

# Cleveland & Vicinity Carpenters' Hospitalization Plan

## NOTICE OF PRIVACY PRACTICES

**AS REQUIRED BY THE PRIVACY REGULATIONS ISSUED BY THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES PURSUANT TO THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996 (HIPAA PRIVACY REGULATION), THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN OBTAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

Cleveland & Vicinity Carpenter's Hospitalization Plan ("CVCHP") is committed to protecting the privacy of your protected health information. "Protected health information" (PHI) is your individually identifiable health information, including demographic information, collected from you or created or received by a health care provider, a health plan, your employer, or a health care clearinghouse and relates to: (1) your past, present, or future physical or mental health or condition; (2) the delivery of health care to you; or (3) the past, present, or future payment for the delivery of health care to you.

This Notice of Privacy Practices describes how CVCHP may use and/or disclose your PHI pursuant to Federal regulations called the HIPAA Privacy Regulation. This Notice also describes various rights you may have regarding your PHI. In this Notice, "you" and "your" refers to persons covered under CVCHP. "We," "our" and "us" refer to CVCHP.

We are required by federal and state laws to maintain the privacy of your PHI. We are also required to provide you with this Notice about our privacy practices, our legal duties, and your rights concerning your PHI. We must follow the privacy practices described in this Notice, which will take effect April 14, 2003. These privacy practices will remain in effect until we replace or modify them.

We reserve the right to change our privacy practices and the terms of this Notice at any time, provided it is permitted by law. We reserve the right to make changes to our privacy practices for all PHI we maintain, including PHI that we received or created before we made any such changes. Before we make a significant change in our privacy practices, we will revise this Notice and send it to you.

You may have additional privacy rights under state law. State laws that provide greater privacy protection or broader privacy rights will continue to apply.

You may request a copy of our Notice of Privacy Practices at any time. For more information about our privacy practices, or for additional copies of this Notice, please contact our Claims Supervisor at the address or phone number listed at the end of this Notice. This Notice will also be posted on our website.

### **Uses and/or Disclosures of Your PHI**

#### **When can CVCHP Use and Disclose My Protected Health Information?**

In order to administer our health benefit programs effectively, we will collect, use and disclose PHI for certain types of activities, including payment and health care operations. The following is a description of how we may use and/or disclose PHI about you:

- **Treatment:** We do not conduct treatment activities. However, we may disclose your PHI to healthcare providers who request it in connection with your treatment.
- **Payment:** We may use and disclose your PHI for all activities that are included within the definition of "payment" as set out in the HIPAA Privacy Regulation. For example, we may use and disclose your PHI to pay claims from doctors, hospitals, pharmacies and others for services delivered to you that are covered by CVCHP, to determine your eligibility for benefits, to coordinate benefits, to examine medical necessity, to obtain premiums, to issue explanations of benefits to the person who subscribes to the health plan in which you participate. We have not listed in this Notice all of the activities included within the HIPAA Privacy Regulation's definition of "payment."

