



Ronnie L. Traxler  
*Chairman*

John T. Fultz  
*Secretary*

Jimmy L. Nelson  
*Vice Chairman*

Patrick M. Gallagher  
*Assistant Secretary*

DATE: April 2010  
TO: Boilermakers Health and Welfare Fund Participants  
FROM: Boilermakers National Health and Welfare Fund  
RE: Notice of Privacy Practices

---

**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.**

This Notice describes the legal obligations of The Boilermakers National Health and Welfare Fund (the "Fund" or "Plan") and your legal rights regarding your protected health information held by the Plan under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Among other things, this Notice describes how your protected health information may be used or disclosed to carry out treatment, payment, or health care operations, or for any other purposes that are permitted or required by law.

We are required to provide this Notice of Privacy Practices (the "Notice") to you pursuant to HIPAA.

The HIPAA Privacy Rule protects only certain medical information known as "protected health information" ("PHI"). Generally, PHI is individually identifiable health information collected from you or created or received by a health care provider, a health care clearinghouse, a health plan, or your employer on behalf of a group health plan that relates to:

- Your past, present or future physical or mental health condition (including genetic information); or
- The provision of health care to you; or
- The past, present or future payment for the provision of health care to you.

If you have any questions about this Notice or about our privacy practices, please contact us at:

Privacy Officer  
Boilermakers National Funds  
754 Minnesota Avenue  
Kansas City, KS 66101-2766  
(866) 342-6555

**Effective Date**

This Notice is effective April 19, 2010.

## Our Responsibilities

We are required by law to:

- Maintain the privacy of your PHI;
- Provide you with certain rights with respect to your PHI;
- Provide you with a copy of this Notice of our legal duties and privacy practices with respect to your PHI; and
- Follow the terms of the Notice that is currently in effect.

We reserve the right to change the terms of this Notice and to make new provisions regarding your PHI that we maintain, as allowed or required by law. If we make any material change to this Notice, we will provide you with a copy of our revised Notice of Privacy Practices.

## How We May Use and Disclose Your PHI

Under the law, we may use or disclose your PHI under certain circumstances without your permission. The following categories describe the different ways that we may use and disclose your PHI. For each category of uses or disclosures we will explain what we mean and present some examples. Not every use or disclosure in a category will be listed. However, all the ways we are permitted to use and disclose information will fall within one of the categories.

**For Treatment:** We may use or disclose your PHI to facilitate medical treatment or services by providers. We may disclose medical information about you to providers, including doctors, nurses, technicians, medical students, or other hospital personnel who are involved in taking care of you. For example, we might disclose information about your prior prescriptions to a pharmacist to determine if a new prescription should not be taken with a prior prescription.

**For Payment:** We may use or disclose your PHI to determine your eligibility for Plan benefits, to facilitate payment for the treatment and services you receive from health care providers, to determine benefit responsibility under the Plan, or to coordinate Plan coverage. For example, we may tell your health care provider about your medical history to determine whether a particular treatment is experimental, investigational, or medically necessary, or to determine whether the Plan will cover the treatment. Likewise, we may share your PHI with another business or person to assist with the adjudication or subrogation of health claims or to another health plan to coordinate benefit payments.

**For Health Care Operations:** We may use and disclose your PHI to facilitate the administration and operation of the Plan. These uses and disclosures are necessary to run the Plan. For example, we may use your PHI in connection with conducting quality assessment and improvement activities; underwriting, premium rating, and other activities relating to the Plan coverage; submitting claims for stop-loss (or excess-loss) coverage; conducting or arranging for medical review, legal services, audit services, and fraud and abuse detection programs; business planning and development such as cost management; and business management and general Plan administrative activities. We are prohibited from using or disclosing genetic information for

underwriting purposes, which includes eligibility determinations, premium computations and any other activities related to the creation, renewal or replacement of health benefit coverage.

**To Business Associates:** We may contract with individuals or entities known as Business Associates to perform various functions on our behalf or to provide certain types of services. In order to perform these functions or to provide these services, Business Associates will receive, create, maintain, use and/or disclose your PHI, but only after they agree in writing with us to put in place appropriate safeguards regarding your PHI. For example, we may disclose your PHI to a Business Associate to administer claims or to provide support services, such as utilization management, pharmacy benefit management or subrogation, but only after the Business Associate enters into a Business Associate Agreement with us.

**As Required by Law:** We will disclose your PHI when required to do so by federal, state or local law. For example, we may disclose your PHI when required by national security laws or public health disclosure laws.

