

# **Notice of Privacy Practices**

## **Sheet Metal Workers Union Local 28**

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**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 (“Notice”) is for participants and beneficiaries in the Sheet Metal Workers Local Union No. 28 Welfare Fund (“Fund” or “we”). This Notice describes how the Fund protects your protected health information that the Fund has about you and how the Fund may use and disclose this protected health information. This Notice also describes your rights with respect to protected health information and how you can exercise those rights.

### **Your Rights**

**When it comes to your protected health information, you have certain rights.** This section explains your rights and some of our responsibilities to help you.

#### **You have the right to:**

##### **Inspect and get a copy of your protected health information**

- You can ask to see or get a copy of your health and claims records and other protected health information we have about you. To make such a request, you should submit your request in writing to the Fund’s Privacy Officer.
- We will provide a copy or a summary of your protected health information, including your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

##### **Ask us to correct your protected health information**

- You can ask us to correct your protected health information, including your health and claims records if you think they are incorrect or incomplete. To make such a request, you should submit your request and your reason for the request in writing to the Privacy Officer.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

##### **Request confidential communications**

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will consider all reasonable requests, and must say “yes” if you tell us you would be in danger if we do not.
- To request confidential communications, you should make your request in writing to the Privacy Officer and specify how or where you wish to be contacted.

### **Ask us to limit what we use or share**

- You can ask us not to use or share certain protected health information for treatment, payment, or our health care operations. We are not required to agree to your request, and we may say “no” if it would affect your care. To request a restriction, you should make your request in writing to the Privacy Officer and include: (i) what information you want to limit, (ii) whether you want to limit the Fund’s use, disclosure, or both, and (iii) to whom you want the limit(s) to apply.

### **Get a list of those with whom we’ve shared information**

- You can ask for a list (accounting) of the times we’ve shared (disclosed) your protected health information for up to six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.
- To make such a request, you should submit your request in writing to the Privacy Officer and the request should include the time period for which you want to receive a list of disclosures (which time period shall be no more than six years from the date on which the list is requested) and the form (e.g., on paper or electronically) you want the list.

### **Get a copy of this Notice**

You can ask for a paper copy of this Notice at any time, even if you have agreed to receive the Notice electronically. Write to the Privacy Officer with your request, and we will provide you with a paper copy promptly.

### **Choose someone to act for you**

If you have given someone a medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your protected health information. We will make sure the person has this authority and can act for you before we take any action.

### **File a complaint if you feel your rights are violated**

You can file a complaint with us if you feel we have violated your rights by contacting our Privacy Officer.

- To file a complaint with our organization, please submit your complaint in writing to the Fund’s Privacy Officer:  
Robert Katuna  
**195 Mineola Boulevard Mineola, NY 11501**  
**516.742.9478**  
**rob@local28funds.com**
- You can file a complaint with the U.S. Department of Health and Human Services’ Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, by calling 877-696-6775, or visiting **[www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/)**.
- We will not retaliate against you for filing a complaint.

## Your Choices

**For certain protected health information, you can tell us your choices about what we share.** If you have a clear preference for how we share your protected health information in the situations described below, contact us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share protected health information with your family, close friends, or others involved in your care or payment for care

Share protected health information in a disaster relief situation *If you are not able to tell us your preference - for example, if you are unconscious, we may share your information if we believe it is in your best interest to do so. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*

In these cases, we **never** use or share your protected health information unless you give us written permission:

- Marketing purposes
- Sale of your protected health information

## Our Uses and Disclosures

Under HIPAA, the Fund may use or disclose protected health information under certain circumstances without your permission, provided the legal requirements applicable to the use or disclosure are followed. The following categories describe the different ways that the Fund may use and disclose your protected health information. Not every use or disclosure in a category will be listed. However, all of the ways the Fund is permitted to use and disclose protected health information without your written authorization will fall within one of the categories.

### We typically use or share your protected health information in the following ways:

- **Treatment**

We can use your protected health information and share it with health care professionals, including doctors, nurses, technicians, or hospital personnel, who are treating you.

