

## NOTICE OF THE PLAN'S USE AND DISCLOSURE OF YOUR PROTECTED HEALTH INFORMATION (PHI)

The International Association of Sheet Metal Air, Rail and Transportation Workers ("SMART") Local Union No. 36 Welfare Fund (the Fund) has a duty under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) as amended by Health Information Technology for Economic and Clinical Health Act (HITECH), Title XIII of Division A of the American Recovery and Reinvestment Act (ARRA), to outline the Fund's legal obligations regarding your private medical information. In general, the Fund is required by this law to maintain the privacy of your health information. The Fund must also provide you with a Notice of its legal duties and current privacy practices.

The Fund has the legal obligation to abide by the terms of this Notice, but retains the right to change the terms of this notice. Any changes may be effective for any current health information about you and any information that may be obtained in the future. Such changes will be appropriately reflected in this Notice of Privacy Practices. The most recent version of this Notice will always be available to you through the Fund office.

(a) **Your Rights:** When it comes to your health information, you have certain rights. This section explains your rights and some of the Fund's responsibilities to help you.

(1) **Get a copy of health and claims records**

- You can ask to see or get a copy of your health and claims records and other health information the Fund has about you. Ask the Fund office how to do this.
- The Fund will provide a copy or a summary of your health and claims records, usually within 30 days of your request. The Fund may charge a reasonable, cost-based fee.

(2) **Ask the Fund to correct health and claims records**

- You can ask the Fund to correct your health and claims records if you think they are incorrect or incomplete. Ask the Fund office how to do this.
- The Fund may say "no" to your request, but if so will tell you why in writing within 60 days.

(3) **Request confidential communications**

- You can ask the Fund to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- The Fund will consider all reasonable requests, and must say "yes" if you say you would be in danger if your request is not granted.

(4) Ask the Fund to limit what is used or shared

- You can ask the Fund not to use or share certain health information for treatment, payment, or Fund operations.
- The Fund is not required to agree to your request, and may say “no” if it would affect your care.

(5) Get a list of those with whom the Fund shared information

- You can ask for a list (accounting) of the times the Fund shared your health information for six years prior to the date you ask, who the Fund shared it with, and why.
- The Fund will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked the Fund to make). The Fund will provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

(6) Get a copy of this privacy notice:

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. The Fund will provide you with a paper copy promptly.

(7) Choose someone to act for you:

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

(8) File a complaint if you feel your rights are violated:

- You can complain if you feel the Fund has violated your rights by contacting:

SMART Local Union No. 36 Welfare Plan  
Attn: Privacy Officer  
2319 Chouteau Avenue, Suite 300  
St. Louis, MO 63103,  
Telephone: (314) 652-8175 or 1-800-741-9411  
Facsimile: (314) 652-8494

- 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, calling 1-877-696-6775, or visiting: [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).
- The Fund will not retaliate against you for filing a complaint.

(b) Your Choices: For certain health information, you can tell the Fund your choices about what is shared. If you have a clear preference for how the Fund shares your

information in the situations described below, talk to the Fund office and indicate what you want done, and the Fund will follow your instructions.

(1) In these cases, you have both the right and choice to tell the Fund to:

- Share information with your family, close friends, or others involved in payment for your care
- Share information in a disaster relief situation

*If you are not able to indicate your preference, for example if you are unconscious, the Fund may go ahead and share your information if the Fund office believes it is in your best interest. The Fund may also share your information when needed to lessen a serious and imminent threat to health or safety.*

(2) In these cases the Fund *never* share your information unless you give written permission:

- Marketing purposes
- Sale of your information

(c) The Fund Uses and Disclosures: The Fund typically uses or shares your health information in the following ways.

(1) Help manage the health care treatment you receive

- The Fund can use your health information and share it with professionals who are treating you.

*Example: A doctor sends information about your diagnosis and treatment plan so additional services can be arranged.*

(2) Run The Fund

- The Fund can use and disclose your information to the Plan and contact you when necessary.
- The Fund is not allowed to use genetic information to decide whether to give you coverage and the price of that coverage. This does not apply to long term care plans.

*Example: The Fund uses health information about you to develop better services for you.*

(3) Pay for your health services

- The Fund can use and disclose your health information when paying claims for your health services.

*Example: The Fund shares information about you with your dental plan to coordinate payment for your dental work.*

**(4) Administer your plan**

- The Fund may disclose your health information for plan administration.

*Example: The Fund shares information with an insurance company to obtain life insurance and AD&D policies.*

**(d) How Else Can the Fund Use or Share Your Health Information? The Fund is allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. The Fund has to meet many conditions in the law before sharing your information for these purposes.**

For more information see:

[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

**(1) Help with public health and safety issues. The Fund can share health information about you for certain situations such as:**

- 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

**(2) Do research. The Fund can use or share your information for health research.**

**(3) Comply with the law. The Fund will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that the Fund is complying with federal privacy law.**

**(4) Respond to organ and tissue donation requests and work with a medical examiner or funeral director**

- The Fund can share health information about you with organ procurement organizations.
- The Fund can share health information with a coroner, medical examiner, or funeral director when an individual dies.

**(5) Address workers' compensation, law enforcement, and other government requests. The Fund can use or share 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
- For special government functions such as military, national security, and presidential protective services

**(6) Respond to lawsuits and legal actions. The Fund can share health information about you in response to a court or administrative order, or in response to a subpoena.**

**(e) The Fund's Responsibilities**

- (1) The Fund is required by law to maintain the privacy and security of your protected health information.**
- (2) The Fund will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.**
- (3) The Fund must follow the duties and privacy practices described in this notice and give you a copy of it.**
- (4) The Fund will not use or share your information other than as described here unless authorized by you in writing. If you tell the Fund it can use or share information, you may change your mind at any time. Let the Fund know in writing if you change your mind.**

For more information see:

[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

- (f) Changes to the Terms of this Notice. The Fund can change the terms of this notice, and the changes will apply to all information the Fund has about you. The new notice will be available upon request, on the Fund's web site, and the Fund will mail a copy to you.**

The International Association of Sheet Metal, Air, Rail and Transportation Workers ("SMART") Local Union No. 36 Welfare Fund complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

If you believe that SMART Local Union No. 36 Welfare Fund has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Ms. Buffi Gass, Civil Rights Coordinator, 2319 Chouteau Ave, Suite 300, St. Louis, MO 63103, phone 314-652-8175, email [bgass@sheetmetal36.org](mailto:bgass@sheetmetal36.org). You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Ms. Buffi Gass, Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-314-652-8175.

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-314-652-8175.

LALE: Ñe kwōj kōnono Kajin Majōl, kwomarōñ bōk jerbāl in jipañ ilo kajin ñe aṃ ejjeḷok wōñāān. Kaalok 1-314-652-8175.

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-314-652-8175。

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-314-652-8175.

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-314-652-8175.

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-314-652-8175

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-314-652-8175.

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-314-652-8175.

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-314-652-8175.

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-314-652-8175번으로 전화해 주십시오.

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-314-652-8175.

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-314-652-8175 まで、お電話にてご連絡ください。

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-314-652-8175 पर कॉल करें।

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-314-652-8175.