



TULSA FOP 93 HEALTH AND WELFARE TRUST Notice of Privacy Practices for Protected Health Information

THIS INFORMATION DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

To: Participants in the Tulsa FOP 93 Health Benefits Plan and Dental Benefits Plan (individually and collectively, "Plan")

Effective Date of Notice: Amended July 1, 2015

In this Notice, we sometimes refer to the Plan as "we" and sometimes as the "Plan." When we say "you" or "your" in this Notice, we mean any person entitled to benefits under the Plan.

Tulsa FOP 93 Health and Welfare Trust sponsors the Plan ("Plan Sponsor") that is a "covered entity" under the Health Insurance Portability and Accountability Act ("HIPAA") privacy regulation ("Privacy Rule"). The Privacy Rule regulates the Plan's use and disclosure of protected health information ("PHI") about you. This Notice describes how we may use and disclose your PHI, as permitted by the Privacy Rule. This Notice also describes your individual rights concerning your PHI.

The term "*protected health information*" (PHI) includes all individually identifiable health information transmitted or maintained by the Plan, regardless of form (oral, written, or electronic).

Section 1. Plan Duties

Federal law says that we must maintain the privacy of your PHI and give you notice of our legal duties and privacy practices concerning your PHI. We must follow the terms of this Notice, as currently in effect. However, we have the right to change the terms of this Notice at any time and to make the new Notice provisions effective for all PHI that we have then or will later have. We will provide you with a revised Notice if we make material changes to our privacy practices.

Section 2. Required PHI Uses and Disclosures

The following categories describe the types of uses and disclosures of your PHI that we are required to make.

Required Access. Upon your request, we are required to give you access to certain PHI in order to copy, inspect, or amend it, or if you ask for an accounting of certain types of disclosures.

For Compliance Purposes. Use and disclosure of your PHI may be required by the Secretary of the Department of Health and Human Services without your authorization to investigate or determine our compliance with the Privacy Rule.

Section 3. Primary Uses and Disclosures of Your PHI

The following categories describe the types of uses and disclosures of your PHI that we are permitted to make without your written authorization.

For Treatment Purposes. We may disclose PHI about you for the treatment activities of a health care provider, as permitted by the Privacy Rule. These activities include a health care provider's providing, coordinating or managing your health care and related services, health care providers' consulting with one another about you, and referrals by one provider to another. For example, we may disclose your Plan enrollment status to a hospital in connection with a planned admission without your authorization.

For Payment Purposes. We may use or disclose your PHI for our payment activities and those of other covered entities and health care providers, as permitted by the Privacy Rule. For example, without your authorization, we may disclose your PHI in order to make coverage determinations and payment (including billing, claims management and plan reimbursement). In the same way, we may also disclose your PHI to another covered entity or a health care provider for its payment activities. For example, without your authorization, we may disclose your PHI to a health care provider who has filed a claim for payment for health care services provided to you.

For Health Care Operations. We may use or disclose your PHI for our own health care operations activities, as permitted by the Privacy Rule. We may also disclose your PHI to another covered entity for its own health care operations activities. If we participate in an organized health care arrangement, we may also disclose PHI about an individual to another covered entity that participates in the organized health care arrangement for any health care operations activities of the organized health care arrangement. Health care operations activities for this purpose include: (i) quality assessment and improvement activities; (ii) population-based activities relating to reducing health care costs; (iii) case management and care coordination; (iv) evaluating health plan performance; (v) underwriting, premium rating and similar activities; and (vi) the general business management and general administrative activities of the entity

for whom the health care operations activities are performed. For example, without your authorization, we may use or disclose information about your claims to project future benefit costs or audit the claims processing functions. However, we may not use or disclose PHI that is “*genetic information*”, as required by the Genetic Information Non-Discrimination Act (GINA) for “*underwriting purposes*.”

To Business Associates. We may disclose your PHI without your authorization to our third party “*business associates*” that perform various activities on our behalf. These business associates may include, but are not limited to, third party claims administrators and consultants. We require these business associates to appropriately safeguard the privacy of your PHI in compliance with the Privacy Rule.

For Health Related Services. We may use your PHI to contact you with information about health related benefits and services, such as refill reminders, or about treatment alternatives that may be of interest to you. We may disclose your PHI to a Business Associate to assist us in these activities. We may use or disclose your PHI to encourage you to purchase or use a product or service by face-to-face communication or to provide you with nominal promotional gifts.

To the Plan Sponsor. We may disclose your PHI to the sponsor of the Plan for purposes related to treatment, payment, and health care operations. The Plan Sponsor has amended the Plan document to protect your PHI, as required by the Privacy Rule. For example, without your authorization, we may disclose your PHI to the Plan Sponsor so that it may evaluate plan design changes.

Section 4: Uses and Disclosures of Your PHI that Require Your Written Authorization

The following categories describe types of uses and disclosures of your PHI that generally require your written authorization. You may give us written authorization to use your PHI or to disclose it to another person for the purpose you designate. If you give us an authorization, you may revoke it at any time, but only if you make the request to revoke in writing and give or send it to the Plan’s Privacy Contact or Office at the address below. Your revocation of an authorization will not apply to any action the Plan has already taken in reliance on such authorization. Unless you give us written authorization, we cannot use or disclose your PHI for any reason not described in this Notice or as permitted by law.

Psychotherapy Notes. Your written authorization generally will be obtained before the Plan will use or disclose psychotherapy notes about you. Psychotherapy notes are separately filed notes about your conversations with your mental health professional during a counseling session. They do not include summary information about your mental health treatment. The Plan may use and disclose such notes when needed by the Plan to defend against litigation filed by you.

