep a copy of this form for reference. I understand that I may end or change this request by calling the Fund.

Signature	of	Individual	Requesting	Restriction:
_____ Signature of Personal Representative or Parent/Guardian acting on behalf of the Individual, if the Individual is not making the Request for Restriction: _____				
If not already provided, the Fund will require verification of the authority of a Personal Representative before this request will be considered complete.				
If request is made by a Parent/Guardian, complete the following: Member/Participant is a minor ____ years of age. If you are making this request on behalf of a minor child, the Fund may require additional information before this request is considered complete.				

Please Return This Completed Form to:
NYCDCC Welfare Fund •395 Hudson Street •New York, NY 10014

New York City District Council of Carpenters Welfare Fund

Denial of Request for Restriction on Use & Disclosure

Date: _____

Date of Request for Privacy Protection: _____

Name of Individual Requesting Privacy Protection: _____

Your Request for Privacy Protection has been denied for the following reasons:

Name of Privacy/Security Officer: _____

Signature of Privacy/Security Officer: _____

New York City District Council of Carpenters Welfare Fund

Right to Request Information be Transmitted by Alternative Means - Policy Statement

This policy and procedure is adopted pursuant to Section 164.522(b) of the privacy rules under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). If the privacy rules are changed by HHS, the Fund will follow the revised rules.

Right to Request Information be Transmitted by Alternative Means Policy Effective Date

April 14, 2003 (Amended effective January 1, 2023, December 23, 2024).

Right to Request Information be Transmitted by Alternative Means Policy

The Fund will permit and accommodate a covered individual's reasonable request to have PHI sent by alternative means or to an alternative location. A request by a covered individual must contain a statement that disclosure of the PHI may endanger the covered individual.

Business Associates

As Business Associate agreements are negotiated and a Business Associate may take responsibility for Individual Rights under the Business Associate Agreement, this Policy and Procedure will be reviewed and updated to include references to the responsibility of the Business Associate, if any.

New York City District Council of Carpenters Welfare Fund

Right to Request Information be Transmitted by Alternative Means - Procedures

1. A covered individual may request the Fund to transmit PHI by an alternative means or to an alternative location.
2. The request must be in writing and mailed or delivered to the Fund.
3. The request must state that disclosure of the PHI could endanger the covered individual.
4. Each request must be dated-stamped and logged in by the Privacy/Security Officer.
5. The Privacy/Security Officer will review and notify the covered individual of whether the request will be honored within 45 days.
6. The Fund will only accommodate a reasonable request. A request will be considered reasonable if the request is for mailing to a different address or allowing the covered individual to personally pick up information which would otherwise be mailed. The alternative address or request to allow a pick-up must be specified in the request.

New York City District Council of Carpenters Welfare Fund

Request for Confidential Communications

If a request is made for an alternate location, I understand correspondence will continue to be addressed to me, but will be forwarded to the address I provide below. I understand all Member/Participant correspondence to me will be forwarded to this alternate address whether or not it contains any confidential information about me. **I understand that, unless disclosure of my PHI could endanger me, my request may be denied. It may also be denied if it cannot reasonably be accommodated.**

VERIFICATION – (Please Print)

The Fund will not disclose confidential information without your authorization unless it is necessary to provide your health benefits, administer your benefit plan, support Fund programs or services, or as otherwise required or permitted by law. The Fund will not, for example, give your confidential information to a credit agency, a telemarketer, or a prospective employer. The Fund will not sell, rent, or license the confidential information you provide to use. You do not need to request a restriction if you are concerned about the release of information to the referenced entities.

Identification of Person Requesting the Restriction: The following information is needed for verification. Please complete all applicable items.

Your Name: _____ Date of Birth: _____

Address on File: _____

Phone number where we can reach you, if we need to contact you to process your request (required): _____ Last 4 digits of your Security #: _____

Member number on ID card _____ Group Number on ID card: _____

Relationship to Member

- ☐ Self
- ☐ Spouse
- ☐ Dependent Child
- ☐ Dependent Parent

Name of Member (if you are not the member) _____

Date of Member's Birth: _____ Social Security Number of Member: _____

REQUEST

1. I request to receive communications of my PHI:

- ☐ By alternate means or location (please describe and provide address)

Reason why the alternate means or location is necessary. (Please indicate if this is an endangerment situation.):

2. Additional request for confidential communication: (Please indicate by checking the item below.)

- ☐ I wish to deny other family members access to my PHI via phone and Internet. If you are the spouse or dependent Child of the Member (and not the Member), you will not be able to access your information on the Internet. You will need to call the number on your or the Member's ID card to obtain information by phone. (The Member will still be able to obtain their own PHI via phone and Internet.)

VERIFICATION QUESTIONS (Required for Request #2 Only.): Please provide the answers to the following questions so that we may use them to verify your identity if you call for your PHI. You must answer these questions:

Mother's date of birth: Answer in the following 8-digit format: for example, 11231949 for November 23, 1949): _____

Choose a Four Digit Pin Number: _____

DO NOT provide anyone else with the answers to these questions. When you call, we will ask you to provide the information you gave us above, so we can verify your identity. We ask these questions because the answers should be easy for you to remember. Keep a copy of this form for reference. I understand that I may end or change this request by calling the Fund.

PLEASE NOTE

- If you are not the Member, any check payment for services rendered to you will be sent to the Member. Therefore, a Member may receive a check that may prompt questions to you about the services rendered.
- Communications containing PHI will be sent to the address you have provided on this form.
- If an alternate address is approved, it may be shown on correspondence about you that the Fund sends to others, such as your provider.
- If you wish your employer or group health plan, or anyone outside of the Fund, to use an alternative address or to accept an additional restriction on confidential information, you must obtain their agreement separately.
- I understand that if information on this form is not complete, the Fund will return the form to me, and this request may not be considered until complete information is received.
- If any enrollment information such as Social Security Number (SSN), member ID or date of birth is changed, another form will need to be completed at that time.

- If either the Member/Participant or Group changes to a different type of health care benefits coverage provided by the Fund, another form will need to be completed at that time.

I understand that I may end or change this request by calling the Fund at the number on the Member's or Dependent's ID card.

SIGNATURE AND NOTARIZATION

To safeguard your privacy and help make sure no one else is requesting access to your PHI, this request must be notarized.

