

PSSU HEALTH AND WELFARE FUND
NOTICE OF PRIVACY PRACTICES (HIPAA)
(September, 23 2013)

To: Participants and Beneficiaries of the PSSU Health & Welfare Fund

**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 of Privacy Practices describes how the PSSU Health & Welfare Fund (referred to in this Notice as “the Fund”) may use and disclose your Protected Health Information. This Notice also sets out the Fund’s legal obligations concerning your Protected Health Information and describes your rights to access and control your Protected Health Information. This Notice has been drafted in accordance with the HIPAA Privacy Rule, contained in the Code of Federal Regulations at 45 CFR Parts 160 and 164. Terms not defined in this Notice have the same meaning as they have in the HIPAA Privacy Rule.

Questions and Further Information. If you have any questions or want additional information about the Notice or the policies and procedures described in the Notice, please contact the Fund using the Contact Information provided at the end of this Notice.

THE FUND’S RESPONSIBILITIES

The Fund is required by law to maintain the privacy of your Protected Health Information. It is obligated to provide you with a copy of this Notice setting forth the Fund’s legal duties and its privacy practices with respect to your Protected Health Information. The Fund must abide by the terms of this Notice.

The Fund is required to protect the privacy of your health information. The HIPAA Privacy Rules call this information “Protected Health Information,” or “PHI” for short, and it includes information that can be used to identify you. The Fund must provide you with this Notice about its privacy practices that explains how, when and why it uses and discloses your PHI. With some exceptions, the Fund may not use or disclose any more of your PHI than is necessary to accomplish the purpose of the use or disclosure.

The Fund, however, reserves the right to change the terms of this Notice and its privacy policies at any time. Any changes will apply to the PHI the Fund already has. Before the Fund makes an important change to the policies, it will promptly change this Notice and provide you with a copy of it. You can also request a copy of this Notice from the entity listed in the “Contact Information” section of this Notice.

USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

The following is a description of when the Fund is permitted or required to use or disclose your Protected Health Information.

Payment and Health Care Operations. The Fund has the right to use and disclose your Protected Health Information for all activities that are included within the definitions of “payment” and “health care operations” as defined in the HIPAA Privacy Rule.

Payment. The Fund will use or disclose your Protected Health Information to fulfill its responsibilities for coverage and providing benefits as established under the Fund. For example, the Fund may disclose your Protected Health Information when a provider requests information regarding your eligibility for benefits under the Fund, or it may use your information to determine if a treatment that you received was medically necessary, or for subrogated activities.

Health Care Operations. The Fund will use or disclose your Protected Health Information to support the Fund’s business functions. These functions include, but are not limited to: (i) business management and general administrative activities; (ii) quality assessment and improvement; (iii) premium rating; (iv) activities relating to the creation, renewal or replacement of a contract for health insurance or health benefits; (v) placing a contract for reinsurance of risk relating to claims for health care (including stop-loss insurance and excess loss insurance); and (vi) reviewing provider performance, licensing, business planning, and business development. For example, the Fund may use or disclose your Protected

Health Information: (i) to resolve internal claims appeals; (ii) to respond to a Participant inquiry; (iii) conducting or arranging for medical reviews, legal services and auditing functions; or (iv) to survey you concerning how effectively the Fund is providing services, among other issues.

Business Associates. The Fund contracts with service providers – called business associates – to perform various functions on its behalf. For example, the Fund may contract with a service provider to perform the administrative functions necessary to pay your medical claims. To perform these functions or to provide the services, business associates will receive, create, maintain, use, or disclose Protected Health Information, but only after the Fund and the business associate agree in writing to contract terms requiring the business associate to appropriately safeguard your information.

Other Covered Entities. The Fund may use or disclose your Protected Health Information to assist health care providers in connection with their treatment or payment activities, or to assist other covered entities in connection with certain health care operations. For example, the Fund may disclose your Protected Health Information to a health care provider when needed by the provider to render treatment to you, and the Fund may disclose Protected Health Information to another covered entity to conduct health care operations in the areas of quality assurance and improvement activities, or accreditation, certification, licensing, or credentialing. This also means that the Fund may disclose or share your Protected Health Information with other health care programs or insurance carriers (such as Medicare, Blue Cross, Blue Shield, etc.) in order to coordinate benefits, if you or your family members have other health insurance or coverage.

Required by Law. The Fund may use or disclose your Protected Health Information to the extent required by federal, state, or local law.

