



TeamstersCare's Notice of Privacy Practices

This notice describes your privacy rights under the Health Insurance Portability and Accountability Act (HIPAA); how medical information about you may be used and disclosed; and what rights you have with regard to this information. Please review this notice carefully.

Teamsters Union 25 Health Services & Insurance Plan (TeamstersCare) is required by law to maintain the confidentiality and privacy of your **protected health information (PHI)** and to provide you notice of TeamstersCare's legal duties and privacy practices with respect to this health information. The Trustees have amended the Plan to protect your PHI as required by federal law. PHI is information which:

- **identifies you**, and
- relates to your past, present or future **physical or mental health or condition**, the **providing of health care** to you, or the **payment** for that care.

How TeamstersCare May Use or Disclose Your Protected Health Information

TeamstersCare is legally obligated to inform you about when and under what circumstances it needs your authorization to use PHI and when or under what circumstances it does not need your authorization to use PHI. TeamstersCare does not need your authorization to use and disclose your protected health information for the purposes in the following categories:

- 1. Treatment.** Information obtained by a TeamstersCare provider, for example a dentist or pharmacist, may be disclosed to other healthcare providers who are part of your healthcare team in order to provide you with the best course of treatment.
- 2. Payment.** We may use or disclose your PHI to determine eligibility for plan benefits, facilitate payment for the treatment and services you receive from health care providers, determine plan responsibility for benefits, and to coordinate benefits. For example, the "payment" category may include determining whether TeamstersCare covers a particular treatment.
- 3. Health Care Operations.** We may use and disclose your PHI to carry out necessary insurance-related activities. Such activities could include underwriting, premium rating and other activities relating to plan coverage; conducting or arranging for medical review, legal services, and audit services; and business planning, management, and general administration. We are prohibited from disclosing your genetic information for any of these purposes.
- 4. Required by Law.** We will disclose your PHI when required to do so by federal, state or local laws. For example, we may disclose your PHI to the U.S. Department of Health and Human Services upon their request if they wish to determine whether we are in compliance with federal privacy laws.
- 5. Public Health.** As required by law, we may disclose your PHI to public health authorities for purposes related to: preventing or controlling disease, injury, or disability; reporting child abuse or neglect; reporting domestic violence; reporting to the Food and Drug Administration problems with products and reactions to medications; and reporting disease or infection exposure.



6. Health Oversight Activities. We may disclose your PHI to health agencies, as authorized by law, during the course of audits, investigations, inspections, licensure, and other proceedings related to oversight of health care providers or the health care system.

7. Judicial and Administrative Proceedings. We may disclose your PHI in the course of a judicial or administrative proceeding, such as a lawsuit, in response to a subpoena.

8. Law Enforcement. As required by law, we may disclose your PHI to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, or missing person; complying with a valid court order or subpoena; and for other law enforcement purposes.

9. Coroners, Medical Examiners and Funeral Directors. We may disclose your PHI for the duties of a coroner, medical examiner, or funeral director to identify a deceased person, to determine the cause of death, or to perform other authorized duties.

10. Organ and Tissue Donation. Consistent with applicable law, we may disclose your PHI to organizations involved in procuring, banking, or transplanting organs and tissues.

11. Public Safety. We may disclose your PHI to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or the general public.

12. National Security. We may disclose your PHI to authorized federal officials for military intelligence and national security purposes as authorized by law.

13. Correctional Institutions. We may disclose your PHI to a correctional institution, if you are an inmate, as necessary for your health.

14. Workers' Compensation. We may disclose your PHI to the extent necessary to comply with workers' compensation laws or similar laws.

15. Disclosures to Trustees. If you appeal a claim to the TeamstersCare Board of Trustees, we may disclose limited PHI necessary for the purpose of administering plan benefits.

We have not listed every use or disclosure that might be included in a given category. However, all the ways we are permitted to use and disclose your PHI without your authorization falls within one of these categories.

When TeamstersCare May Not Use or Disclose Your Protected Health Information

Except as permitted in this Notice of Privacy Practices, we will not use or disclose your PHI without your written authorization. Certain types of uses and disclosures of your PHI require an authorization, such as most uses or disclosures of psychotherapy notes; uses and disclosures of PHI for marketing purposes; and disclosures that constitute a sale of PHI.

If you do authorize us to use or disclose your PHI for another purpose, you may revoke your authorization in writing at any time. If you revoke your authorization, we will no longer be able to use or disclose PHI about you for the reasons covered by your written authorization, though we will be unable to take back any disclosures we have already made with your permission.

