
In addition, we may make other uses and disclosures, which occur as a by product of these permitted uses and disclosures of PHI.

Local 4 Health and Welfare Fund must have your written authorization to disclose PHI for any other purpose, including disclosure of PHI relating to your Health and Welfare claims to someone other than you. You may revoke such an authorization at any time in writing.

You have individual rights with respect to PHI. You have the right to:

- F** An accounting of certain disclosures of PHI
- F** Inspect and copy your PHI
- F** Amend your PHI in certain circumstances with certain limitations

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- F** Request reasonable confidential communications of PHI by alternative means or to alternative locations. We may ask that you put such requests in writing but we may not require an explanation of the reason for the request
 - F** Request certain restrictions of use and disclosures of PHI (we are not required by law to honor such a request)

You also have additional rights.

- F** You have the right to a copy of this Notice
- F** You may file a complaint about our privacy practices by contacting the Privacy Officer at the address listed in this notice. You may also send a written complaint to the United States Secretary of the Department of Health and Human Services.

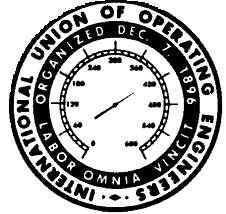
This Notice describes the types of uses and disclosures that we may make and gives you some examples.

Local 4 Health and Welfare Fund must revise and distribute an updated Privacy Notice whenever there is a material change to any part of it.

Board of Trustees Louis Rasetta, Chairman Rodney A. Gillespie John C. Panaro, Jr. John Shaughnessy, Jr. William Spielvogel Peter White	I.U.O.E. Local 4 Health and Welfare Fund Louis Rasetta, Business Manager Administrator Gina M. Alongi
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PB 5-11-05

Notice of Privacy Practices



I.U.O.E. LOCAL 4 HEALTH AND WELFARE FUND

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE READ IT CAREFULLY.

This policy is effective April 14, 2003

If you have any questions or requests about this notice please contact

I.U.O.E. LOCAL 4
HEALTH AND WELFARE FUND
PRIVACY OFFICER
PO BOX 4
LEXINGTON, MA 02420-0001
PHONE: (781) 861-1600

The federal Health Insurance Portability and Accountability Act (HIPAA) requires Local 4 Health and Welfare Fund to *protect* the privacy of your *health information*.

Local 4 Health and Welfare Fund must protect any information it creates or receives that can be identified as yours as it:

F *Relates to payment of health care for you*

Or

F *Pertains to your physical or mental health or condition*

Identifiable refers to health information that

F *Is explicitly linked to you*

And also

F *Has enough data included that allows for individual identification*

This is referred to as Protected Health Information, or PHI for short.

Local 4 Health and Welfare Fund is legally obligated to protect PHI and to let you know how we do this. We are also legally obligated to let you know when and under what circumstances we need your authorization to use PHI and when or under what circumstances we do not need your authorization to use PHI. We must also describe such uses. And we must do so in the plainest of terms.

The purpose of this notice is to provide you with this information and to notify you of your rights under HIPAA.

Local 4 Health and Welfare Fund does not need your authorization to use PHI for payment, treatment or operation purposes.

F *To process claim payments submitted to us for treatment rendered to you by a provider or to issue an explanation of benefits statement to the Covered*

Employee for anyone in your family. (Upon written request, the Plan Privacy Officer will distribute explanation of benefit forms addressed only to the participant.)

F *For related claim payment purposes, such as utilization reviews*

F *To coordinate or manage your health care such as coordination of benefits with another insurance program that also provides you with coverage, such as an automobile insurance carrier*

F *For related administrative purposes, such as stop loss coverage*

F *In communications with other providers of insurance benefits, such as the prescription drug program.*

F *To identify groups of people with similar health problems to give them information about treatment alternatives or educational programs, such as HeartVentures or other disease management programs*

F *To comply with administrative requirements such as accountants and lawyers*

In addition, Local 4 Health and Welfare Fund does not need your authorization to use PHI:

F *To comply with local, state or federal law. For example, when a disclosure is required by subpoena or to comply with a governmental health oversight board*

F *For public health purposes. PHI may be disclosed if you have a communicable condition or disease*

F *When the disclosure relates to victims of abuse, neglect or domestic violence or is needed by a coroner*

(Continued on other side)