I have read and understand the above information: _____		Date: _____
Signature of Member/Participant, Parent/Guardian, Personal Representative: _____		
Relationship if signed by other than Member/Participant: _____		
If not already provided, we will require verification of the authority of a Personal Representative before this request will be considered complete.		
If Member/Participant is unable to give consent because of age, complete the following: Member/Participant is a minor _____ years of age.		
If request is made by a Parent/Guardian, complete the following: Member/Participant is a minor _____ years of age. If you are making this request on behalf of a minor child, we may require additional information before this request is considered complete.		

State of _____)

) ss.

County of _____)

On this the ____ day of _____, 20__, before me, _____ (Notary Public), the undersigned officer, personally appeared _____ (member or legal rep. name), known to me (or satisfactorily proven) to be the person whose name is subscribed to the within instrument and acknowledges that they executed the same for the purposes therein contained.

In witness whereof I hereunto set my hand.

Notary Public

My Commission expires: _____

New York City District Council of Carpenters Welfare Fund

Request That PHI be Transmitted by Alternate Means

Name of Individual: _____

Date: _____

I am requesting that _____ (specify PHI) be transmitted to me by the following means:

[Insert different address if the request is for mailing to a different address or manner or place where individual will personally pick up the information that would otherwise be mailed.]

Using the current method of disclosure of PHI to which my request pertains may endanger me.

Signature of Individual requesting alternate transmission of PHI: _____

Signature of Personal Representative acting on behalf of the Individual, if the Individual is not making the Request for alternative transmission:

New York City District Council of Carpenters Welfare Fund
Denial of Request That PHI be Transmitted by Alternate Means

Date: _____

Date of request that PHI be transmitted by alternate means: _____

Name of individual requesting alternate transmission of PHI: _____

Your request that PHI be transmitted by alternate means has been denied for the following reasons:

Name of Privacy/Security Officer: _____

Signature of Privacy/Security Officer: _____

New York City District Council of Carpenters Welfare Fund

Individual Rights - Right of Access to PHI

Policy Statement

This policy and procedure is adopted pursuant to Section 164.524 of the privacy rules under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the Health Information Technology for Economic and Clinical Health Act (HITECH). If the privacy rules are changed by HHS, the Fund will follow the revised rules.

Right of Access to PHI Effective Date

April 14, 2003 (Amended effective September 23, 2013 and January 1, 2023, December 23, 2024).

Right of Access to PHI Policy

A covered individual has the right to inspect and obtain a copy of Protected Health Information (PHI) pertaining to the individual in a designated record set, except as otherwise provided in the law or the Fund's Procedures for the Right of Access to PHI. The Fund may impose a reasonable cost-based fee for copying or creating of PHI or for preparing a summary of PHI.

The Fund will provide access to PHI only for as long as the PHI is maintained in a designated record set.

Business Associates

As Business Associate agreements are negotiated and a Business Associate may take responsibility for Individual Rights under the Business Associate Agreement, this Policy and Procedure will be reviewed and updated to include references to the responsibility of the Business Associate, if any.

New York City District Council of Carpenters Welfare Fund

Individual Rights Right of Access to PHI - Procedures

1. A covered individual under the Fund or a personal representative of such individual may request the right to inspect and/or copy PHI pertaining to the covered individual in a designated record set.
2. *“Designated record set”* means a group of records maintained by or for the Fund that is: (i) the medical records and billing records about individuals maintained by or for a covered health care provider; (ii) the enrollment, payment, claims adjudication, and case or medical management record systems maintained by or for the Fund; or (iii) used, in whole or in part, by or for the Fund to make decisions about individuals.

The term *“record”* means any item, collection, or grouping of information that includes PHI and is maintained, collected, used, or disseminated by or for the Fund. The record may contain electronic and paper documents. Such records may include:

- a. Medical records and billing records about individuals maintained by or for a covered health care provider;
- b. Enrollment, payment, claims adjudication and case or medical management record systems maintained by or for the Fund; and
- c. Other records that are used by or for the Fund to make decisions about individuals. This includes records that are used to make decisions about any individuals, whether or not the records have been used to make a decision about the particular individual requesting access.

The designated record set shall not include records related to claims audits. The Privacy/Security Officer (or designee) shall have ultimate responsibility for determining what constitutes the designated record set.

3. The following information will not be considered part of the designated record set made available for inspection or copying. Requests for access to this information will be denied:
 - a. Psychotherapy notes.
 - b. Copies of health information kept in multiple locations – only the original should be included in the designated record set.
 - c. Information compiled in anticipation of, or for use in, a civil, criminal, or administrative action or proceeding.
 - d. PHI maintained by the Fund that is subject to the Clinical Laboratory Improvements Amendments of 1988, 42 U.S.C. § 263a, to the extent the provision of access to the individual would be prohibited by law; or exempt for Clinical Laboratory Improvements Amendments of 1988, 42 U.S.C. § 493.3(a)(2).

- e. PHI that was obtained under a promise of confidentiality (other than from a health care provider), where the access requested would be reasonably likely to reveal the source of the information.
 - f. Quality improvement or risk management records.
 - g. Research documentation while a clinical trial is taking place, if the individual who is part of the clinical trial agreed to denial of access upon participation.
 - h. Appointment schedules.
 - i. Information compiled in anticipation of a government or administrative proceeding.
 - j. Cancer registry information.
4. The Fund will also deny the right to inspect and copy the PHI, if in the opinion of a licensed health care professional, the access requested by the individual or their personal representative, is reasonably likely to cause substantial harm to the individual or another person. The Fund will also deny the right to inspect and copy PHI that makes reference to another person (unless such other person is a health care provider) and a licensed health care professional has determined that the access requested is reasonably likely to cause substantial harm to such other person.
5. **Review of a Denial of Access:** If access is denied for the reasons stated in paragraph 4, the individual has the right to have the denial promptly reviewed by a licensed health care professional designated as a reviewing Officer who did not participate in the original decision. The Fund will designate an unrelated and different licensed health care professional to act as the reviewing Officer in such cases. Denials for access for the reasons set out in paragraph 3 are not subject to review. The Fund will provide a written notice to the individual of a determination on review within 30 days with a 15-day extension, as necessary.
6. **Form of Request:** A request to inspect and/or copy PHI must be made on a form provided by the Fund or otherwise acceptable to the Fund and mailed to the following address. (See Request for Access to PHI Form.) All requests are subject to the Fund's Verification Policy.
- Privacy/Security Officer
New York City District Council of Carpenters Welfare Fund
395 Hudson Street
New York, NY 10014
7. The form requesting the right to inspect and/or copy will be date-stamped by the Privacy/Security Officer (or designee) and will be logged in.
8. If a personal representative makes the request, there must be a proper authorization on file pursuant to the Fund's Personal Representative Policy.
9. The Privacy/Security Officer will act on a properly filed request within 30 days of receipt of the request.
- a. If the request is approved, the individual will be notified of the approval and access will be provided.

