



# HIPAA Notice of Privacy Practices

HIPAA is a federal law that requires protections for your protected health information (PHI). UNITE HERE HEALTH (The Fund) is required to provide you with a detailed notice explaining your rights about how we use, disclose and protect your health information. We encourage you to read the entire Notice because it contains very important information about the privacy of your PHI. This one-page overview explains what HIPAA is and what the Fund is required to do.

## What Is HIPAA?

HIPAA is a federal law that provides:

- Rules the Fund must follow in using and disclosing (or sharing) your PHI.
- Rights regarding the privacy of your health information.

## What HIPAA Requires the Fund to Do

HIPAA requires the Fund to:

- Follow specific rules when using or sharing your PHI, for example:
  - When you call Customer Service, you and your family members will be asked a few questions so we can make sure of your identity;
  - If a family member, close friend or Union representative assists you with a claim or appeal, we may require your agreement to discuss your PHI with this person for these purposes; and
  - If your claim involves subrogation (allows the Fund to collect money damages as a result of an accident or injury caused by someone else), you may need to fill out a form allowing the Fund to disclose and discuss your health information with certain other people, like an attorney.
- Provide you with a notice explaining our privacy practices (attached);
- Make sure the Fund's service providers who handle PHI agree to follow the HIPAA rules;
- Give you access to your PHI that the Fund keeps (with some limited exceptions); and an opportunity to correct information that is incorrect;
- Allow you to request restrictions for access to your PHI.

HIPAA is a very important law that protects your PHI.  
The attached notice explains more about it. Please continue reading to learn more.

**Changes to this Notice:** The Fund reserves the right to change this Notice at any time, and to make the revised Notice effective for PHI the Fund already has about you, as well as any information that the Fund receives in the future. The Fund will post a copy of the current Notice on The Fund's web sites, and when material changes are made to the Notice, we will inform you as provided by HIPAA and provide you with information about how to get a copy of the revised Notice.

**Questions:** If you have any questions about this Notice, or the Fund's Privacy Policy, you may contact the Fund's Privacy Officer by telephone at (630) 236-5100 or toll free at (800) 841-3380.

**Complaints:** If you believe that the Fund has violated your privacy rights concerning PHI, you may file a complaint with the Fund, or with the Secretary of the Department of Health and Human Services. To file a complaint with the Fund, contact the Fund's Privacy Officer at 711 N. Commons, Aurora, IL 60504.

**The Culinary Health Fund**  
**Notice of Privacy Practices**  
Effective as revised, September 23, 2013

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.

### **Our Pledge Regarding Your Health Information**

The privacy and protection of your (and your family's) PHI is as important to the Fund as it is to you. We have always been, and continue to be, committed to keeping your PHI private and using it only for payment of health claims, administering the Fund's Plan of Benefits, or, in some cases, to assist your health care provider in your treatment. Under limits required by the Health Insurance Portability and Accountability Act (HIPAA), the Fund has developed written policies regarding the use and disclosure of your PHI. These policies apply to all PHI maintained by the Fund's group health plans.

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### **Contents of the Notice**

This Notice describes the privacy practices the Fund, and third parties assisting the Fund, must follow in administering its plans, and contains the following information:

- The Fund's requirements under HIPAA;
- Situations when the Fund must get your authorization or permission to use or disclose your PHI;
- Situations when the Fund can use or disclose your PHI without your written authorization;
- Your rights regarding your PHI;
- When the Fund can make changes to this Notice, and how you can get a copy of the revised Notice; and
- Who you can contact to ask questions about this Notice or make a complaint, if you think the Fund isn't following the rules described in this Notice.

Your personal doctor or health care provider may have different policies or notices regarding the use and disclosure of your PHI.

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### **The Culinary Health Fund's Requirements Under HIPAA**

The Fund is required by law to:

- Protect and maintain the privacy of your PHI; and
- Give you this Notice of our legal duties and privacy practices with respect to your PHI; and
- Follow the terms of this Notice, unless modified; and
- Make sure that PHI that identifies you is kept private, to the extent required by law.

In addition, the Fund will protect PHI that is "genetic information" (as such term is defined by HIPAA) in accordance with the applicable requirements of HIPAA and other applicable law.

Depending on what state you live in, state law may impose more stringent limitations on the Fund's use and disclosure of health information. Where state laws govern, the Fund will comply with the applicable state law.

