

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.

At United Food and Commercial Workers, National Health and Welfare Fund (Fund), we are committed to maintaining the confidentiality of your medical and financial information, which we will commonly refer to as your “personal health information”. This Notice of Privacy Practices informs you about how we may collect, use and disclose your personal health information and your rights regarding that information.

This Notice of Privacy Practices is effective April 14, 2003, and will remain in effect until we revise it. This Notice pertains to you and your covered dependents. Please share this notice with them.

USE AND DISCLOSURE OF HEALTH INFORMATION

The Fund may use your health information, that is, information that constitutes protected health information as defined in the Privacy Rule of the Administrative Simplification provision of the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), for purposes of making or obtaining payment for your care and conducting health care operations. Under both HIPAA and the Gramm-Leach-Bliley Act, The Fund’s Health Plan must establish a policy to guard against unnecessary disclosure of your health information. Examples of your personal health information include name, Social Security number, address, telephone number, account number, medical history, claims information, etc.

Under the law we are required to:

- protect the privacy of your personal information;
- provide this Notice of Privacy Practices explaining our duties and privacy practices regarding your personal information; and
- abide by the terms of this Notices.

THE FOLLOWING IS A SUMMARY OF THE CIRCUMSTANCES UNDER WHICH AND PURPOSES FOR WHICH YOUR HEALTH INFORMATION MAY BE USED AND DISCLOSED:

To Make or Obtain Payment. The Fund’s Health Plan may use or disclose your health information to make payment to or collect payment from third parties, such as other health plans, providers, or physicians for the care you receive. We may use and disclose personal health information so we can process your medical claims. For example, the health plan may provide information regarding your coverage or health care treatment to other health plans to coordinate the payment of benefits.

To Conduct Health Care Operations. The Fund’s Health Plan may use or disclose health information for its own operations to facilitate the administration of the health plan and as necessary to provide coverage and services to all of the Fund’s Health Plan's participants. Health care operations includes such activities as:

- Quality assurance and improvement activities.
- Activities designed to improve health or reduce health care costs.
- Clinical guideline and protocol development, case management and care coordination.
- Contacting health care providers and participants with information about treatment alternatives and other related functions.
- Accreditation, certification, licensing or credentialing activities.
- Underwriting, premium rating or related functions to create, renew or replace health insurance or health benefits.
- Review and auditing, including compliance reviews, medical reviews, legal services and compliance programs.
- Business planning and development including cost management and planning related analyses and formulary development.
- Business management and general administrative activities of Health Plan, including customer service and resolution of internal grievances.

For Treatment. Although the Fund's health plan does not provide treatment, we may disclose personal information about you that your physician or other health care provider requests to help them with your medical treatment or service. For example, we may disclose what prescriptions you have filled to help your physician or other health care provider to prescribe the appropriate medications.

For Distribution of Health-Related Benefits and Services. The Fund's Health Plan may use or disclose your health information to provide to you information on health-related benefits and services that may be of interest to you.

For Disclosure to the Plan Sponsor. The health plan sponsor is usually your employer or trust. The Fund's Health Plan may disclose your health information to the plan sponsor for plan administration functions performed by the plan sponsor on behalf of health plan. In addition, the Fund's Health Plan may provide summary health information to the plan sponsor so that the plan sponsor may solicit premium bids from health insurers or modify, amend or terminate the plan. The Fund's Health Plan also may disclose to the plan sponsor information on whether you are participating in the health plan.

When Required by Law. The Fund's Health Plan will disclose your health information when it is required to do so by any federal, state or local law. As permitted or required by state law, the health plan may disclose your health information to a law enforcement official for certain law enforcement purposes, including, but not limited to,

if Health Plan has a suspicion that your death was the result of criminal conduct or in an emergency to report a crime.

To Conduct Health Oversight Activities. The Fund's Health Plan may disclose your health information to a health oversight agency for authorized activities including audits, civil administrative or criminal investigations, inspections, licensure or disciplinary action. The health plan, however, may not disclose your health information if you are the subject of an investigation and the investigation does not arise out of or is not directly related to your receipt of health care or public benefits.

In Connection With Judicial and Administrative Proceedings. As permitted or required by state law, the health plan may disclose your health information in the course of any judicial or administrative proceeding in response to an order of a court or administrative tribunal as expressly authorized by such order or in response to a subpoena, discovery request or other lawful process, but only when the health plan makes reasonable efforts to either notify you about the request or to obtain an order protecting your health information.