- b. If the request is denied, a written denial notice (use the Denial of Request for Access to PHI Form) will be provided stating the basis for denial. For a denial notice concerning a denial for the reasons stated in paragraph 4, the Fund will also provide a statement of the right of the individual to have the denial reviewed and a description of how the individual may file a complaint with the Fund and the U.S. Department of Health and Human Services.
- c. The time for responding may be extended by 30 days if the Privacy/Security Officer is unable to act upon the request and the individual is notified in writing of the need and reason for the extension within 30 days of receipt of the request. The Fund may have only one extension of time for action on a request for access. (Use Notice of Extension of Time to Decide Request for Access to PHI Form.)
- d. If the Fund does not maintain the PHI that is the subject of the request, and the Fund knows where the requested information is maintained, it will inform the individual where to direct the request for access in the response to the request.

10. Providing the Access Requested:

- a. The Fund will provide the individual with access to the PHI in a timely manner in the hardcopy or electronic form or format requested by the individual, if it is readily producible in such form or format; or if not, in a readable hard copy or electronic form or such other form or format as agreed to by the Fund and the individual.
 - i. If the individual requests PHI in hardcopy format, they must be provided with a readable hard copy format.
 - ii. If the individual requests ePHI in electronic format, they must be provided with a readable electronic format.
 - iii. If the individual requests an electronic copy of PHI that a covered entity maintains only on paper, the Fund is required to provide the individual with an electronic copy if it is readily producible electronically (e.g., the Fund can readily scan the paper record into an electronic format) and in the electronic format requested if readily producible in that format, or if not, in a readable alternative electronic format or hard copy format as agreed to by the Fund and the individual.
 - iv. With regard to requests for ePHI, while the Fund is not required to obtain new types of technology to comply with the individual's requests, the Fund must have the capability to provide some form of electronic copy of PHI maintained electronically.
 - v. If the individual requests PHI by unencrypted e-mail, the Fund must provide a brief warning to the individual that there is some level of risk that the individual's PHI can be read or otherwise accessed by a third party while in transit, and confirm that the individual still wants to receive their PHI by unencrypted e-mail. If the individual says yes, the Fund must comply with the request.

- b. In lieu of providing PHI, the Fund may provide a summary of the PHI requested if the individual agrees in advance to the summary and to any fees charged for the summary.
 - c. The Fund may arrange with the individual for a convenient time or place to inspect or obtain a copy of the information, or mail a copy of the information at the individual's request.
11. **Fees:** The Fund may charge reasonable, cost-based fees for:
- a. Labor for copying the PHI requested by the individual, whether in paper or electronic form. Labor for copying includes only labor for creating and delivering the electronic or paper copy in the form and format requested or agreed upon by the individual, once the PHI that is responsive to the request has been identified, retrieved or collected, compiled and/or collated, and is ready to be copied. Labor for copying does not include costs associated with reviewing the request for access; or searching for and retrieving the PHI, which includes locating and reviewing the PHI in the medical or other record, and segregating or otherwise preparing the PHI that is responsive to the request for copying.
 - b. Supplies for creating the paper copy (e.g., paper or toner) or electronic media (e.g., CD or USB drive) if the individual requests that the electronic copy be provided on portable media .
 - c. Postage for mailing the PHI, which may include postage for mailing portable media (such as mailing a CD or flash drive).
 - d. The cost of preparing a summary of PHI if the individual in advance both chooses to receive an explanation or summary and agrees to the fee that may be charged.
 - e. The Fund may not charge (i) retrieval fees (either a standard retrieval fee or one based on actual retrieval costs), or (ii) fees associated with maintaining systems and recouping capital for data access, storage, and infrastructure.
12. **Documentation:** The Fund will document the designated record set that is subject to access by individuals. It will also document the title of the individual responsible for receiving and processing requests for access by individuals. The Fund will also maintain any communication required by this procedure to be in writing (e.g., notice of denial).

New York City District Council of Carpenters Welfare Fund

RIGHT OF ACCESS TO PHI FORMS

REQUEST FOR ACCESS TO PHI FORM

Individuals should use this form to request access to individual PHI.

NOTICE OF EXTENSION OF TIME TO DETERMINE RIGHT TO ACCESS

The Privacy Officer should use this form to notify the individual requesting access that the deadline to act on the request for PHI is being extended by 30 days.

DENIAL OF REQUEST FOR ACCESS TO PHI

The Privacy Officer should use this form to:

- Notify the individual of the denial of the request for access to PHI,
- Provide a statement of the individual's right to have the denial reviewed.

New York City District Council of Carpenters Welfare Fund

Request for Access to PHI

Name of Individual: _____

Date: _____

I am requesting that I be allowed to inspect and copy the following PHI: _____

I understand that I may be charged a fee for the costs of copying hardcopy or electronic PHI, including labor and supplies, and postage. I also may be charged the cost of preparing a summary of PHI, if such a summary is requested. I have reviewed the Fund's rules for access to information contained in the Fund's Notice of Privacy Practices.

Signature of Individual Requesting Access to PHI: _____

Signature of Personal Representative acting on behalf of the Individual, if the Individual is not making the request for access to PHI:

SIGNATURE AND NOTARIZATION

To safeguard your privacy and help make sure no one else is requesting access to your PHI, this request must be notarized.

I have read and understand the above information: _____		Date: _____
Signature	of	Member/Participant, Parent/Guardian, Personal Representative:

Relationship	if	signed by other than Member/Participant:

If not already provided, we will require verification of the authority of a Personal Representative before this request will be considered complete.		
If Member/Participant is unable to give consent because of age, complete the following: Member/Participant is a minor _____ years of age.		
If request is made by a Parent/Guardian, complete the following: Member/Participant is a minor _____ years of age. If you are making this request on behalf of a minor child, we may require additional information before this request is considered complete.		