Breach Notification

TeamstersCare will notify you if there is a breach of your unsecured PHI. A breach is the impermissible use or disclosure of your PHI.

Statement of Your Health Information Rights

- 1. Right to Inspect and Copy.** You have the right to inspect and copy your PHI in TeamstersCare records that may be used to make decisions about your plan benefits. To inspect or copy such information, you must submit your request in writing to the TeamstersCare Privacy Official, 16 Sever Street, Charlestown, MA 02129. If you request a copy of the information, we may charge you a reasonable fee to cover expenses associated with your request. We may deny your request to inspect or copy in certain limited circumstances. In such cases we will provide you with an explanation for the denial.
- 2. Right to an Electronic Copy.** You have the right to an electronic copy of your PHI in cases where TeamstersCare uses or maintains your PHI in an electronic format. To receive an electronic copy, you must submit your request in writing to the TeamstersCare Privacy Official, 16 Sever Street, Charlestown, MA 02129. You may direct TeamstersCare to transmit such copy directly to your designee, provided that any such choice is clear, conspicuous, and specific. Any fee for your request will not be greater than TeamstersCare's labor costs in responding to your request for the copy.
- 3. Right to Request Restrictions.** You have the right to request restrictions on certain uses and disclosures of your PHI. TeamstersCare may not be able to comply with all requests. If you would like to make a request for restrictions, you must submit your request in writing to the TeamstersCare Privacy Official, 16 Sever Street, Charlestown, MA 02129.
- 4. Right to Request Confidential Communications.** You have the right to receive your PHI through a reasonable alternative means or at an alternative location. To request confidential communications, you must submit your request in writing to the TeamstersCare Privacy Official, 16 Sever Street, Charlestown, MA 02129. TeamstersCare may not be able to comply with all requests.
- 5. Right to Request Amendment.** You have the right to request that TeamstersCare amend your PHI when you believe the information is incorrect or incomplete. We are not required to change your PHI and if your request is denied, we will provide you with information about our denial and how you can appeal the denial. To request an amendment, you must make your request in writing to the TeamstersCare Privacy Official, 16 Sever Street, Charlestown, MA 02129. You must also provide a reason for your request.
- 6. Right to Accounting of Disclosures.** You have the right to receive a list or "accounting of disclosures" of your PHI made by us, except that we do not have to account for disclosures made for purposes of treatment, payment or health care operations, disclosures made to you or others involved in your care, or disclosures that you authorize. To request this accounting of disclosures, you must submit your request in writing to the TeamstersCare Privacy Official, 16 Sever Street, Charlestown, MA 02129. Your request should specify a time period of up to six years and may not include dates before April 14, 2003. Upon your request, TeamstersCare will provide you with one list per 12-month period free of charge. We may charge you for additional lists.
- 7. Right to Paper Copy.** You have the right to receive a paper copy of this Notice of TeamstersCare Privacy Practices at any time. To obtain a paper copy of this Notice, send your written request to the TeamstersCare

Privacy Official, 16 Sever Street, Charlestown, MA 02129. You may also obtain a copy of this Notice at our website, www.TeamstersCare.com.

If you would like to have a more detailed explanation of these rights or if you would like to exercise one or more of these rights, contact the TeamstersCare Privacy Official, at 16 Sever Street, Charlestown, MA 02129 or you may call 617-241-9220.

Changes to this Notice of Privacy Practices

TeamstersCare reserves the right to amend this Notice of Privacy Practices at any time in the future and to make the new Notice provisions effective for all protected health information that it maintains. We will promptly revise our Notice and distribute it to you whenever we make material changes to the Notice. Until such time, TeamstersCare is required by law to comply with the current version of this Notice.

For More Information or to Report a Problem

If you have questions about this Notice of Privacy Practices, or about how we handle your PHI, you may contact the TeamstersCare Privacy Official, 16 Sever Street, Charlestown, MA 02129. If you believe your privacy rights have been violated, you can file a complaint with the TeamstersCare Privacy Official. All complaints to TeamstersCare must be submitted in writing. TeamstersCare will not retaliate against you in any way for filing a complaint. You may also file a complaint with the Secretary of the Department of Health and Human Services, 200 Independence Avenue, S.W., Washington D.C. 20201. The secretary may be reached by phone at 202-690-7000.

Effective Date of This Notice: September 23, 2013