Public Health Activities. The Fund may use or disclose your Protected Health Information for public health activities that are permitted or required by law. For example, it may use or disclose information for the purpose of preventing or controlling disease, injury, or disability, or it may disclose such information to a public health authority authorized to receive reports of child abuse or neglect. The Fund also may disclose Protected Health Information, if directed by a public health authority, to a foreign government agency that is collaborating with the public health authority.

Health Oversight Activities. The Fund may disclose your Protected Health Information to a health oversight agency for activities authorized by law. For example, these oversight activities may include audits; investigations; inspections; licensure or disciplinary actions; or civil, administrative, or criminal proceedings or actions. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs, and government agencies that ensure compliance with civil rights laws.

Lawsuits and Other Legal Proceedings. The Fund may disclose your Protected Health Information in the course of any judicial or administrative proceeding or in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized). If certain conditions are met, the Fund may also disclose your Protected Health Information in response to a subpoena, a discovery request, or other lawful process, but only if efforts have been made to notify you about the request or to obtain an order protecting the information requested.

Abuse or Neglect. The Fund may disclose your Protected Health Information to a government authority that is authorized by law to receive reports of abuse, neglect, or domestic violence. Additionally, as required by law, if the Fund believes you have been a victim of abuse, neglect, or domestic violence, it may disclose your Protected Health Information to a governmental entity authorized to receive such information.

Law Enforcement. Under certain conditions, the Fund also may disclose your Protected Health Information to law enforcement officials for law enforcement purposes. These law enforcement purposes include, by way of example, (i) responding to a court order or similar process; (ii) as necessary to locate or identify a suspect, fugitive, material witness, or missing person; or (iii) as relating to the victim of a crime.

Coroners, Medical Examiners, and Funeral Directors. The Fund may disclose Protected Health Information to a coroner or medical examiner when necessary for identifying a deceased person or determining a cause of death. The Fund also may disclose Protected Health Information to funeral directors as necessary to carry out their duties.

Organ and Tissue Donation. The Fund may disclose Protected Health Information to organizations that handle organ, eye, or tissue donation and transplantation.

Research. The Fund may disclose your Protected Health Information to researchers when (i) their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your Protected Health Information, or (ii) the research involves a limited data set which includes no unique identifiers (information such as name, address, social security number, etc., that can identify you).

To Prevent a Serious Threat to Health or Safety. Consistent with applicable laws, the Fund may disclose your Protected Health Information if disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. It also may disclose Protected Health Information if it is necessary for law enforcement authorities to identify or apprehend an individual.

Military and Veterans. Under certain conditions, the Fund may disclose your Protected Health Information if you are, or were, Armed Forces personnel for activities deemed necessary by appropriate military command authorities. If you are a member of foreign military service, the Fund may disclose, in certain circumstances, your information to the foreign military authority.

National Security, Intelligence Activities and Protective Services. The Fund may disclose your Protected Health Information to authorized federal officials for conducting national security and intelligence activities, and for the protection of the President, other authorized persons, or heads of state.

Inmates. If you are an inmate of a correctional institution or under the custody of a law enforcement official, the Fund may disclose your Protected Health Information to the correctional institution or to a law enforcement official for: (i) the institution to provide health care to you; (ii) your health and safety, and the health and safety of others; or (iii) the safety and security of the correctional institution.

Workers' Compensation. The Fund may disclose your Protected Health Information to comply with workers' compensation laws and other similar programs that provide benefits for work-related injuries or illnesses.

Disclosures to the Board of Trustees, the Fund's Plan Sponsor. The Fund (or its health insurance issuers or HMOs) may disclose your Protected Health Information to the Fund's plan sponsor, which is the Board of Trustees.

Others Involved in Your Health Care. The Fund may disclose your Protected Health Information to a friend or family member that is involved in your health care, unless you object or request a restriction (in accordance with the process described below under "Right to Request Restrictions"). The Fund also may disclose your information to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status, and location. If you are not present or able to agree to these disclosures of your Protected Health Information, then, using professional judgment, the Fund may determine whether the disclosure is in your best interest.

Disclosures to the Secretary of the U.S. Department of Health and Human Services. The Fund is required to disclose your Protected Health Information to the Secretary of the U.S. Department of Health and Human Services when the Secretary is investigating or determining the Fund's compliance with the HIPAA Privacy Rule.

Disclosures to You. The Fund is required to disclose to you or your personal representative most of your Protected Health Information when you request access to this information. The Fund will disclose your Protected Health Information to an individual who has been designated by you as your personal representative and who has qualified for such designation in accordance with relevant law. Prior to such a disclosure, however, the Fund must be given written documentation that supports and establishes the basis for the personal representation. The Fund may elect not to treat the person as your personal representative if it has 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 the Fund determines, in the exercise of its professional judgment, that it is not in your best interest to treat the person as your personal representative.