State of _____)

) ss.

County of _____)

On this the ____ day of _____, 20__, before me, _____ (Notary Public), the undersigned officer, personally appeared _____ (member or legal rep. name), known to me (or satisfactorily proven) to be the person whose name is subscribed to the within instrument and acknowledges that they executed the same for the purposes therein contained.

In witness whereof I hereunto set my hand.

Notary Public

My Commission expires: _____

New York City District Council of Carpenters Welfare Fund

Notice of Extension of Time to Decide Request for Access to PHI

Date: _____

To: _____

[Name of Individual Requesting Access to PHI] _____

[Address of Individual] _____

A decision on your Request for Access to PHI that was received by the Fund on _____ [enter date of receipt] will be delayed for 30 days

You will be notified of the decision on your Request at or before that time.

The decision is being delayed for the following reasons:

Name of Privacy/Security Officer: _____

Signature of Privacy/Security Officer: _____

New York City District Council of Carpenters Welfare Fund

Denial of Request for Access to PHI

Date: _____

Date of Request for Access to PHI: _____

Name of Individual Requesting Access: _____

Your Request for Access to PHI has been denied for the following reasons:

[If the following paragraph applies to your request, the box will be checked.]

- ☐ You have the right to have this denial reviewed by a licensed health care professional who is designated by the Fund to act as a reviewing Officer and who did not participate in the original decision to deny. You can request a review by contacting the Fund Office at 212-366-7373. If you request a review, the Fund will notify you within a reasonable time of the determination of the designated reviewing Officer and take action to carry out the Officer's determination.

You also have the right to file a Complaint with the Fund or the Secretary of the U.S. Department of Health and Human Services, as outlined in the attached copy of the Fund's Privacy Notice.

Name & Telephone Number of Privacy/Security Officer: _____

Signature of Privacy/Security Officer: _____

New York City District Council of Carpenters Welfare Fund

Right to Amend PHI - Policy Statement

This policy and procedure is adopted pursuant to Section 164.526 of the privacy rules under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). If the privacy rules are changed by HHS, the Fund will follow the revised rules.

Right to Amend PHI Policy Effective Date

April 14, 2003 (Amended effective September 23, 2013 and January 1, 2023, December 23, 2024).

Right to Amend PHI Policy

A covered individual has the right to have the Fund amend PHI or other information maintained in its designated record set subject to the exceptions set out in the Fund's Right to Amend PHI Procedures. If the Fund does not agree to amend the PHI, the individual has the right to submit a written statement disagreeing with the denial and explaining the basis for the disagreement. The Privacy/Security Officer may then issue a rebuttal statement.

The right to amend PHI applies only for as long as the PHI is maintained in a designated record set.

The Fund is not required to delete or expunge any PHI from its records under the privacy rules. Also, the Fund's right to amend does not include the right for a covered individual to make the actual changes to PHI. Where a request to amend is accepted by the Fund, the Fund will determine the appropriate amendment (taking into account any suggested amendment from the individual).

BUSINESS ASSOCIATES

As Business Associate agreements are negotiated and a Business Associate may take responsibility for Individual Rights under the Business Associate agreement, this Policy and Procedure will be reviewed and updated to include references to the responsibility of the Business Associate, if any.

New York City District Council of Carpenters Welfare Fund

Right to Amend PHI - Procedures

1. A covered individual may request the Fund to amend PHI pertaining to that individual. The PHI must be in a designated record set maintained by the Fund.
2. *“Designated record set”* means a group of records maintained by or for the Fund that is:
(i) the medical records and billing records about individuals maintained by or for a covered health care provider; (ii) the enrollment, payment, claims adjudication, and case or medical management record systems maintained by or for the Fund; or (iii) used, in whole or in part, by or for the Fund to make decisions about individuals.

The term “record” means any item, collection, or grouping of information that includes PHI and is maintained, collected, used, or disseminated by or for the Fund. The record may contain electronic or paper documents.

In general, all records maintained by the Fund relating to the covered individual’s enrollment, eligibility, claims, appeals, and related information are considered to be part of the designated record set for an individual. It shall not include records related to claims audits. The Privacy/Security Officer (or designee) shall have ultimate responsibility for determining what constitutes the designated record set.

3. The following information will not be considered part of the designated record set made available for inspection or copying. Requests for amendment to this information will be denied:
 - a. Psychotherapy notes.
 - b. Copies of health information kept in multiple locations – only the original should be included in the designated record set.
 - c. Information compiled in anticipation of, or for use in, a civil, criminal, or administrative action or proceeding.
 - d. PHI maintained by the Fund that is subject to the Clinical Laboratory Improvements Amendments of 1988, 42 U.S.C. § 263a, to the extent the provision of access to the individual would be prohibited by law; or exempt for Clinical Laboratory Improvements Amendments of 1988, 42 U.S.C. § 493.3(a)(2).
 - e. PHI that was obtained under a promise of confidentiality (other than from a health care provider), where the access requested would be reasonably likely to reveal the source of the information.
 - f. Quality improvement or risk management records.
 - g. Research documentation while a clinical trial is taking place, if the individual who is part of the clinical trial agreed to denial of access upon participation.
 - h. Appointment schedules.
 - i. Information compiled in anticipation of a government or administrative proceeding.

- j. Cancer registry information.
4. A request must be in writing, provide a reason for the request and be mailed to the following address:

Privacy/Security Officer
New York City District Council of Carpenters Welfare Fund
395 Hudson Street
New York, NY 10014
 5. **Timing of Decision:** The Fund will act on the request within 60 days of receipt of the request. The Fund may extend the time to comply by 30 days, provided that the Fund notifies the individual in writing within the first 60 days and explains the reasons for the delay and the date by which the Fund will act.
 6. **Reason for Denial:** The Fund will deny the request for amendment if the Privacy/Security Officer determines that the PHI or other record:
 - a. Was not created by the Fund, unless the individual provides a reasonable basis to believe that the creator of the Fund is no longer available to act on the request,
 - b. Is not part of the designated record set,
 - c. Is not available for inspection under HIPAA (pursuant to the Fund's Policy for Rights of Access to PHI), or
 - d. Is accurate and complete.
 7. **Accepting the Amendment:** If the Fund accepts the request for the amendment in whole or in part, then the Fund will do the following:
 - a. Make the appropriate amendment to PHI by providing a link to the affected records or append the affected records within 60 days of the receipt of the request,
 - b. Within 60 days of the receipt of the request, inform the individual of the amendment that will be made and obtain from the individual the identification of and an agreement to have the Fund notify persons who should be aware of the amendment, and
 - c. Make reasonable efforts to provide the amendment to persons identified by the individual or persons, including business associates, that the Fund knows may have or could rely on the PHI to the detriment of the individual.
 8. **Denying the Amendment:** If the request to amend is denied, in whole or in part, then the Privacy/Security Officer (or designee) will provide a denial notice containing the following information: (See Denial of Request to Amend Protected Health Information Form.)
 - a. Basis for denial,
 - b. A statement of the individual's right to submit a statement of disagreement with the denial, and how this statement can be filed,

