

ST. PAUL ELECTRICAL WORKERS HEALTH PLAN (The Plan)

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.

The Plan uses health information about you for treatment, to obtain payment for treatment, for administrative purposes, and to evaluate the quality of care that you receive. Your health information is contained in a medical record that is the physical property of the Plan.

How The Plan May Use or Disclose Your Health Information

For Treatment. The Plan may disclose your health information to a health provider to assist them in providing you with medical treatment or services. For example, a health care provider, such as a physician, nurse, or other person providing health services to you, may request information in your record that is related to your treatment. We will convey this information to the health care provider to assist them in determining what treatment you should receive. Health care providers will also record actions taken by them in the course of your treatment and note how you respond to the actions.

For Payment. The Plan may use and disclose your health information to others for purposes of paying for treatment and services that you receive. For example, a bill may be sent to you or this Plan. The information on the bill may contain information that identifies you, your diagnosis, and treatment or supplies used in the course of treatment. The Plan will use this information to process the bill to determine if it is for a treatment covered under the Plan, to pay the bill, to negotiate with the health care provider and to seek any coordination of coverage with another plan.

For Health Care Operations. The Plan may use and disclose health information about you for operational purposes. For example, your health information may be disclosed to members of the medical staff, risk or quality improvement personnel, and others to:

- Evaluate the performance of our staff;
- Assess the quality of care and outcomes in your cases and similar cases;
- Learn how to improve our facilities and services; and
- Determine how to continually improve the quality and effectiveness of our services and the services of others

Benefits. The Plan may use your information to provide information about other health-related benefits and services that may be of interest to you.

Health Plan Disclosure to Sponsors of Plan. The Plan may disclose health information to the sponsor of the plan.

Required by Law. The Plan may use and disclose information about you as required by law. For example, the Plan may disclose information for the following purposes:

- For judicial and administrative proceedings pursuant to legal authority;
- To report information related to victims of abuse, neglect or domestic violence; and
- To assist law enforcement officials in their law enforcement duties

Public Health. Your health information may be used or disclosed for public health activities such as assisting public health authorities or other legal authorities to prevent or control disease, injury, or disability, or for other health oversight activities.

Decedents. Health information may be disclosed to funeral directors or coroners to enable them to carry out their lawful duties.

Organ/Tissue Donation. Your health information may be used or disclosed for cadaveric organ, eye or tissue donation purposes.

Research. The Plan may use your health information for research purposes when an institutional review board or privacy board that has reviewed the research proposal and established protocols to ensure the privacy of your health information has approved the research.

Health and Safety. Your health information may be disclosed to avert a serious threat to the health or safety of you or any other person pursuant to applicable law.

Government Functions. Specialized government functions such as protection of public officials or reporting to various branches of the armed services that may require use or disclosure of your health information.

Workers Compensation. Your health information may be used or disclosed in order to comply with laws and regulations related to Workers Compensation.

OTHER DISCLOSURES REQUIRE AUTHORIZATION: Other uses and disclosures of your personal health information will be made only with your written authorization. You may revoke your authorization at any time by providing a written revocation to the Plan.

Your Health Information Rights

You have the right to:

- Request a restriction on certain uses and disclosures of your information as provided by 45 CFR § 164.522; however, the Plan is not required to agree to a requested restriction;
- Obtain a paper copy of the notice of information practices upon request;
- Receive confidential communication of your personal health information as provided in 45 CFR § 164.522(b);
- Inspect and obtain a copy of your health record as provided for in 45 CFR § 164.524;
- Amend your health record as provided in 45 CFR § 164.526;
- Request communications of your health information by alternative means or at alternative locations;
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken; and
- Receive an accounting of disclosures made of your health information as provided by 45 CFR § 164.528.

Complaints

You may complain to the Plan and to the Department of Health and Human Services if you believe your privacy rights have been violated. You will not be retaliated against for filing a complaint.

Obligations of the Plan

The Plan is required to:

- Maintain the privacy of protected health information;
- Make available to you this notice which describes the Plan's legal duties and privacy practices with respect to your health information;
- Abide by the terms of this notice;
- Notify you if we are unable to agree to a requested restriction on how your information is used or disclosed;
- Accommodate reasonable requests you may make to communicate health information by alternative means or at alternative locations; and
- Obtain your written authorization to use or disclose your health information for reasons other than those listed above and permitted under law.

The Plan reserves the right to change its information practices and to make the new provisions effective for all protected health information it maintains. Revised notices will be made available to you in writing.

Contact Information

If you have any questions or complaints, please contact:

Donald H. Callies, Jr., CEBS
St. Paul Electrical Industry Administrative Service Corporation
1330 Conway Street, #130
St. Paul, MN 55106
651-776-4239, Extension 7767

This Notice is first in effect on April 1, 2003.