OTHER USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION

Other uses and disclosures of your Protected Health Information that are not described above will be made only with your written authorization. If you provide the Fund with an authorization, you may revoke the authorization in writing, and this revocation will be effective for future uses and disclosures of Protected Health Information. However, the revocation will not be effective for information that the Fund has used or disclosed in reliance on the authorization.

YOUR RIGHTS REGARDING PROTECTED HEALTH INFORMATION ABOUT YOU

The following is a description of your rights with respect to your Protected Health Information maintained by the Fund.

Right to Request a Restriction on Certain Uses and Disclosure. You have the right to request a restriction on the Protected Health Information the Fund uses or discloses about you for payment or health care operations. You also have a right to request a limit on disclosures of your Protected Health Information to family members or friends who are involved in your care or the payment for your care. You may request such a restriction using the Contact Information at the end of this Notice. The Fund is not required to agree to any restriction that you request. If the Fund agrees to the restriction, it can stop complying with the restriction upon providing notice to you. Your request must include the Protected Health Information you wish to limit, whether you want to limit the Fund's use, disclosure, or both, and (if applicable), to whom you want the limitations to apply (for example, disclosures to your spouse).

Right to Request Confidential Communications. If you believe that a disclosure of all or part of your Protected Health Information may endanger you, you may request that the Fund communicate with you in an alternative manner or at an alternative location. For example, you may ask that all communications be sent to your work address. You may request a confidential communication using the Contact Information at the end of this Notice. Your request must specify the alternative means or location for communication with you. It also must state that the disclosure of all or part of the Protected Health Information in a manner inconsistent with your instructions would put you in danger. The Fund will accommodate a request for confidential communications that is reasonable and that states that the disclosure of all or part of your Protected Health Information could endanger you.

Right to Inspect and Copy. You have the right to inspect and copy Protected Health Information that may be used to make decisions about your benefits. You must submit your request in writing. For your convenience, you may request a form using the Contact Information at the end of this Notice. If you request copies, the Fund will charge you 25¢ per page to copy your Protected Health Information, as well as postage if you request copies be mailed to you.

Note that under federal law, you may not inspect or copy the following records: psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding; and Protected Health Information that is subject to law that prohibits access to Protected Health Information. Depending on the circumstances, a decision to deny access may be reviewable. In some, but not all, circumstances, you may have a right to have this decision reviewed.

Right to Request an Amendment. You have the right to request an amendment of your Protected Health Information held by the Fund if you believe that information is incorrect or incomplete. If you request an amendment of your Protected Health Information, your request must be submitted in writing using the Contact Information at the end of this Notice and must set forth a reason(s) in support of the proposed amendment.

In certain cases, the Fund may deny your request for an amendment. For example, the Fund may deny your request if the information you want to amend is accurate and complete or was not created by the Fund. If the Fund denies your request, you have the right to file a statement of disagreement. Your statement of disagreement will be linked with the disputed information and all future disclosures of the disputed information will include your statement.

Right to Request an Accounting of Disclosures. You have the right to request an accounting of certain disclosures the Fund has made of your Protected Health Information. You may request an accounting using the Contact Information at the end of this Notice. You can request an accounting of disclosures made up to six years prior to the date of your request, except that the Fund is not required to account for disclosures made prior to April 14, 2003. You are entitled to one accounting free of charge during a twelve-month period. There will be a charge to cover the Fund's costs for additional requests within that twelve-month period. The Fund will notify you of the cost involved and you may choose to withdraw or modify your request before any costs are incurred.

COMPLAINTS

If you believe the Fund has violated your privacy rights, you may complain to the Fund or to the Secretary of the U.S. Department of Health and Human Services. You may file a complaint with the Fund using the Contact Information at the end of this Notice. All complaints must be submitted in writing. **The Fund will not penalize you for filing a complaint.**

CHANGES TO THIS NOTICE

The Fund reserves the right to change the provisions of this Notice and make the new provisions effective for all Protected Health Information that it maintains. If the Fund makes a material change to this Notice, the Fund will provide a revised Notice to you at the address that the Fund has on record for the participant enrolled in the Fund.

EFFECTIVE DATE

This Notice of Privacy Practices becomes effective on April 14, 2004.

CONTACT INFORMATION

To exercise any of the rights described in this Notice, for more information, or to file a complaint, please contact:

Fund Administrator
PSSU Health & Welfare Fund
2589 Interstate Drive
Harrisburg, PA 17110
717-526-4856
888-243-1524