- c. A statement that if an individual does not submit a statement of disagreement, the individual has a right to request that the Fund furnish a copy of the Request for amendment and Denial of the request with future disclosures of the PHI that was the subject of the request, and
 - d. A description of how an individual can file a Complaint with the Fund and the U.S. Department of Health and Human Services.
- 9. **Statement of Disagreement:** Where the request to amend is denied, the individual may submit a written statement disagreeing with the denial and explaining the basis for the disagreement. Such a statement cannot exceed 60 pages.
- 10. **Rebuttal Statement:** The Fund through its Privacy/Security Officer may then issue a written rebuttal to the individual's statement of disagreement. If the Fund prepares a rebuttal statement, a copy of the rebuttal will be provided to the individual who submitted the statement of disagreement.
- 11. **Recordkeeping:** The request for amendment, the denial, any statement of disagreement and any rebuttal statement will be linked or appended to the related PHI kept in the designated record set.
- 12. **Future Disclosures:**
 - a. If a statement of disagreement has been submitted, the statement or a summary of the statement will be attached to any subsequent disclosure of the PHI.
 - b. If a statement of disagreement has not been submitted, then the Fund will (upon the individual's request) include the individual's request for amendment and the denial (or a summary of this information) with any subsequent disclosure of the PHI.
 - c. When a subsequent disclosure is made in the form of an electronic transmission that is a standard transaction under HIPAA's Electronic Data Interchange ("EDI") rules, the required information will be sent separately to the recipient of the information, if the transaction does not permit the additional material to be included with the disclosure.
- 13. **Action on Amendment Made by Other Covered Entities:** Upon notification of an amendment to PHI by another covered entity (e.g., another health plan or medical provider), the Fund will amend the PHI in its designated record set.
- 14. **Documentation:** The Fund will document the designated record set that is subject to access by individuals. It will also document the title of the individual responsible for receiving and processing requests for access by individuals. The Fund will also maintain any communication required by this procedure to be in writing (e.g., notice of denial).

RIGHT TO AMEND PHI

RIGHT TO AMEND PHI FORMS

REQUEST TO AMEND PROTECTED HEALTH INFORMATION (PHI)

Individuals should use this form to request an amendment to PHI.

DENIAL OF REQUEST TO AMEND PROTECTED HEALTH INFORMATION

The Privacy Officer should use this form to:

- Notify the individual of the denial of the Request to Amend PHI, and
- Provide a statement of the individual's right to have the denial reviewed.

STATEMENT DISAGREEING WITH DENIAL OF REQUEST TO AMEND PHI

Individuals should use this form to provide a written statement disagreeing with the denial of a request to amend PHI.

REBUTTAL TO STATEMENT DISAGREEING WITH DENIAL OF REQUEST TO AMEND PHI

The Privacy Officer should use this form to rebut the individual's statement disagreeing with the denial of a request to amend PHI.

New York City District Council of Carpenters Welfare Fund
Request to Amend PHI

Name of Individual: _____

Date: _____

I am requesting to amend my PHI and that an amendment be made to my PHI for the following reason:

Signature of Individual requesting PHI amendment: _____

Signature of Personal Representative acting on behalf of the Individual, if the Individual is not making the Request for Privacy Protection:

SIGNATURE AND NOTARIZATION

To safeguard your privacy and help make sure no one else is requesting access to your PHI, this request must be notarized.

I have read and understand the above information: _____		Date: _____	
Signature	of	Member/Participant, Parent/Guardian, Personal Representative:	_____
Relationship	if	signed by other than Member/Participant:	_____
If not already provided, we will require verification of the authority of a Personal Representative before this request will be considered complete.			
If Member/Participant is unable to give consent because of age, complete the following: Member/Participant is a minor _____ years of age.			
If request is made by a Parent/Guardian, complete the following: Member/Participant is a minor _____ years of age. If you are making this request on behalf of a minor child, we may require additional information before this request is considered complete.			

State of _____).

) ss.

County of _____)

On this the ____ day of _____, 20__, before me, _____ (Notary Public), the undersigned officer, personally appeared _____ (member or legal rep. name), known to me (or satisfactorily proven) to be the person whose name is subscribed to the within instrument and acknowledges that they executed the same for the purposes therein contained.

In witness whereof I hereunto set my hand.

Notary Public

My Commission expires: _____

New York City District Council of Carpenters Welfare Fund

Denial of Request to Amend PHI

Date: _____

Date of Request to Amend Protected Health Information (PHI): _____

Name of Individual Requesting PHI Amendment: _____

Your Request to Amend your PHI has been denied for the following reason(s):

You have the right to submit to the Fund a written statement (no longer than 10 pages) describing why you disagree with this denial. This statement can be sent to the Privacy Officer at the address listed in the attached privacy notice. The Fund then may prepare a written rebuttal to your statement of disagreement. The Fund is not obligated to prepare this statement, but if the Fund prepares a rebuttal, it will provide you with a copy. Where you elect to file a statement of disagreement, the Fund will append your request for amendment, the Fund's denial, your statement of disagreement, and any rebuttal statement to any future disclosure of the PHI that is the subject of the request.

If you choose not to submit a statement of disagreement, you may request (by sending a letter to the Privacy Officer) that the Fund provide a request for amendment and the Fund's denial with any future disclosure of the PHI that is the subject of the request.

You have the right to file a Complaint with the Fund or the Secretary of the U.S. Department of Health and Human Services, as outlined in the attached copy of the Fund's Privacy Notice.