**To Avert a Serious Threat to Health or Safety:** We may use and disclose your PHI 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 help prevent the threat. For example, we may disclose your PHI in a proceeding regarding the licensing of a physician.

**To the Plan Sponsor, Contributing Employers or Union:** For the purposes of administering the Plan we may disclose your PHI to the Plan sponsor (the Board of Trustees), contributing employers or the Union. However, the Plan will only disclose your PHI if it is necessary to perform plan administration functions or as otherwise required by HIPAA, unless you have authorized further disclosures. Your employer and/or the Union can receive your PHI only to the extent needed to determine your participation in the Plan and if you have enrolled or disenrolled in the Plan. Your PHI cannot be used for employment purposes without your specific authorization.

## Special Situations

In addition to the above, the following categories describe other possible ways that we may use and disclose your PHI. For each category of uses or disclosures, we will explain what we mean and present some examples. Not every use or disclosure in a category will be listed.

**Organ and Tissue Donation:** If you are an organ donor, we may release your PHI to organizations that handle organ procurement or organ, eye, or tissue transplantation or to an organ donation bank, if needed to facilitate organ, eye, or tissue donation and transplantation.

**Military and Veterans:** If you are a member of the armed forces, we may release your PHI as required by military command authorities. We may also release PHI about foreign military personnel to the appropriate foreign military authority.

**Workers' Compensation:** We may release your PHI for workers' compensation or similar programs to the extent necessary to comply with such laws. These programs provide benefits for work-related injuries or illness.

**Public Health Risks:** We may disclose your PHI for public health actions. These actions include, but are not limited to, the following:

- To prevent or control disease, injury, or disability;
- To report births and deaths;
- To report child abuse or neglect;
- To report reactions to medications or problems with products;
- To notify people of recalls of products they may be using;
- To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- To notify the appropriate government authority if we believe that a patient has been the victim of abuse, neglect, or domestic violence. We will only make this disclosure if you agree, or when required or authorized by law.

**Health Oversight Activities:** We may disclose your PHI to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensing. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

**Lawsuits and Disputes:** If you are involved in a lawsuit or a dispute, we may disclose your PHI in response to a court or administrative order. We may also disclose your PHI in response to a subpoena, discovery request, or other legal procedure by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested (and you have not objected).

**Law Enforcement:** We may disclose your PHI if asked to do so by a law enforcement official under certain conditions:

- In response to 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 victim's agreement;
- About a death that we believe may be the result of criminal conduct;
- About criminal conduct; and
- In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

**Coroners, Medical Examiners and Funeral Directors:** We 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. We may also release PHI about patients to funeral directors as necessary to carry out their duties.

**National Security and Intelligence Activities:** We may release your PHI to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

**Inmates:** If you are an inmate of a correctional institution or are in the custody of a law enforcement official, we may disclose your PHI to the correctional institution or law enforcement official if 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:** We may disclose your PHI to researchers when:

- The individual identifiers have been removed; or
- An institutional review board or privacy board has (a) reviewed the research proposal; and (b) established protocols to ensure the privacy of the requested information, and approves the research.

## Required Disclosures

The following is a description of disclosures of your PHI we are required to make.

**Government Audits:** We are required to disclose your PHI to the Secretary of the United States Department of Health and Human Services when the Secretary is investigating or determining our compliance with the HIPAA privacy rule.

**Disclosures to You:** When you send a written request to the Fund, we are required to disclose to you the portion of your PHI that contains medical records, billing records, and any other records used to make decisions regarding your health care benefits. We are also required, upon written request, to provide you with an accounting of most disclosures of your PHI if the disclosure was for reasons other than for payment, treatment, or health care operations, and if the PHI was not disclosed pursuant to your individual authorization.

## Other Disclosures

**Personal Representatives:** We will disclose your PHI to individuals authorized by you, or to an individual designated as your personal representative, attorney-in-fact, etc., so long as you provide us with a written notice/authorization and any supporting documents (i.e., power of attorney). Note: Under the HIPAA privacy rule, we do *not* have to disclose information to a personal representative if we have a reasonable belief that:

- You have been, or may be, subjected to domestic violence, abuse or neglect by such person;
- Treating such person as your personal representative could endanger you; or
- In the exercise of professional judgment, it is not in your best interest to treat the person as your personal representative.

**Spouses and Other Family Members:** With only limited exceptions, we will send all mail to you. This includes mail relating to your spouse and other family members who are covered under the Plan, and includes mail with information on the use of Plan benefits by your spouse and other family members and information on the denial of any Plan benefits to your spouse and other family members. If a person covered under the Plan has requested Restrictions or Confidential Communications (see below under “Your Rights”), and if we have agreed to the request, we will send mail as provided by the request for Restrictions or Confidential Communications.