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### **When The Fund Must Get Your Written Authorization to Use or Disclose PHI**

The Fund uses and discloses PHI mainly to pay your health care claims and administer its health plans, and sometimes, to assist your health care providers with your treatment. The Fund is not required to obtain your authorization for these routine tasks. However, sometimes the Fund must get your written authorization before using or disclosing your PHI. Some of these situations are listed below.

### **Disclosure of PHI for Marketing Purposes; Sale of PHI**

Except in the limited circumstances permitted by HIPAA or other applicable law, the Fund may not (1) use or disclose your PHI to market services or products to you, (2) provide your PHI to anyone else for marketing purposes, or (3) sell your PHI, without your written authorization.

Your authorization is not required for marketing communications in the form of a face-to-face communication made by the Fund to you; or a promotional gift of nominal value provided by the Fund.

### **Use or Disclosure of Psychotherapy Notes**

It is not the Fund's standard practice to access any psychotherapy notes kept by behavioral health providers. However, in the event the Fund needs access to these notes, they cannot be used or disclosed without your written authorization (except in certain limited situations permitted by HIPAA addressed below). If you elect not to provide written authorization, the notes will not be used or disclosed; provided the Fund may use or disclose psychotherapy notes as required by applicable law or as permitted by applicable law. For example, the Fund may use or disclose psychotherapy notices as necessary to defend itself in a legal action or other proceeding brought by you or on your behalf or as necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public, and the Fund may disclose psychotherapy notices to public health oversight agencies and coroners and medical examiners as permitted by HIPAA.

### **Disclosure of PHI for Subrogation Purposes**

As you may know, when you or a family member has an illness or injury for which someone else may be financially responsible, you may be required to complete subrogation forms. These forms indicate whether you plan to take legal action against this other party for payment of health care claims related to the illness or injury. If you plan to take this action, it is likely that the Fund will be required to disclose some of your PHI to someone outside of the Fund, including attorneys and other health insurance companies. The Fund wants to make sure it has your permission to disclose your PHI in these cases (to the extent your permission is required by applicable law). Therefore, before it will release or disclose any information for subrogation purposes, the Fund may require written authorization from you to disclose your PHI.

### **Situations When PHI May Be Used or Disclosed Without Your Written Authorization**

The following categories describe different ways that the Fund may use and disclose PHI without your written authorization. In some cases, as noted below, the Fund will try to get your verbal approval before using or disclosing the PHI. For each category of use or disclosure, the Notice will explain what is meant, and give some examples. Not every use or disclosure in a category will be listed, but all of the ways the Fund is permitted to use and disclose PHI will fall within one of the categories listed below.

### **Disclosure to a Union or Employer Representative Acting on Your Behalf**

Sometimes you may wish to ask for help from your employer or your union representative in getting your health care claims processed, on questions regarding your eligibility or other types of health plan matters. To make sure we have your permission to disclose your PHI to your employer or union representative for these advocacy purposes, the Fund may require you to complete a written authorization for the disclosure. Except as otherwise permitted by HIPAA or other applicable law or by this Notice, if the Fund does not have your written authorization, we will not disclose your information for these advocacy purposes. However, some union employees provide customer service to Fund participants under a separate agreement with the Fund and they may use your PHI for the limited purpose of assisting you, and your written authorization is not required for that limited use. In addition, sometimes the Fund uses volunteers (who may be union members or representatives) in its workforce in connection with its health care operations (including to help register participants for Fund programs or inform them of such programs and other Fund benefits) and they may use your PHI for such purposes without your written authorization.

### **Use or Disclosure for Certain Other Permitted Purposes**

The Fund may also use or disclose your PHI for certain other limited purposes permitted by HIPAA and other applicable law.

### **Authorization Required**

The Fund will not use or disclose your PHI other than as described or provided for in this Notice without your written authorization.

### **Revoking Your Authorization**

If you provide the Fund with an authorization to use or disclose your PHI, you may revoke that authorization, in writing, at any time. If you revoke your authorization, the Fund will no longer use or disclose PHI about you for the reasons covered by your written authorization. However, the Fund cannot withdraw any disclosures that it previously made with your authorization. The Fund will keep a copy of your authorization, and any revocation, for at least six years. If you have questions about Authorization, contact the Fund's Privacy Officer.