Name & Telephone # of Privacy/Security Officer: _____

Signature of Privacy/Security Officer: _____

New York City District Council of Carpenters Welfare Fund
Statement Disagreeing with Denial of Request to Amend PHI

Name of Individual: _____

Date: _____

I disagree with the denial of my request to amend my PHI for the following reasons:

Signature of Individual submitting Statement of Disagreement with Denial of Request to Amend PHI

Signature of Personal Representative acting on behalf of the Individual, if the Individual is not making the Statement Disagreeing with Denial of Request to Amend PHI:

SIGNATURE AND NOTARIZATION

To safeguard your privacy and help make sure no one else is requesting access to your PHI, this request must be notarized.

I have read and understand the above information:		Date: _____
Signature	of Member/Participant, Parent/Guardian, Personal Representative:	_____
Relationship	if signed by other than Member/Participant:	_____
If not already provided, we will require verification of the authority of a Personal Representative before this request will be considered complete.		
If Member/Participant is unable to give consent because of age, complete the following: Member/Participant is a minor _____ years of age.		
If request is made by a Parent/Guardian, complete the following: Member/Participant is a minor _____ years of age. If you are making this request on behalf of a minor child, we may require additional information before this request is considered complete.		

State of _____)

) ss.

County of _____)

On this the ____ day of _____, 20__, before me, _____ (Notary Public), the undersigned officer, personally appeared _____ (member or legal rep. name), known to me (or satisfactorily proven) to be the person whose name is subscribed to the within instrument and acknowledges that they executed the same for the purposes therein contained.

In witness whereof I hereunto set my hand.

Notary Public

My Commission expires: _____

New York City District Council of Carpenters Welfare Fund

Rebuttal to Statement Disagreeing with Denial of Request to Amend PHI

Name of Individual: _____

Date: _____

The following represents a rebuttal to the Individual's Statement Disagreeing with Denial of Request to Amend PHI:

Signature of Privacy/Security Officer: _____

New York City District Council of Carpenters Welfare Fund

Right to Accounting of Disclosures of PHI Policy Statement

This policy and procedure is adopted pursuant to Section 164.528 of the privacy rules under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). If the privacy rules are changed by HHS, the Fund will follow the revised rules.

Right to Accounting Policy Effective Date

April 14, 2003 (Amended effective January 1, 2023, December 23, 2024).

Right to Accounting of Disclosures of PHI Policy

1. A covered individual has the right to request and receive an accounting of disclosures of that individual's PHI made by the Fund in the six years before the date of the request, including the following disclosures:
 - a. Uses and disclosures not according to policy by a workforce member or business associate,
 - b. Disclosures that do not require an authorization under the Fund's Policy for Disclosure of PHI for Public Health, Law Enforcement or Legal Process, and
 - c. Federal and state-mandated disclosures, such as Tumor Registry, FDA Adverse Reaction, etc.
2. The following disclosures need not be accounted for:
 - a. Disclosures of PHI for treatment, payment, or health care operations,
 - b. Disclosures to the covered individual,
 - c. Disclosures for national security or intelligence purposes,
 - d. Disclosures to correctional institutions or law enforcement Officers having lawful custody of an inmate as provided under the privacy rules,
 - e. Disclosures before the compliance date of the privacy rule (April 14, 2003),
 - f. Disclosures made pursuant to a valid authorization,
 - g. Disclosures incident to a use or disclosure otherwise permitted or required by HIPAA,
 - h. Disclosures that are part of a "limited data set" as described in section 164.514(e) of the privacy rules,
 - i. Disclosures for facilities director, officers or to persons involved in the individual's care or other notification purposes.

Business Associates

Business Associate agreements are negotiated and a Business Associate may take responsibility for Individual Rights under the Business Associate agreement

New York City District Council of Carpenters Welfare Fund

Right to Accounting - Procedures

Accounting Request Form

1. An individual who requests an accounting must use the form entitled Individual Request for Accounting of Disclosures of Protected Health Information ("Accounting Request Form").
2. The Privacy/Security Officer will provide an Accounting Request Form to any individual who wishes to request an accounting of disclosures
3. The Accounting Request Form must be completed and signed by the individual. The individual may mail, fax, or deliver the Accounting Request Form to the Privacy/Security Officer at the following address:

Privacy/Security Officer
New York City District Council of Carpenters Welfare Fund
395 Hudson Street
New York, NY 10014

Response to Request

1. The Privacy/Security Officer or delegate of the Privacy/Security Officer will review the Accounting Request Form and prepare a written Accounting of all uses and disclosures for which Accounting is required under the Fund's Right to Accounting Policy.
2. The Privacy/Security Officer will respond as follows:
 - a. An Accounting will be provided within 60 days of receipt of the Request for Accounting Form by the Privacy/Security Officer.
 - b. If the Fund is unable to provide the Accounting within 60 days, the Fund will invoke one 30-day extension, provided the individual is notified by the Privacy/Security Officer in writing within the first 60 days of the reason for the delay and the date by which the Fund will provide the accounting.
 - c. Upon request, one Accounting for an individual in a twelve-month period will be provided without charge. The Fund will impose a fee based on labor and supplies for each additional request during the twelve-month period. However, the Privacy/Security Officer will notify the individual of the fee in advance and allow the individual to modify or withdraw the request.

Exceptions to The Accounting Requirement

1. The accounting requirement does not apply to disclosures set out in section 2 of the Fund's Right to Accounting Policy.
2. In addition, the Fund must temporarily suspend the individual's right to receive an Accounting of such uses and disclosures to a health oversight agency ("agency") or law enforcement Officer ("Officer") if a temporary suspension is requested by the agency or Officer in accordance with the following procedures:
 - a. The agency or Officer states in writing to the Fund that providing such Accounting to the individual would be reasonably likely to impede the agency's activities and specifies the period of time for which the suspension of the right to an Accounting of these disclosures is required, or
 - b. The agency or Officer orally states to the Fund that providing such Accounting to the individual would be reasonably likely to impede the agency's activities and specifies the period of time for the suspension. The Fund must document the statement (including the identity of the agency or Officer making the statement) and must limit the temporary suspension to no longer than 30 days from the date of the oral statement (unless a written statement complying with the requirements of paragraph (b) is submitted).

