

NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION

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 of Notice: **April 1, 2003**

The Omaha Construction Industry Health Plan (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 privacy rights 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 to the Secretary of the Department of Health and Human Services and
5. the person or office to contact for further information about the Plan's privacy practices.

"Protected Health Information" (PHI) includes all individually identifiable health information transmitted or maintained by the Plan, regardless of form.

"Individually Identifiable Health Information"

Section 1. Notice of Uses and Disclosures of PHI

Required Uses and Disclosures of PHI

The Plan is required to give you access to certain PHI when you request to inspect and copy it.

Use and disclosure of your PHI may be required by the Secretary of the Department of Health and Human Services to investigate or determine the Plan's compliance with the privacy regulations.

Uses and disclosures to carry out treatment, payment, and health care operations

The Plan and its business associates will use PHI without your consent, authorization, or opportunity to agree or object to carry out treatment, payment, and health care operations. The Plan will also disclose PHI to the Plan's third party payee for purposes related to treatment, payment, and health care operations. This payee will have also amended its plan documents to protect your PHI as required by federal law.

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 of more of your providers.

For example, the Plan may disclose to a treating orthodontist the name of your treating dentist so that the orthodontist may ask for your dental x-rays from the treating dentist.

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

For example, the Plan may tell a doctor whether you are eligible for coverage or what percentage of the bill will be paid by the Plan.

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.

For example the Plan may use information about your claims to a disease management program, project future benefit costs or audit the accuracy of its claims processing functions.

Uses and disclosures which require our written authorization

Your written authorization will generally be obtained before the Plan will use or disclose psychotherapy notes about you from your psychotherapist. 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. The Plan may use and disclose such notes when needed by the Plan to defend against litigation filed by you.

Uses and disclosures which require that you be given an opportunity to agree or disagree prior to the use or release

Disclosure of your PHI to family members, other relatives, and your close personal friends is allowed 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.

Uses and disclosures for which consent, authorization, or opportunity to object is not required

Use and disclosure of your PHI is allowed without consent, authorization or request to you under the following circumstances:

- When required by law.
- When permitted for purposes of public health activities including when necessary to report product defects, to permit product recalls and to conduct post marketing surveillance. 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.
- When authorized by law to report information about abuse, neglect, domestic violence to public authorities if there exists a reasonable belief 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. For the purpose of reporting child abuse or neglect it is not necessary to inform the minor that such a disclosure has been or will be made. Disclosure may generally be made to the minor's parents or other representatives although there may be circumstances under federal or state law when the parents or other representatives may not be given access to the minor's PHI.

- The Plan may disclose your PHI to a public health oversight agency for oversight activities authorized by law. This includes uses or disclosures in civil administrative, or criminal investigations; inspections; licensure or disciplinary actions (e.g., to investigate complaints against providers); and other activities necessary for appropriate oversight of government benefit programs (e.g., to investigate Medicare or Medicaid fraud).
- The Plan may disclose your PHI when required for judicial or administrative proceedings. For example, your PHI may be disclosed in response to a subpoena or discovery request provided certain conditions are met. One of those conditions is that satisfactory assurances must be given to the Plan that the requesting party has made a good faith attempt to provide written notice to you, and the notice provided sufficient information about the proceeding to permit you to raise an objection, and no objections were raised or they were resolved in favor of disclosure by the court or tribunal.
- When required for law enforcement purposes (for example to report certain types of wounds).
- For law enforcement purposes including for the purpose of identifying, or locating a suspect, fugitive, material witness, or missing persons. Also, when disclosing information about an individual who is or is suspected to be a victim of a crime but only if the individual agrees to the disclosure or the covered entity is unable to obtain the individual's agreement because of emergency circumstances and the law enforcement official represents that the information is not intended to be used against the individual, that the immediate law enforcement activity would be materially and adversely affected by waiting to obtain the individual's agreement and disclosure is in the best interest of the individual as determined by the exercise of the Plan's best judgment.
- To a coroner or medical examiner, when required for the purpose of identifying a deceased person, determining a cause of death, or other duties as authorized by law. Also, disclosure is permitted to funeral directors, consistent with applicable law, as necessary to carry out their duties with respect to the decedent.
- The Plan may use or disclose protected health information for research, subject to conditions.
- When consistent with applicable law and standards of ethical conduct if 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.
- When authorized by and to the extent necessary to comply with workers' compensation or other similar programs established by law.

Except as otherwise indicated in this notice, uses and disclosures will be made only with your written authorization subject to your right to revoke such authorization.

Section 2. Rights of Individuals

Right to Request Restrictions on Uses and Disclosures PHI

You may request the Plan to restrict uses and disclosures of your PHI to carry out treatment, payment, or healthcare operations, or to restrict uses and disclosures to family member, relatives, friends, or other persons identified by you who are involved in your care or payment for your care. However, the Plan is not required to agree to your request.

The Plan is required to accommodate reasonable requests to receive communications of PHI by alternative means or at alternative locations.

You or your personal representative will be required to complete a form to request restrictions on uses and disclosures of your PHI. Such requests should be made to the following office:

Omaha Construction Industry Health Plan
11414 West Center Road, #247
Omaha, NE 68144
(402) 330-2060 Phone
(402) 330-2797 – Fax

Right to Inspect and Copy PHI

You have a right of access to inspect and obtain a copy of your PHI contained in a “*designated record set*,” for as long as the Plan maintains the PHI.