**Authorizations:** Other uses or disclosures of your PHI not described above will only be made upon the Fund’s receipt of a HIPAA compliant written authorization signed by you. You may revoke written authorization at any time, so long as the revocation is in writing. Once we receive your written revocation, it will only be effective for future uses and disclosures. It will not be effective for any information that may have been used or disclosed in reliance upon the written authorization and prior to receiving your written revocation.

## Your Rights

You have the following rights with respect to your PHI:

**Right to Inspect and Copy:** You have the right to inspect and copy certain PHI that may be used to make decisions about your health care benefits. To inspect and copy your PHI, you must submit your request in writing to the Office of Privacy Practices at the address given on the first page of this Notice. If you request a copy of the information, we may charge a reasonable fee for the costs of copying, mailing, or other supplies associated with your request.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to your PHI, you may request that the denial be reviewed by submitting a written request to the Office of Privacy Practices at the address given on the first page of this Notice.

**Right to Amend:** If you feel that the PHI we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the Plan. To request an amendment your request must be made in writing and submitted to the Office of Privacy Practices at the address given on the first page of this Notice. In addition, you must provide a reason that supports your request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Is not part of the medical information kept by or for the Plan;
- Was not created by us, 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 already accurate and complete.

If we deny your request, you have the right to file a statement of disagreement with us and any future disclosures of the disputed information will include your statement.

**Right to an Accounting of Disclosures:** You have the right to request an “accounting” of certain disclosures of your PHI. The accounting will *not* include (1) disclosures for purposes of treatment, payment, or health care operations; (2) disclosures made to you; (3) disclosures made pursuant to your authorization; (4) disclosures made to friends or family in your presence or because of an emergency; (5) disclosures for national security purposes; and (6) disclosures related to otherwise permissible disclosures.

To request this list or accounting of disclosures, you must submit your request in writing to the Office of Privacy Practices at the address given on the first page of this Notice. Your request must state a time period of not longer than six years and may not include dates before April 19, 2004. Your request should indicate in what form you want the list (for example, paper or electronic). The first list you request within a 12-month period will be provided free of charge. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or change your request at that time before any costs are incurred.

**Right to Request Restrictions:** You have the right to request a restriction or limitation on your PHI that we use or disclose for treatment, payment, or health care operations. You also have the right to request a limit on your PHI that we disclose to someone who is involved in your care or the payment for your care, such as a family member or friend. For example, you could ask that we not use or disclose information about a surgery that you had.

We are *not* required to agree to your request. However, if we do agree to the request, we will honor the restriction until you revoke it or we notify you.

Effective February 17, 2010, we will comply with any restriction request if: (1) except as otherwise required by law, the disclosure is to the health plan for purposes of carrying out payment on health care operations (and is not for purposes of carrying out treatment); and (2) the protected health information pertains solely to a health care item or service for which the health care provider involved has been paid out-of-pocket in full.

To request restrictions, you must make your request in writing to the Office of Privacy Practices at the address given on the first page of this Notice. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure, or both; and (3) to whom you want the limits to apply—for example, disclosures to your spouse.

**Right to Request Confidential Communications:** You have the right to request that we communicate with you about your PHI in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

To request confidential communications, you must make your request in writing to the Office of Privacy Practices at the address given on the first page of this Notice. We will not ask you the reason for your request. Your request must specify how or where you wish to be contacted. We will accommodate all reasonable requests if you clearly provide information that the disclosure of all or part of your PHI could endanger you.

**Right to a Paper Copy of This Notice:** You have the right to a paper copy of this Notice. You may ask us 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 at our website, [www.bnf-kc.com](http://www.bnf-kc.com). To obtain a paper copy of this notice, you may write to the Office of Privacy Practices at the address given on the first page of this Notice.

## **Complaints**

If you believe that your privacy rights have been violated, you have the right to file a complaint with the Office for Civil Rights of the United States Department of Health and Human Services. Information about how to file a complaint with HHS is available by calling your local HHS Office for Civil Rights, Regional Office, or online at [www.hhs.gov/ocr/privacy/howtofile.htm](http://www.hhs.gov/ocr/privacy/howtofile.htm). To file a complaint with the Plan contact the Office of Privacy Practices and request a complaint form be sent to you. Your complaint will be received with prompt, courteous attention. All complaints must be submitted in writing.

You will not be penalized, or in any other way retaliated against, for filing a complaint with the Office of Civil rights or with us.