Information to be Provided in an Accounting

1. With the exception of uses and disclosures of PHI that are not subject to an Accounting in accordance with the Fund's Right to Accounting Policy, the Fund must include in an Accounting any uses and disclosures of PHI made during the six years before the date of the Accounting (or fewer years if the Fund's HIPAA compliance date is fewer than six years before the Accounting).
2. Disclosures made to or by business associates of the Fund must be included in the Accounting unless it falls into one of the exceptions for the right to an Accounting.
3. For each disclosure, the Accounting must include:
 - a. The date of the disclosure,
 - b. The name of the entity or person who received the PHI and, if known, the address of the entity or person,
 - c. A brief description of the PHI disclosed, and
 - d. A brief statement of the purpose of the disclosure that reasonably informs the individual of the basis for the disclosure or a copy of the written request for disclosure, if any.
4. To the extent that the Fund has made multiple disclosures of PHI to the same person or entity for a single purpose, the Accounting regarding this multiple disclosure may provide:
 - a. All information that would be otherwise required for the first disclosure in the Accounting period,

- b. The frequency, periodicity or number of disclosures made during the Accounting period, and
 - c. The date of the last such disclosure in the Accounting period.
- 5. To the extent that the Fund has made disclosures for research purposes (under section 164.512(i) of the privacy rules) for 50 or more individuals, the Accounting may provide:
 - a. The name of the protocol or research activity,
 - b. A plain language description of the protocol or research activity (including the purpose of the research and the criteria for selecting particular records),
 - c. The type of PHI disclosed,
 - d. The date or period during which the disclosures occurred,
 - e. The name, address, and phone number of:
 - i. The entity that sponsored the research, and
 - ii. The researcher to whom the PHI was disclosed.
 - f. A statement that PHI may or may not have been disclosed for a particular protocol or research purpose.
- 6. If the Fund provides an Accounting for research purposes under section 5 above, and if it is reasonably likely that this PHI was disclosed for such research, protocol, or activity, the Fund will, upon the individual's request, assist in contacting the entity that sponsored the research and the researcher.

Documentation

The Fund will keep any information that is the subject of an Accounting and any written Accounting according to its Record Retention policy.

RIGHT TO ACCOUNTING OF DISCLOSURES OF PHI

REQUEST FOR ACCOUNTING OF DISCLOSURES OF PHI FORMS

REQUEST FOR ACCOUNTING OF DISCLOSURES OF PHI

Individuals should use this form to request an Accounting of disclosures of PHI.

ACCOUNTING OF DISCLOSURES OF PHI

The Privacy Officer should use this form to disclose PHI disclosures that do not fall within the exceptions allowed under the privacy rules.

Denial of Request for Accounting of Disclosures of PHI

The Privacy Officer should use this form to:

- Notify the individual of the denial of the request for an Accounting of PHI disclosures, and
- Provide a statement of the individual's right to have the denial reviewed.

New York City District Council of Carpenters Welfare Fund

Request for Accounting of Disclosures of PHI

Name of Individual: _____

Date: _____

I am requesting an Accounting of disclosures of my PHI for the following time period _____. (Note: The Fund will provide an accounting for disclosure for a period of six years or less, for disclosures made after April 14, 2003.)

I understand that the Accounting will not include disclosures for which an Accounting is not required under the HIPAA privacy rules and under the Fund's Right to Accounting of Disclosures of PHI Policy. I also understand that where the Fund provides an Accounting to me, it will provide it once free-of-charge within a 12-month period. Any additional request for an Accounting within the 12-month period will be subject to a reasonable cost-based fee.

Signature of Individual Requesting Accounting of Disclosures of PHI:

Signature of Personal Representative acting on behalf of the Individual, if the Individual is not making the Request for Accounting of Disclosures of PHI:

SIGNATURE AND NOTARIZATION

To safeguard your privacy and help make sure no one else is requesting access to your PHI, this request must be notarized.

I have read and understand the above information: _____		Date: _____
Signature	of Member/Participant, Parent/Guardian, Personal Representative:	_____
Relationship	if signed by other than Member/Participant:	_____
If not already provided, we will require verification of the authority of a Personal Representative before this request will be considered complete.		
If Member/Participant is unable to give consent because of age, complete the following: Member/Participant is a minor _____ years of age.		
If request is made by a Parent/Guardian, complete the following: Member/Participant is a minor _____ years of age. If you are making this request on behalf of a minor child, we may require additional information before this request is considered complete.		

State of _____)

) ss.

County of _____)

On this the ____ day of _____, 20__, before me, _____ (Notary Public), the undersigned officer, personally appeared _____ (member or legal rep. name), known to me (or satisfactorily proven) to be the person whose name is subscribed to the within instrument and acknowledges that they executed the same for the purposes therein contained.

In witness whereof I hereunto set my hand.

Notary Public

My Commission expires: _____

New York City District Council of Carpenters Welfare Fund

Accounting for Disclosures of PHI

Name of Individual: _____ Date: _____

The following disclosures of your PHI have been made by the Fund:

DISCLOSURE

Date of the disclosure: _____

Name of the entity or person who received the PHI: _____

Address of the entity or person who received the PHI: _____

Description of the PHI disclosed: _____

Purpose of the disclosure: _____

For multiple similar disclosures, the frequency or number of disclosures and date of last disclosure:

DISCLOSURE

Date of the disclosure: _____

Name of the entity or person who received the PHI: _____

Address of the entity or person who received the PHI: _____

Description of the PHI disclosed: _____

Purpose of the disclosure: _____

For multiple similar disclosures, the frequency or number of disclosures and date of last disclosure:

Signature of Privacy/Security Officer: _____

New York City District Council of Carpenters Welfare Fund

Denial of Request for Accounting of Disclosures of PHI

Date: _____

Date of Request for Accounting of Disclosures of PHI:

Name of Individual Requesting Accounting of PHI Disclosures:

Your request for an Accounting of Disclosures of PHI has been denied for the following reasons:

Name of Privacy/Security Officer: _____

Signature of Privacy/Security Officer: _____

New York City District Council of Carpenters Welfare Fund

Limitations on Use and Disclosure of Genetic Information - Policy Statement

This policy and procedure is adopted pursuant to Section 164.502(a)(5)(i) under the privacy rules under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), as amended by Health Information Technology for Economic and Clinical Health (HITECH) Act and the Genetic Information Non-Discrimination Act of 2008. If the privacy rules are changed by HHS, the Fund will follow the revised rules.