In the Event of a Serious Threat to Health or Safety. The Fund's Health Plan may, consistent with applicable law and ethical standards of conduct, disclose your health information if the health plan, in good faith, believes that such disclosure is necessary to prevent or lessen a serious and imminent threat to your health or safety or to the health and safety of the public.

For Specified Government Functions. In certain circumstances, federal regulations require the health plan to use or disclose your health information to facilitate specified government functions related to the military and veterans, national security and intelligence activities, protective services for the president and others, and correctional institutions and inmates.

For Worker's Compensation. The Fund's health plan may release your health information to the extent necessary to comply with laws related to worker's compensation or similar programs.

AUTHORIZATION TO USE OR DISCLOSE HEALTH INFORMATION

Other than as stated above, the Fund's health plan will not disclose your health information other than with your written authorization. If you authorize the Fund's health plan to use or disclose your health information, you may revoke that authorization in writing at any time.

YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION

You have the following rights regarding your health information that Health Plan maintains:

Restriction Request. You may request restrictions on certain uses and disclosures of your health information. You have the right to request a limit on the Fund's Health Plan's disclosure of your health information to someone involved in the payment of your care. However, the health plan is not required to agree to your request.

Confidential Communications. You have the right to request that the Fund's Health Plan communicate with you in a certain way if you feel the disclosure of your health information could endanger you. For example, you may ask that the health plan only communicate with you at a certain telephone number or by e-mail.

Inspection. You have the right to inspect and copy your health information. If you request a copy of your health information, the health plan may charge a reasonable fee for copying, assembling costs and postage, if applicable, associated with your request.

Amendment. If you believe that your health information records are inaccurate or incomplete, you may request that the Fund's Health Plan amend the records. That request may be made as long as the information is maintained by the Fund's Health Plan. The Fund's Health Plan may deny the request if it does not include a reason to support the amendment. The request also may be denied if your health information records were not created by the health plan, if the health information you are requesting to amend is not part of the health plan's records, if the health information you wish to amend falls within an exception to the health information you are permitted to inspect and copy, or if the health plan determines the records containing your health information are accurate and complete.

Accounting of Disclosures. You have the right to request a list of certain disclosures of your health information that the Fund's Health Plan is required to keep a record of under the Privacy Rule, such as disclosures for public purposes authorized by law or disclosures that are not in accordance with the health plan's privacy policies and applicable law. The request should specify the time period for which you are requesting the information, but may not start earlier than **April 14, 2003**. Accounting requests may not be made for periods of time going back more than six (6) years. The health plan will provide the first accounting you request during any 12-month period without charge. Subsequent accounting requests may be subject to a reasonable cost-based fee. The health plan will inform you in advance of the fee, if applicable.

Right to a Paper Copy of this Notice. You have a right to request and receive a paper copy of this Notice at any time, even if you have received this Notice previously or agreed to receive the Notice electronically. To obtain a paper copy, please contact us as describe below. **You also may obtain a copy of the current version of Health Plan's Notice at its Web site, www.ufcwnationalfund.org**

DUTIES OF HEALTH PLAN

The Fund's Health Plan is required by law to maintain the privacy of your health information as set forth in this Notice and to provide to you this Notice of its duties and privacy practices. Health Plan is required to abide by the terms of this Notice, which may

be amended from time to time. The health plan reserves the right to change the terms of this Notice and to make the new Notice provisions effective for all health information that it maintains. If the health plan changes its policies and procedures, The Fund will revise the Notice and will provide a copy of the revised Notice to you within sixty (60) days of the change. You have the right to express complaints to the health plan and to the Secretary of the Department of Health and Human Services if you believe that your privacy rights have been violated. Any complaints to Health Plan should be made in writing to Mr. Maurice Hodos, 66 Grand Avenue, Englewood, NJ 07631. The health plan encourages you to express any concerns you may have regarding the privacy of your information. You will not be retaliated against in any way for filing a complaint.

CONTACT PERSON

Health Plan has designated the Fund Administrator, Mr. Maurice Hodos, as its contact person for all issues regarding patient privacy and your privacy rights. You may contact this person at 66 Grand Avenue, Englewood, NJ, 07631, phone: (201) 569-8801.

EFFECTIVE DATE

This Notice is effective **April 14, 2003**.

IF YOU HAVE ANY QUESTIONS REGARDING THIS NOTICE, PLEASE CONTACT THE FUND ADMINISTRATOR.