However, regardless of whether PHI is used, disclosed, or requested, the Fund will only use, disclose, or request the minimum amount of PHI as may be necessary.

### **For Treatment**

The Fund may use or disclose PHI about you to facilitate, coordinate, or help manage medical treatment or services furnished to you by health care providers. For example, in the case of chronic or lengthy sickness, or injury requiring complicated or lengthy treatment, the Fund might require medical case management to help you obtain the maximum plan benefit available in a cost efficient manner. If case management is required, the Fund may use or disclose PHI to health care providers to coordinate or help manage treatment. If your plan requires precertification for hospitalization or certain procedures or diagnostic services, the Fund may use or disclose PHI to health care providers to assist in determining an appropriate course of treatment.

### **For Payment**

The Fund may use and disclose your PHI, including “genetic information” subject to HIPAA and other applicable law, to determine eligibility for benefits; to facilitate payment for the treatment and services you receive from health care providers; to determine the amount of Fund benefits for the health care services received and to otherwise manage and process claims; to conduct utilization review activities; or to coordinate benefit coverage between the Fund and other group health coverage you or your covered dependents might have. For example, the Fund may discuss your specific medical history with a health care provider to determine a particular treatment’s medical necessity, or to determine the amount of benefit the Fund will provide. The Fund may also share PHI with a third party administrator or a utilization review service, to determine benefits payable.

### **For Health Care Operations**

The Fund may use and disclose PHI about you for purposes necessary to the operation of the Fund. For example, the Fund may use PHI in connection with conducting quality assessment and improvement activities and other activities relating to Fund coverage; population-based activities related to improving health or reducing health care costs; protocol development; case management and care coordination; providing providers and participants with information about treatment alternatives; reviewing and evaluating providers; customer service; submitting claims for stop-loss (or excess loss) coverage; conducting or arranging for medical review, legal services, audit services, including the disclosure of certain information to an employer regarding claims that should not

have been paid because a person was not eligible or otherwise not entitled to coverage, and fraud and abuse detection programs; business planning and development, such as cost management; the merger or consolidation of the Fund and/or its plans with another plan; creating limited data sets or de-identified health information in accordance with the requirements of HIPAA; and business management and general Fund administrative activities.

The Fund may use and disclose PHI about you for enrollment, underwriting and premium rating purposes and other activities related to the creation, renewal or replacement of a contract of health insurance or health benefits. Underwriting purposes includes rules for eligibility, which include rules relating to: enrollment rights, effective date of coverage, waiting periods, the availability of benefit packages (including the right to change selections), covered benefits (including cost sharing provisions such as copayments, coinsurance, and deductibles), continued eligibility, termination of coverage, and discounts, rebates, or contribution differentials available for completing a health risk assessment or participating in a wellness program.

However, the Fund will not use or disclose “genetic information” for “underwriting purposes.”

The Fund may use summary or de-identified health information for plan design activities. In addition, the Fund may use information about your enrollment or disenrollment in a Fund plan in order to collect contributions that pay for plan participation.

### **Periodic Patient Notifications**

In addition to disclosing PHI to an individual’s health care provider for treatment purposes or to others for Fund benefit payment or operations purposes, the Fund may also contact you or a covered dependent to provide information or instruction about case or disease management programs, care coordination; to direct or recommend alternative treatments, therapies, health care providers or settings of care; or to provide information about other health-related benefits or services that may be of interest to the individual, including health-related products or services, only available to you and your covered dependents, that add value to, but are not part of, a health plan’s benefits.

### **Disclosure to Plan Sponsor**

The Fund may disclose PHI to the Board of Trustees of the Fund, or its designee, for purposes of performing administrative functions relating to the Fund’s

health benefits, including, but not limited to, the review and determination of appeals. However, no such PHI disclosed by the Fund for the purpose set forth above may be used to take any action against you in regard to your employment.