Limitations on Use and Disclosure of Genetic Information Effective Date

September 23, 2013 (Amended effective January 1, 2023, December 23, 2024).

Limitations on Use and Disclosure of Genetic Information Policy

The Fund will not use or disclose PHI that is genetic information for underwriting purposes.

Genetic information includes, with respect to an individual, information about:

1. The individual's genetic tests;
2. The genetic tests of the individual's family members;
3. The manifestation of a disease or disorder in family members (described below) of such individual; or
4. Any request for, or receipt of, genetic services, or participation in clinical research which includes genetic services, by the individual or any family member (described below) of the individual.

References to "family members" include: parents, spouses, siblings, children, grandparents, grandchildren, aunts, uncles, nephews, nieces, great-grandparents, great-grandchildren, great aunts, great uncles, first cousins, great-great grandparents, great-great grandchildren and children of first cousins, whether by consanguinity (such as siblings who share both parents) or affinity (such as by marriage or adoption). In addition, references to genetic information of an individual or family member includes the genetic information of a fetus carried by the individual or family member, and any embryo legally held by an individual or family member using assisted reproductive technology.

Underwriting purposes is defined broadly to include:

1. Rules for, or determination of, eligibility (including enrollment and continued eligibility) for, or determination of coverage for, benefits under the Fund. Among other items, this includes changes in deductibles or other cost-sharing mechanisms in return for activities such as completing a health risk assessment or participating in a wellness program;
2. The computation of premium or contribution amounts under the Fund. Among other items, this includes discounts, rebates, payment in kind or any other premium differential mechanisms in return for completing a health risk assessment or participating in a wellness program;
3. Other activities related to the creation, renewal, or replacement of a contract of health insurance or health benefits.

Underwriting purposes do not include determinations of medical appropriateness where an individual seeks a benefit under the Fund.

USE AND DISCLOSURE OF PHI RELATED TO LAWFUL REPRODUCTIVE HEALTHCARE

This policy and procedure is adopted pursuant to Section 164.509 and 164.512 of the privacy rules under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the Health Information Technology for Economic and Clinical Health Act (HITECH), as implemented under the Final Rule to Support Reproductive Health Care Privacy, 89 Fed. Reg. 32976 (April 26, 2024). If the privacy rules are changed by HHS, the Plan will follow the revised rules.

POLICY: USE AND DISCLOSURE OF PHI RELATED TO LAWFUL REPRODUCTIVE HEALTHCARE

Definition of Reproductive Health Care

Reproductive health care means health care that affects the health of an individual in all matters relating to the reproductive system and to its functions and processes.¹ Reproductive health care includes, but is not limited to, any of the following: expressing interest in, using, performing, furnishing, paying for, disseminating information about, arranging, insuring, administering, authorizing, providing coverage for, approving, counseling about, assisting, or otherwise taking action to engage in reproductive health care or attempting any of the same.

Prohibition against Use or Disclosure of PHI

The Plan may not use or disclose protected health information (“PHI”) for any of the following activities:

1. To conduct a criminal, civil, or administrative investigation into, or to impose criminal, civil, or administrative liability on any person for the mere act of seeking, obtaining, providing, or facilitating reproductive health care.
2. To identify any person for the purpose of conducting such investigation or imposing such liability.

This rule applies only where the Plan has reasonably determined that the reproductive health care was lawful under the circumstances in which it was provided.

However, the Plan may presume that reproductive health care provided by another person is lawful, unless it has actual knowledge that the reproductive health care was not lawful under the circumstances in which it was provided; or factual information supplied by the person requesting

¹ Examples of reproductive health care include: contraception, including emergency contraception; preconception screening and counseling; management of pregnancy and pregnancy-related conditions, prenatal care, miscarriage management, treatment for preeclampsia, hypertension during pregnancy, gestational diabetes, molar or ectopic pregnancy, and pregnancy termination; fertility and infertility diagnosis and treatment, including assisted reproductive technology and in vitro fertilization (IVF); diagnosis and treatment of conditions that affect the reproductive system (e.g., perimenopause, menopause, endometriosis, adenomyosis); and other types of care, services, and supplies used for the diagnosis and treatment of conditions related to the reproductive system (e.g., mammography, pregnancy related nutrition services, postpartum care products).

the use or disclosure of PHI that demonstrates a substantial factual basis that the reproductive health care was not lawful under the specific circumstances in which it was provided.

PROCEDURES: ATTESTATION

Attestation Requirement

The Plan may not use or disclose PHI potentially related to reproductive health care for the activities listed above, without obtaining a valid attestation from the person requesting the use or disclosure.

A valid attestation must verify that the use or disclosure is not otherwise prohibited under this policy, must be written in plain language, and must contain the following elements:

1. A description of the information requested that identifies the information in a specific fashion, including one of the following:
 - a. The name of any individual(s) whose PHI is sought, if practicable.
 - b. If including the name(s) of any individual(s) whose PHI is sought is not practicable, a description of the class of individuals whose PHI is sought.
2. The name or other specific identification of the person(s), or class of persons, who are requested to make the use or disclosure.
3. The name or other specific identification of the person(s), or class of persons, to whom the covered entity is to make the requested use or disclosure.
4. A clear statement that the use or disclosure is not for a purpose prohibited under § 164.502(a)(5)(iii).
5. A statement that a person may be subject to criminal penalties pursuant to 42 U.S.C. 1320d-6 if that person knowingly and in violation of HIPAA obtains individually identifiable health information relating to an individual or discloses individually identifiable health information to another person.
6. Signature of the person requesting the PHI, which may be an electronic signature, and date. If the attestation is signed by a representative of the person requesting the information, a description of such representative's authority to act for the person must also be provided.

An attestation is not valid if the document submitted has any of the following defects:

1. The attestation lacks a required element or statement, contains an element or statement not required, or is a compound attestation (combined with other documents).
2. The Plan has actual knowledge that material information in the attestation is false.

3. A reasonable covered entity or business associate in the same position would not believe that the attestation is true with respect to the purpose of the use or disclosure.

A valid attestation may be electronic, provided that it meets all other requirements.

Material misrepresentations: If, during the course of using or disclosing PHI in reasonable reliance on a facially valid attestation, the Plan discovers information reasonably showing that any representation made in the attestation was materially false, leading to a prohibited use or disclosure, the Plan must cease such use or disclosure.