“Protected Health Information” (PHI) includes all individually identifiable health information transmitted or maintained by the Plan, regardless of form.

“Designated Record Set” includes the medical records and billing records about individuals maintained by or for a covered health care provider; enrollment, payment, billing, claims adjudication, and case or medical management record systems maintained by or for a health plan; or other information used in whole or in part by or for the covered entity to make decisions about individuals. Information systems, used for quality control or peer review analyses and not used to make decisions about individuals, would not fall within the definition of designated record set.

The requested information must be sent 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. Request for access to PHI should be made to the following office:

Omaha Construction Industry Health Plan
11414 West Center Road, #247
Omaha, NE 68144-3980
(402) 330-2060 Phone
(402) 330-2797 – Fax

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 those review rights, and a description of how you may complain to the Secretary of the Department of Health and Human Services.

Right to Amend PHI

You have the right to request the Plan to amend your PHI or a record about you in a designated record set for as long as the protected health information is maintained in the designated record set.

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

Requests for amendment of PHI in a designated record set should be made to the following office:

Omaha Construction Industry Health Plan
11414 West Center Road, #247
Omaha, NE 68144
(402) 330-2060 – Phone
(402) 330-2797 Fax

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

The Right to Receive an Accounting of Disclosures of PHI

At your request, the Plan will also provide you with an accounting of disclosures by the Plan of your PHI during the six years prior to the date of your request. However, such accounting need not include the following disclosures of PHI: (1) made to carry out treatment, payment or health care operations; (2) to individuals about their own PHI; or (3) prior to the compliance date.

If the accounting cannot be provided within 60 days, and additional 30 days is allowed if the individual is given a written statement of the reasons for the delay and date by which the accounting will be provided.

If you request more than one accounting within a 12-month period the Plan may charge a reasonable, cost-based fee for each subsequent accounting.

The Right to Receive a Paper Copy of this Notice Upon Request

To obtain a paper copy of this Notice contact the following office:

Omaha Construction Industry Health Plan
11414 West Center Road, #247
Omaha, NE 68144
(402) 330-2060 – Phone
(402) 330-2797 – Fax

A Note about Personal Representatives

You may exercise your rights through a personal representative. Your personal representative will be required to produce evidence of his/her authority to act on your behalf before that person will be given access to your PHI or allowed to take any action for you. Proof of such authority may take one of the following forms:

1. A power of attorney for health care purposes, notarized by a notary public;
2. A court order of appointment of the person as the conservator or guardian of the individual;
3. A parent of a minor child.

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. This also applies to personal representatives of minors.

Section 3. The Plan's Duties

The Plan is required by law to maintain the privacy of protected health information and to provide individuals (participants and beneficiaries) with notice of its legal duties and privacy practices.

This notice is effective beginning 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 protected health information 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 all whom the Plan still maintains protected health information.

Any revised version of this notice will be distributed within 60 days of the effective date of any material change to the uses or disclosures, the individual's rights, the duties of the Plan, or other privacy practices stated in this notice.

Minimum Necessary Standard

When using or disclosing protected health information or when requesting protected health information from another covered entity, the Plan will make reasonable efforts not to use, disclose, or request more than the minimum amount of protected health information 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 the individual,
- Disclosures made to the Secretary of the Department of Health and Human Services
- Uses or disclosures that are required by law, and
- Uses or disclosures that are required for compliance with applicable requirements of the subchapter.

This notice does not apply to information that has been de-identified. De-identified information is information that does not identify an individual and with respect to which there is no reasonable basis to believe that the information can be used to identify an individual is not individually identifiable health information.

In addition, the Plan may use or disclose “summary health information” which

- (1) Summarizes the claims history, claims expenses, or type of claims experience by the individuals for whom a plan sponsor has provided health benefits under a group health plan; and
- (2) From which identifying information has been deleted in accordance with HIPAA

Section 4. Your Right to File a Complaint with the Plan of the Secretary of HHS

If you believe that your privacy rights have been violated, you may complain to the Plan in care of the following office:

Deborah S. Morris, Administrator
Omaha Construction Industry Health Plan
11414 West Center Road, #247
Omaha, NE 68144
(402) 330-2060 – Phone
(402) 330-2797 – Fax

Alternatively, you may file a complaint with the Secretary of the Department of Health and Human Services, Hubert H. Humphrey Building, 200 Independence Avenue SW, Washington, DC 20201.

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

Section 5. Who to contact at the Plan for More Information

If you have any questions regarding this notice or the subjects addressed in it, you may contact the following office:

Deborah S. Morris, Administrator
Omaha Construction Industry Health Plan
11414 West Center Road, #247
Omaha, NE 68144
(402) 330-2060 – Phone
(402) 330-2797 – Fax

Conclusion

The federal government regulates the use and disclosure of PHI by the Plan. You may find these rules at 45 Code of the Federal Regulations Parts 160 and 164. This notice attempts to summarize the regulations. The regulations will supersede any discrepancy between the information contained in this notice and the regulations.