### **To a Family Member, Personal Representative, Close Personal Friend, or Person Involved in Your Healthcare**

The Fund may notify a family member, a personal representative, or another person responsible for your care, of your location (e.g., what hospital you are in); general condition (e.g., critical condition; stable; etc.); or death. The Fund may also disclose your PHI to disaster relief agencies or entities for the same purposes. To the extent permitted by law, the Fund may disclose your PHI to a family member, a close personal friend, or any other person that you may identify, if the PHI is directly relevant to such person's involvement with your health care, or the payment related to such care (including if you are deceased, subject to certain limitations with respect to your prior expressed preferences which are known to the Fund). We may disclose PHI to the persons and entities and for the purposes set forth above if you are present and agree to or do not object to such disclosure. In emergency circumstances, or if you are incapacitated, the Fund may also disclose PHI to the persons and entities and for the purposes set forth above it reasonably believes to be in your best interests and relevant to that person's involvement in your care (or if you are deceased, subject to certain limitations with respect to your preferences known to the Fund).

### **To a Business Associate**

The Fund may disclose PHI about you to other people or businesses that provide services to the Fund and its plans and which need the PHI to perform those services. These people or businesses are called business associates, and the Fund will have a written agreement with each of them requiring each of them to protect the privacy of your PHI. For example, the Fund may have hired a consultant to evaluate claims or suggest changes to the Fund's plans, for which the consultant needs to see PHI.

### **As Required by Law**

The Fund may disclose PHI about you when required to do so by federal, state, or local law. For example, the Fund may be obligated to disclose PHI by a court order in a litigation proceeding, or to a government agency pursuant to subpoena. The Fund may also disclose PHI about you to the extent otherwise permitted by HIPAA or other applicable law.

### **To Avert a Serious Threat to Health or Safety**

The Fund may use and disclose PHI about you when necessary to prevent a serious threat to your health and safety, or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to prevent the threat. For example, the Fund may disclose medical information about you if you are experiencing a medical emergency, and a health care provider needs your PHI to render treatment.

### **Organ and Tissue Donation**

If you are an organ donor, the Fund may release PHI to organizations that handle organ procurement, or organ, eye, or tissue transplantation, or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

### **Military and Veterans**

If you are a member of the armed forces, the Fund may release PHI about you, as required by military command authorities. The Fund may also release PHI about foreign military personnel to the appropriate foreign military authority.

### **Workers' Compensation**

The Fund may release PHI about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illnesses.

### **Public Health Activities**

The Fund may disclose PHI about you to authorized public health authorities for public health activities, as may be required or permitted by law. These disclosures may include reports made to:

- Prevent or control disease, injury, or disability;
- Report births and death;
- Report child abuse or neglect;
- Assist with activities related to the quality, safety or effectiveness of FDA-regulated products or activities (including reporting reactions to medications or problems with products regulated by the Food and Drug Administration);
- Notify the appropriate government authority if the Fund believes that you have been the victim of abuse, neglect, or domestic violence.

### **Disaster Relief Efforts**

The Fund may disclose PHI to a public or private entity authorized by law or by charter to assist in disaster relief efforts.

### **Health Oversight Activities**

The Fund may disclose PHI about you to a health oversight agency for specific activities authorized by law. These oversight activities include, for example, government audits, investigations, inspections, and licensure. These activities are conducted by the



government to monitor the health care system, and to ensure compliance with civil rights laws.

### **Lawsuits and Disputes; Judicial and Administrative Proceedings**

The Fund may disclose PHI that may be required by a court or administrative order. The Fund may also disclose PHI about you in response to a subpoena, discovery request, or other lawful process.

### **Law Enforcement**

The Fund may release PHI if required or asked to do so by a law enforcement official:

- In response to an administrative request (e.g., an investigative demand); a grand jury subpoena; a court order, subpoena, warrant, summons; or similar process;
- To identify or locate a suspect, fugitive, material witness, or missing person;
- About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
- About a death the Fund believes may be the result of criminal conduct;
- About criminal conduct at a Fund office or Fund facility.

The Fund may also provide PHI (including types of injuries) to law enforcement officials as otherwise required by applicable law.

### **Coroners, Medical Examiners, and Funeral Directors**

The Fund may release PHI to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person, or determine the cause of death. The Fund may also release PHI to funeral directors, as may be necessary to carry out their duties.

### **Department of Health and Human Services**

The Fund may also disclose PHI about you to the U.S. Department of Health and Human Services to demonstrate the Fund's compliance with federal health information privacy law.

### **National Security and Intelligence Activities; Protective Services**

The Fund may release PHI about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law. The Fund may also disclose PHI about you to authorized federal officials for the provision of protective services to the President or other persons receiving Federal protective services, as authorized by applicable law.

