

### 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 January 1, 2011, as amended effective September 23, 2013.

**This Notice is required by law.** The SEIU Healthcare NW Health Benefits Trust ("the Trust") 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 Trust's uses and disclosures of Protected Health Information (PHI),
2. Your rights to privacy with respect to your PHI,
3. The Trust's duties with respect to your PHI,
4. Your right to file a complaint with the Trust 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 Trust's privacy practices.
6. Any breach of your PHI.

### Your Protected Health Information

#### **What is Protected Health Information (PHI)?**

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 Trust in oral, written, or electronic form.

#### **When Can the Trust Disclose Your PHI Without Your Authorization?**

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

1. *At your request.* If you request it, the Trust is required to give you access to certain PHI in order to allow you to inspect and/or copy it.
2. *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 Trust's compliance with the privacy regulations.
3. The Trust and its business associates will use PHI *for treatment, payment or health care operations.*

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

**Payment** includes but is not limited to actions to make coverage determinations and payment (including billing, claims management, subrogation, plan reimbursement, reviews for medical necessity and appropriateness of care and utilization review and preauthorizations).

**Health care operations** includes but is not limited to quality assessment and improvement, reviewing competence or qualifications of health care professionals, underwriting, premium rating and other insurance activities relating to creating or renewing insurance contracts. It also includes disease management, case management, conducting or arranging for medical review, legal services, and auditing functions including fraud and abuse compliance programs, business planning and development, business management and general administrative activities.

**Disclosure to your group health plan's Plan Sponsor.** The Trust will also disclose PHI to the Plan Sponsor of your group health plan for purposes related to treatment, payment, and health care operations, if the Plan Sponsor has adopted amendments to its Plan Documents to permit this use and disclosure as required by federal law. For example, the Trust may disclose information to the Plan Sponsor to allow it to decide an appeal or review of an eligibility question or a subrogation claim.

#### **When Does the Disclosure of Your PHI Require Your Written Authorization?**

Except as otherwise indicated in this Notice, uses and disclosures will be made only with your written authorization subject to your right to revoke your authorization. Your written authorization will be required for any disclosure of your health information that involves marketing, the sale of your health information, or any disclosure involving direct or indirect remuneration to SEIU Healthcare NW Health Benefits Trust. Also, your written authorization generally will be required

before SEIU Healthcare NW Health Benefits Trust will use or disclose psychotherapy notes. Psychotherapy notes are a mental health professional's separately filed notes which document or analyze the contents of a counseling session. Psychotherapy notes do not include summary information about your mental health treatment or information about medications, session stop and start times, the diagnosis and other basic information. SEIU Healthcare NW Health Benefits Trust may use and disclose psychotherapy notes when needed to defend against litigation filed by you or as necessary to conduct treatment, payment and health care operations.

***When Is the Use or Disclosure of My PHI Permitted and My Consent, Authorization or Opportunity to Object Is Not Required?***

The Trust 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.*
3. *Domestic violence or abuse situations.*
4. *Health oversight activities.*
5. *Legal proceedings.*
6. *Law enforcement health purposes.*
7. *Law enforcement emergency purposes.*
8. *Determining cause of death and organ donation.*
9. *Funeral purposes.*
10. *Research.*
11. *Health or safety threats.*
12. *Workers' compensation programs.*

***Are there Other Uses or Disclosures?***

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

The Trust may disclose protected health information to your group health plan sponsor for reviewing your appeal of a benefit claim or for other reasons regarding the administration of the Trust or your employer's group health plan.

## **Your Individual Privacy Rights**

***Can I Request Restrictions on Uses and Disclosures of my PHI?***

You may request the Trust 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.
3. Restrict disclosure of your health information to someone involved in payment for your care. SEIU Healthcare NW Health Benefits Trust is not required to agree to your request unless the disclosure relates to payment or health care operations and pertains to a health care item or service for which you have paid out of pocket in full.

The Trust is not required to agree to your request if the Trust determines your request to be unreasonable.

Make such requests in writing to The Trust Privacy Contact Person at Benefit Solutions, Inc., P.O. Box 6, Mukilteo, WA 98275.

***Can I Request Confidential Communications?***

The Trust 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. Make such requests to the Privacy Contact Person at the address above.

***Can I Inspect and Copy My PHI?***

You have a right to inspect and obtain a copy of your PHI for as long as the Trust maintains the PHI.

The Trust 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 Trust 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. A reasonable fee may be charged. Requests for access to PHI should be made to the Privacy Contact Person.