*Example: A doctor treating you for an injury asks about your current prescriptions to determine if a new prescription for the injury conflicts with your current prescriptions.*

- **Run our organization**

We can use and disclose your protected health information to run the Fund and contact you when necessary. The Fund may use protected health information in connection with quality assessment and improvement activities, care coordination and case management, underwriting, premium rating, and other activities relating to Fund coverage, conducting or arranging for medical review, legal services, audit services and fraud and abuse detection programs, and business planning.

- We are not allowed to use genetic information for underwriting purposes (i.e., to decide whether we will give you coverage and the price of that coverage).

*Example: We use health information about you to develop better services for you.*

- **Pay for your health services**

We can use and disclose your protected health information to facilitate payment for treatment and services you receive from health care providers, to determine benefit responsibility under the Fund, and to coordinate Fund coverage.

*Example: We share information about you with your dental plan to coordinate payment for your dental work.*

- **Fund Administration**

We may disclose your protected health information for plan administration purposes.

Protected health information cannot be used for employment purposes without your written authorization. In addition, we may disclose “summary health information” to obtain premium bids or modify, amend, or terminate the Fund. Summary health information summarizes the claims history, claims expenses or type of claims experienced, and does not include information that would identify any individual.

- *Example: We may disclose your protected health information for population-based activities relating to improving health or reducing health care costs.* **Business Associates**

- We may disclose your protected health information to persons or entities that provide services to the Fund. Examples of business associates include third party administrators, data processing companies, or companies that provide general administrative services.

- *Example: We may input information about your health care treatment into an electronic claims processing system maintained by the Fund’s business associate so your claim may be paid. In doing so, we will disclose your protected health information to the business associate so they can perform their claims payment functions.*

## **How else can we use or share your health information?**

We are allowed or required to share your protected health information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes.

## **Help with public health and safety issues**

We can share protected health information about you for certain situations such as:

- Addressing matters of public health or public interest as required or permitted by law
- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone’s health or safety

## **Do research**

We can use or share your protected health information for health research.

**Comply with the law**

We will share protected health information about you if local, state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law and other government agencies that regulate the Fund.

**Respond to organ and tissue donation requests**

We can share protected health information about you with organ procurement organizations, transplantation organizations, or organ donation banks to facilitate organ and tissue donation and transplantation.

**Work with a coroner, medical examiner or funeral director**

We can share protected health information with a coroner, medical examiner, or funeral director when an individual dies. This may be necessary, for example, to identify a deceased person or to determine the cause of death.

**Address workers' compensation, law enforcement, and other government requests**

We can use or share protected health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- If you are a member of the armed forces, to the armed forces to provide information as required by military command authorities.
- To authorized federal officials to conduct intelligence, counterintelligence, or other national security activities or for the protection of the President.
- If you are an inmate of a correctional institution, to the correctional institution if necessary for the institution to provide you with health care, to protect your health and safety or the health and safety of others, or for the safety and security of the correctional institution.

**Respond to lawsuits and legal actions**

We can share protected health information about you in response to a court or administrative order, or in response to a subpoena, discovery request, or other lawsuit process by someone involved in a legal dispute, but only if efforts have been made to tell you about the request or to obtain a court or administrative order protecting the information requested.

**Other Applicable Laws**

If a use or disclosure of protected health information is prohibited or materially limited by other applicable state or federal law, it is the Fund's intention to meet the requirements of the more stringent law. For instance, special privacy protections may apply to certain sensitive information, HIV-related information, alcohol and substance abuse treatment information, and mental health information. If you would like more information, contact the Privacy Officer.

## **Our Responsibilities**

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your protected health information.
- We must follow the duties and privacy practices as are currently in effect and described in this Notice and give you a copy of it.
- We will not use or share your protected health information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

## **Changes to the Terms of this Notice**

We reserve the right to change the terms of this Notice at any time, and the changes will apply to all protected health information we have about you, including protected health information the Fund received prior to the change and any protected health information the Fund may receive in the future. The new Notice will be available upon request, on our **website, and we will mail a copy to you.**

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## **Contact Person**

If you have any questions or would like further information about the policies described in this Notice, please contact the Privacy Officer:

Robert Katuna  
**195 Mineola Boulevard Mineola, NY 11501**  
**516.742.9478**  
**rob@local28funds.com**

**Effective Date of Notice:    January 1, 2023**