### **Inmates**

If you are an inmate of a correctional institution or under the custody of a law enforcement official, the Fund may release PHI about you to the correctional institution or the law enforcement official. This disclosure would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

### **Research**

The Fund may disclose PHI about you for limited research purposes, but only if an appropriate Privacy Board permits such disclosure without an Authorization.

### **Medicare Prescription Subsidy**

The Fund may disclose PHI as required to participate in the Medicare Part D prescription benefit subsidy program.

## **Your Rights Regarding Medical Information About You**

You have the following rights regarding your PHI:

- 1. Right to Inspect and Copy** You have the right to inspect and copy certain PHI that the Fund maintains in a designated record set (as such term is defined by HIPAA). If such PHI is maintained electronically, you may request such PHI in an electronic format. The Fund will work with you to provide such PHI in the form and format you request or in a satisfactory alternative if such PHI is not readily producible in such form and format. You may also direct that such PHI be sent to another person or entity. To inspect and copy your PHI, or otherwise obtain a copy of your PHI as set forth above, you must submit your request, in writing, to the Fund's Privacy Officer. If you request a copy of the information, we may charge a fee for the costs of copying, mailing, or other supplies associated with your request.
- 2. Right to Amend** If you feel that the PHI the Fund has about you is incorrect or incomplete, you may ask the Fund to amend the information. You have the right to request an amendment of PHI that is maintained in a designated record set for as long as the information is kept by, or for, the Fund.

To request an amendment, your request must be made in writing, and submitted to the Fund's Privacy Officer. In addition, you must provide a reason to support the request. The Fund may deny your request if you ask us to amend information that:

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

**3. Right to an Accounting or Disclosure** You have the right to request an “accounting of disclosures” of your PHI, with respect to disclosures made for purposes other than treatment, payment, or health care operations, or as may otherwise be exempt by law.

To request an accounting of disclosures, you must submit your request in writing to the Fund’s Privacy Officer. Your request must state a time period for the accounting, which may not be longer than six years, and may not include dates before April 14, 2003. Your request should indicate in what form you want the accounting (for example, paper or electronic). The first accounting you request within a 12-month period will be free. For additional accountings, the Fund may charge you for the cost of providing the information. The Fund will notify you of the cost involved, and you may withdraw or modify your request before any costs are incurred.

**4. Right to Request Restrictions** You have the right to request a restriction or limitation on the PHI that the Fund uses or discloses about you. For example, you could ask that the Fund not use or disclose information about a surgery you had, or that the Fund not discuss PHI with a certain doctor, or your spouse. The Fund will review and consider your request for restrictions to determine if it can be reasonably done. However, except as set forth below, the Fund is generally not required to agree to your request for a restriction. Except as otherwise required by law (and excluding disclosures for treatment purposes), the Fund is obligated, upon your request, to refrain from sharing your PHI with another health plan for purposes of payment or carrying out health care operations if the PHI pertains solely to a health care item or service for which the health care provider involved has been paid out of pocket in full by you or by another person (other than the Fund) on your behalf.

To request a restriction, you must make your request, in writing, to the Fund’s Privacy Officer. In your request, you must tell the Fund what information you want to restrict; whether you want to restrict the Fund’s use, disclosure, or both; and to whom you want the restriction to apply (for example, disclosures to your doctor, spouse).

**5. Right to Request Confidential Communications** You have the right to request that the Fund communicate with you about health matters in only a certain format, or at a certain location. For example, you can ask that the Fund only contact you at work, or by mailing communications to an alternate address.

To request confidential communications, you must submit your request, in writing, to the Fund’s Privacy Officer. The Fund will attempt to accommodate all reasonable requests, but your request must specify how or where you wish to be contacted.

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

You may obtain a copy of this Notice on our web site, [www.uniteherehealth.org](http://www.uniteherehealth.org), or if you are an individual covered by the Las Vegas Plan of Benefits, Culinary Health Fund, go to [www.culinaryhealthfund.org](http://www.culinaryhealthfund.org). To obtain a paper copy of this Notice, contact The Fund’s Privacy Officer.

**7. Right to Receive Notice** The Fund must notify you following a breach of your secured PHI as required by HIPAA.