- **Health Care Operations:** We may use and disclose your PHI for all activities that are included within the definition of “health care operations” as set out in the HIPAA Privacy Regulation. For example, we may use and disclose your PHI to conduct quality assessment and improvement activities, to engage in care coordination or case management, and/or to manage our business and the like. We have not listed in this Notice all of the activities included within the HIPAA Privacy Regulation’s definition of “health care operations.”
- **Business Associates:** In connection with our payment and health care operations activities, we contract with individuals and entities (called “business associates”) to perform various functions on our behalf or to provide certain types of services (such as member service support, utilization management, subrogation, or pharmacy benefit management). To perform these functions or to provide the services, business associates will receive, create, maintain, use, or disclose PHI, but only after the business associates agree to appropriately safeguard your information.
- **Providers and Other Covered Entities:** In addition, we may use or disclose your PHI to assist health care providers in connection with their treatment or payment activities, or to assist other covered entities in connection with their payment activities and certain other health care operations. For example, we may disclose your PHI to a health care provider when needed by the provider to render treatment to you, and we may disclose PHI to another Covered Entity to conduct health care operations in the areas of quality assurance and improvement activities, or accreditation, certification, licensing or credentialing.
- **Required By Law:** We may use and/or disclose your PHI when required to do so by state or federal law.
- **Health Oversight Activities:** We may disclose your PHI to a health oversight agency for activities authorized by law, such as: 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: (1) the health care system; (2) government benefit programs; (3) other government regulatory programs; and (4) compliance with civil rights laws.
- **Public Health and Safety:** We may disclose PHI about you to prevent a public health risk. For example, information may be disclosed (1) to prevent a serious threat to your health or safety or the health or safety of the public or individuals, (2) to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease, or (3) to notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence.
- **Law Enforcement:** We may disclose limited information to a law enforcement official concerning the PHI of a suspect, fugitive, material witness, crime victim or missing person.
- **Legal Proceedings:** We may disclose your PHI in response to a court or administrative order, subpoena, discovery request, or other lawful process. Under limited circumstances (such as a court order, warrant or grand jury subpoena) we may also disclose your PHI to law enforcement officials.
- **Coroners, Medical Examiners, Funeral Directors, and Organ Donation:** We may disclose PHI to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We also may disclose, as authorized by law, information to funeral directors so that they may carry out their duties. Further, we may disclose PHI to organizations that handle organ, eye or tissue donation and transplantation.
- **Military and National Security:** We may disclose the PHI of armed forces personnel to military authorities under certain circumstances. We may disclose to authorized federal officials any PHI required for lawful intelligence, counterintelligence and other national security activities.
- **Inmates:** If you are an inmate of a correctional institution, we may disclose your PHI to the correctional institution or to a law enforcement official for: (1) the institution to provide health care to you; (2) your health and safety and the health and safety of others; or (3) the safety and security of the correctional institution.
- **Workers’ Compensation:** We may disclose your PHI to comply with workers’ compensation laws and other similar programs that provide benefits for work-related injuries or illnesses.
- **Plan Sponsor:** Since certain members of CVCHP are also employees of CVCHP we may, in certain situations, disclose your PHI to CVCHP to allow CVCHP to perform plan administration functions. In this case, CVCHP is your employer. The federal privacy regulations require us to distinguish between the health plan itself, and the employer that “sponsors” the health plan. If your PHI is disclosed at all to CVCHP in its capacity as the “Plan

Sponsor” (other than to enroll you in the health plan), CVCHP is required to restrict how this information is used for “plan administration” functions. CVCHP is not allowed to use PHI received from the group health plan for any employment-related activities without your specific permission.

## **When is CVCHP Required to Disclose My PHI?**

The following is a description of disclosures that we are required by law to make:

- **Disclosures to the Secretary of the U.S. Department of Health and Human Services:** We are required to disclose your PHI to the Secretary of the U.S. Department of Health and Human Services when the Secretary is investigating or determining our compliance with the HIPAA Privacy Rule.
- **Disclosures to You:** We are required to provide your PHI to you upon request, as described below in the section of this Notice titled “What are My Rights?”. We are also required to provide you with the PHI of any individual on whose behalf you are acting as a personal representative.

## **When does CVCHP need an Authorization to Use and/or Disclose My PHI?**

Your authorization is required to disclose your PHI in any situation not listed above. We may not use or disclose your PHI without your written authorization for any reason except those described in this Notice. You may give us a written authorization to use your PHI or to disclose it to anyone you specify. If you give us this authorization, you may revoke it in writing at any time, except to the extent that action has already been taken in reliance upon the authorization. You can obtain a copy of our authorization form by contacting us at the address or phone number listed at the end of this Notice.

## **What are My Rights?**

The following is a brief statement of your rights with respect to your PHI. You may pursue these rights by contacting the Claims Supervisor of CVCHP at the address indicated at the end of this Notice. The Claims Supervisor will handle these requests directly. Using the forms designated by the Claims Supervisor, generally, will simplify the administration of your requests.