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.

***Do I Have the Right to Amend My PHI?***

You have the right to request that the Trust amend your PHI or a record about you for as long as the PHI is maintained subject to certain exceptions.

The Trust has 60 days after receiving your request to act on it. The Trust is allowed a single 30-day extension if the Trust is unable to comply with the 60-day deadline. If the Trust denied your request in whole or part, the Trust 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 should make your request to amend PHI to the Privacy Contact Person.

You or your personal representative will be required to complete a written form to amendment of the PHI and include a reason to support the requested amendment.

***Do I Have the Right to Receive an Accounting of the Trust's Disclosures of My PHI?***

At your request, the Trust will also provide you with an accounting of certain disclosures by the Trust of your PHI. The Trust is not required 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 Trust has 60 days to provide the accounting. The Trust is allowed an additional 30 days if the Trust 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 Trust will charge a reasonable fee for each subsequent accounting.

***Do I Have the Right to Receive a Paper Copy of This Notice Upon Request?***

Yes. To obtain a paper copy of this Notice, contact the Privacy Contact Person, listed above.

***Can My Personal Representative Act On My Behalf Regarding My Privacy Rights?***

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. You may obtain this form by calling the Trust Administration Office.

The Trust 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.

The Trust will recognize certain individuals as personal representatives without you having to complete an Appointment of Personal Representative form. For example, the Trust will automatically consider a spouse to be the personal representative of an individual covered by a group health plan. In addition, the Trust will consider a parent or guardian as the personal representative of an unemancipated minor unless applicable law requires otherwise. A spouse or a parent may act on an individual's behalf, including requesting access to their PHI. Spouses and unemancipated minors may, however, request that the Trust restrict information that goes to family members.

***Do I have a Right to opt out of Fundraising Communications?***

If SEIU Healthcare NW Health Benefits Trust participates in fundraising, you have the right to opt out of all fundraising communications.

## **The Trust's Duties Regarding Privacy**

***Maintaining Your Privacy***

The Trust 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 February 1, 2005 and the Trust is required to comply with the terms of this Notice. However, the Trust reserves the right to change its privacy practices and to apply the changes to any PHI received or maintained by the Trust prior to that date. If a privacy practice is changed, a revised version of this Notice will be provided to you and to all past and present participants and beneficiaries for whom the Trust still maintains PHI via mail.

Any revised version of this Notice will be distributed within 60 days of the effective date of any material change to:

1. The uses or disclosures of PHI,
2. Your individual rights,
3. The duties of the Trust, or
4. Other privacy practices stated in this notice.

**Disclosing Only the Minimum Necessary Protected Health Information**

When using or disclosing PHI or when requesting PHI from another covered entity, the Trust 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:

1. Disclosures to or requests by a health care provider for treatment,
2. Uses or disclosures made to you,
3. Disclosures made to the Secretary of the United States Department of Health and Human Services pursuant to its enforcement activities under HIPAA,
4. Uses or disclosures required by law, and
5. Uses or disclosures required for the Trust'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:

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

In addition, the Trust may use or disclose "summary health information" to your group health plan's Plan Sponsor for 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 a Plan Sponsor has provided health benefits under a group health plan. Identifying information will be deleted from summary health information, in accordance with HIPAA.

SEIU Healthcare NW Health Benefits Trust is prohibited by law from using or disclosing genetic health information for underwriting purposes.

**Your Right to File a Complaint with the Trust or the HHS Secretary**

If you believe that your privacy rights have been violated, you may file a complaint with SEIU Healthcare NW Health Benefits Trust as indicated below.	You may also file a complaint with:
SEIU Healthcare NW Health Benefits <b>Trust</b> Privacy Official Benefit Solutions, Inc. P.O. Box 6 Mukilteo, WA 98275-0025	Secretary of the U.S. Department of Health and Human Services Hubert H. Humphrey Building 200 Independence Avenue S.W. Washington, D.C. 20201

The Trust will not retaliate against you for filing a complaint.

**If You Need More Information**

If you have any questions regarding this notice or the subjects addressed in it, you may contact the following individual at the Trust Administrative Office:

Trust Privacy Contact Person  
Benefit Solutions, Inc.  
P.O. Box 6  
Mukilteo, WA 98275  
Tele: 425-771-7359

**Conclusion**

The federal Health Insurance Portability and Accountability Act, known as HIPAA, regulates PHI use and disclosure by the Trust. 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.