

OPERATING ENGINEERS TRUST FUNDS

I.U.O.E. LOCAL 12 HEALTH & WELFARE / PENSION / VACATION / TRAINING

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NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION (PHI)

This notice is required by law and describes how medical information may be used and disclosed and how you can get access to this information. **Please review this notice carefully and share it with all members of your household.**

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

If, after reviewing the notice, you have questions or concerns, please contact the Privacy Officer, at Operating Engineers Health & Welfare Fund, 100 Corson Street, Pasadena, CA 91103, (626) 356-1077, privacyofficer@oefi.org

- **Our Responsibilities.**

We are required by law to maintain the privacy and security of your protected health information (PHI) including personally identifiable information (PII).

We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.

We must follow the duties and privacy practices described in this notice and give you a copy of it.

We will not use or share your information other than as described in this notice unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

- **Our Uses and Disclosures.**

When using or disclosing PHI or when requesting PHI from another covered entity, the Fund 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.

We typically use or share your health information in the following ways.

Help manage the health care treatment you receive

- We can use your health information and share it with professionals who are treating you. *For example:* A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.

Run our organization

- We can use and disclose your information to run our organization and contact you when necessary. We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. *For example:* We use health information about you to develop better services for you.

Pay for your health services

- We can use and disclose your health information as we pay for your health services. *For example:* We share information about you with your secondary or Medicare provider to coordinate payment for your treatment.
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Administer your plan

- We may disclose your health information to the plan sponsor, the Board of Trustees of the Health and Welfare Fund, for plan administration. *For example:* We may provide the Trustees or their actuaries with certain statistics to determine the premiums we charge or the benefits the plan provides.
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We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information in this way. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues

- We can share your health information for certain situations such as:
 - Preventing disease
 - Helping with product recalls
 - Reporting adverse reactions to medications
 - Reporting suspected abuse, neglect, or domestic violence
 - Preventing or reducing a serious threat to anyone’s health or safety
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Do research

- We can use or share your information for health research.
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Comply with the law

- We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we’re complying with federal privacy law.
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Respond to organ and tissue donation requests and work with a medical examiner or funeral director

- We can share health information about you with organ procurement organizations.
 - We can share health information with a coroner, medical examiner, or funeral director when an individual dies.
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Address workers’ compensation , law enforcement, and other government requests

- We can use or share health information about you:
 - For workers’ compensation claims
 - For law enforcement purposes or with a law enforcement official
 - With health oversight agencies for activities authorized by law
 - For special government functions such as military, national security, and presidential protective services
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Respond to lawsuits and legal actions

- We can share health information about you in response to a court or administrative order, or in response to a subpoena.
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Inmates

- We can use or disclose information to a correctional institution or a law enforcement official for the purpose of providing health care to you, for your health and safety or the health and safety of others, or the safety and security of the correctional institution.
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When the sharing or disclosing of your health information requires your written authorization:

- **Psychotherapy notes.** Although the Fund does not routinely obtain psychotherapy notes, your written authorization will generally be obtained before the Fund will use or disclose psychotherapy notes. However, the Fund may disclose such notes when needed by the Fund to defend against litigation filed by you.
- **To provide your PHI to the Pension Fund.** If your health information is needed by the Pension Fund to help evaluate your disability pension application, your written authorization will be obtained before the Fund will disclose this information.

➤ **To provide your PHI to your employer.** Your written authorization will be obtained before the Fund discloses any of your PHI to your employer.

• **Your Rights.**

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get a copy of your health and claims records	<ul style="list-style-type: none">• You can ask to see or get a copy of your health and claims records and other health information on file in the Fund Office. Ask us how.• We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.
Ask us to correct health and claims records	<ul style="list-style-type: none">• You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.• We may say “no” to your request, but we’ll tell you why in writing within 60 days.
Request confidential communications	<ul style="list-style-type: none">• You can ask us to contact you in a specific way (for example, home or cell phone) or to send mail to a different address.• We will consider all reasonable requests, and must say “yes” if you tell us you would be in danger if we do not.
Ask us to limit what we use or share	<ul style="list-style-type: none">• You can ask us not to use or share certain health information for treatment, payment or our operations.• We are not required to agree to your request, and we may say “no” if it would affect your care.
Get a list of those with whom we’ve shared information	<ul style="list-style-type: none">• You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.• We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one account a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.
Get a copy of this privacy notice	<ul style="list-style-type: none">• You can ask for a paper copy of this notice at any time. We will provide you with a paper copy promptly.
Choose someone to act for you Appointing a Personal Representative	<ul style="list-style-type: none">• If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.• The Fund will automatically consider the spouse, or the parent of a minor child, the personal representative. However you may appoint anyone to be your personal representative and act on your behalf. That appointment can be revoked at any time. You may also ask that your PHI not be shared with certain people. Please contact the Fund Office for more information on this matter or to request the appropriate forms.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by writing to the Privacy Officer at: Operating Engineers Health & Welfare Fund, 100 Corson Street, Pasadena, CA 91103 or by calling (626) 356-1077, privacyofficer@oefi.org.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint.

• **Your Choices.**

For certain health information, you can tell us your choices about what we share

- If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions. In these cases, you have both the right and choice to tell us to:
 - Share information with your family, close friends, or others involved in payment for your care
 - Share information in a disaster relief situation

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety. We never share or sell information or use it for marketing purposes.

• **Changes to the Terms of this Notice.**

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our web site, and we will mail a copy to you within 60 days of the effective date of the new notice.

• **Effective Date of Notice.**

This notice is effective January 1, 2018

• **If you need more information.**

If you need more information please contact Privacy Officer, Operating Engineers Health & Welfare Fund, 100 Corson Street, Pasadena, CA 91103, (626) 356-1077, privacyofficer@oefi.org

• **Conclusion.**

The use and disclosure of PHI by the Fund is regulated by the federal government under the 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 is a summary of the regulations. The regulations will supersede any discrepancy between the information contained in this notice and the regulations.

TTY Line – (626) 356-3582

Spanish - ATENCIÓN : Si necesita ayuda en otro idioma, los servicios están disponibles para usted de forma gratuita, Llamada (626) 356-3555.

Chinese - 注意：如果你用另一种语言需要帮助，服务，为您提供免费的。呼叫 (626) 356-3555。

The Fund complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.