- **Right to Request Restrictions:** You have the right to request that we place additional restrictions on our use and/or disclosure of your PHI for treatment, payment or health care operations. **However, we are not required to agree to any additional restrictions.** All requests must be in writing. You must complete and sign the appropriate form before we can process your request.
- **Right to Receive Confidential Communications:** You have the right to request that we communicate with you confidentially about your PHI by alternative means and/or to an alternative location. Your request must provide the alternative means and/or location for communicating your PHI with you and clearly state that failure to do so could endanger your physical safety.
- **Right to Inspect and Copy:** Subject to the following exceptions, you have the right to inspect and/or obtain copies of your PHI that may be used to make decisions about your plan benefits. You must complete and sign the appropriate form before we can process your request. Forms are available from us at the address listed at the end of this Notice. Note that you may be charged a fee for the costs of copying, mailing or other supplies associated with your request.

Your request to inspect and copy your PHI will be completed within 30 days of receipt of your completed form if administratively possible. If we are unable to complete the request within the 30-day time frame, we will notify you in writing that an extension of an additional 30 days is needed. We may deny your request to inspect and copy your PHI in certain limited circumstances. If you are denied access to your information, you may request that the denial be reviewed. A licensed health care professional chosen by us will review your request and the denial. The person performing this review will not be the same one who denied your initial request. Under certain conditions, our denial will not be reviewable. In this event, we will inform you that the decision is not reviewable. For more information on our fee structure and to obtain the designated form for your request, please contact us at the address or phone number listed at the end of this Notice.

- **Right to Request Amendment of PHI:** You have the right to request that we amend your PHI. Your request must clearly state the information to be amended and the reasons for doing so. We may deny your request if:
  - we did not create the PHI;
  - we do not maintain the PHI in our Designated Record Set;
  - the PHI is not available for inspection; or

- we believe the PHI is accurate and complete.

Denials to your amendment requests will be made in writing. You may respond to our denial by filing a written statement of disagreement. We then have the right to rebut that statement. If we approve your request to amend the information, we will make reasonable efforts to inform others of the amendment and to include the changes in any future disclosures. We will respond to your request within 60 days of receipt of your request. If we are unable to complete the request within the time required, we will notify you in writing that an extension of 30 days is needed. All requests must be in writing using the designated form. You must complete and sign the form before we can process your request. All request forms can be obtained by contacting us at the address or phone number listed at the end of this Notice.

- **Right to Receive an Accounting of Certain Disclosures:** You have the right to receive a summary of all instances in which we disclosed your PHI for purposes other than treatment, payment, health care operations and certain other activities. Effective April 14, 2003, we will begin maintaining such disclosures for up to 6 years. Your accounting will be provided to you within 60 days of receipt of your request, unless we notify you in writing that a 30-day extension is needed. If you make a request more than once in a 12-month period, we may charge a reasonable, cost-based fee for additional copies. All requests must be in writing on the designated form. You must complete and sign the form before we can process your request. For more information on our fee structure and to obtain the proper form for your request, please contact us at the address or phone number listed at the end of this Notice.
- **Complaints:** If you believe your privacy rights have been violated, you may file a written complaint with us or you may file a written complaint with the Secretary of the U.S. Department of Health and Human Services. We will not retaliate against you for filing a complaint (see the contact information at the end of this Notice).

### **Who do I contact if I have questions or complaints?**

If you have any questions regarding this Notice, or you believe your PHI has not been protected and you want to file a complaint, please contact:

Claims Supervisor  
Cleveland & Vicinity Carpenters' Hospitalization Plan  
3611 Chester Avenue  
Cleveland, Ohio 44114  
(216) 361-6190

You may also complain to the Federal Government. Your complaint must be in writing, either on paper or electronically, include the name of the entity that violated protection of your health information and a description of the acts or omissions that violated the requirements to protect your health information, and be sent within 180 days of discovering what you believe was a violation of the protection of your health information. Your complaint should be sent to:

Office for Civil Rights,  
U. S. Department of Health and Human Services  
233 N. Michigan Ave., Suite 240  
Chicago, IL 60601  
(312) 886-2359