For Marketing Purposes. Your written authorization generally will be obtained for any use or disclosure of PHI for marketing, which means a communication to encourage you to purchase or use a product or service. Marketing does not include communications for health related purposes, as described above.

For Sale. Your written authorization would be required for any disclosure that constitutes a “*sale*” of PHI disclosure.

Section 5. Other Uses and Disclosures of Your PHI Without Your Authorization

The following categories describe the other types of uses and disclosures of your PHI that we are authorized by law to make for purposes deemed to be in the public interest or benefit without your consent, authorization, or request.

Disclosures Required By Law. We may use or disclose your PHI when required by law, as permitted by the Privacy Rule, without your authorization.

For Public Health Activities. We may disclose your PHI without your authorization for certain public health activities, as permitted by the Privacy Rule. Examples of public health activities include: (i) activities to prevent or control disease, injury or disability (including reporting a disease); and (ii) the conduct of public health surveillance, public health investigations and public health interventions.

About Victims of Abuse, Neglect or Domestic Violence. We may disclose your PHI if we reasonably believe that you are a victim of abuse, neglect, or domestic violence. We may only make this disclosure to a government authority (including a social service or protective services agency) authorized by law to receive reports of such abuse, neglect or domestic violence, as permitted by the Privacy Rule. We will make this type of disclosure only if you agree to the disclosure or if the disclosure is otherwise required or authorized by law.

For Health Oversight Activities. We may disclose your PHI without your authorization to a public health oversight agency for certain oversight activities authorized by law, as permitted by the Privacy Rule. Examples of oversight activities include: (i) audits; (ii) investigations; (iii) inspections; (iv) licensure; and (v) other activities generally necessary for the government to monitor the health care system, government programs and compliance with civil rights laws.

For Judicial and Administrative Proceedings. We may disclose your PHI without your authorization in response to a court or administrative order issued in any judicial or administrative proceeding, as permitted by the Privacy Rule. We may also disclose your PHI in response to a subpoena, discovery request or other lawful purpose, without a court or administrative order, but only: (i) if we obtain an order protecting the information requested; or (ii) if efforts have been made to tell you about the request for your PHI.

For Law Enforcement Purposes. We may disclose your PHI without your authorization to a law enforcement official for certain law enforcement purposes, as permitted by the Privacy Rule. Examples of this type of disclosure include: (i) disclosure in response to a court order, subpoena, warrant, summons or similar process; and (ii) disclosure made in emergency circumstances to prevent a crime.

To Coroners, Medical Examiners, and Funeral Directors. We may disclose your PHI without your authorization to a coroner or medical examiner for the purpose of: (i) identifying a deceased person; (ii) determining a cause of death; or (iii) other duties as authorized by law, as permitted by the Privacy Rule. Also, we may disclose your PHI to funeral directors, consistent with applicable law, as necessary to carry out their duties regarding the decedent.

For Organ and Tissue Donation Purposes. We may use or disclose your PHI without your authorization to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of cadaveric organs, eyes or tissue for the purpose of facilitating organ, eye or tissue donation and transplantation, as permitted by the Privacy Rule.

For Research. We may use or disclose your PHI for research without your authorization, as permitted by the Privacy Rule. A number of conditions must be met before we use or disclose your PHI for research.

To Avert a Serious Threat to Health or Safety. We may use or disclose your PHI without your authorization when necessary to prevent a serious threat to someone's health and safety, as permitted by the Privacy Rule. We may only make that kind of disclosure, however, to someone able to lessen or prevent the threat.

For Specialized Governmental Functions. We may use or disclose your PHI without your authorization for specialized governmental functions, as permitted by the Privacy Rule. Examples of this kind of disclosure are: (i) disclosure of PHI of military personnel for activities deemed necessary by military command authorities; and (ii) disclosure to authorized federal officials for lawful national security activities.

For Workers' Compensation. We may use or disclose your PHI without your authorization when authorized by and to the extent necessary to comply with workers' compensation or other similar programs established by law that provide benefits for work-related injuries or illness without regard to fault, as permitted by the Privacy Rule.

For Care and Notification. We may use or disclose your PHI without your authorization to your family member, other relative or a close personal friend or other person you identify. Our disclosure will be limited to PHI that is directly relevant to your care or payment related to your care. This includes information about your location, general condition or death, as permitted by the Privacy Rule.

Incident to a Use or Disclosure Permitted by the Privacy Rule. We may make a use or disclosure of your PHI without your authorization if the use or disclosure is incidental to a use or disclosure otherwise permitted by the Privacy Rule. We will make reasonable efforts to limit PHI used and/or disclosed to the minimum necessary to accomplish the intended purpose of the use and/or disclosure. We have in place appropriate administrative, technical and physical safeguards to protect the privacy of your PHI.

Section 6. Your Rights Regarding Your PHI

Right to Request Restrictions on PHI Uses and Disclosures. You have the right to request that we restrict uses and disclosures of your PHI to carry out treatment, payment or health care operations, or to restrict uses and disclosures to family members, relatives, friends or other persons identified by you who are involved in your care or in payment for your care, as permitted by the Privacy Rule. However, we are not required to agree to your request.

Your request for restrictions must be in writing to the Plan's Privacy Contact or Office at the address below.

Right to Receive Confidential Communications. You have the right to request that we make certain communications of your PHI to you by alternative means or to alternative locations, if the Plan's traditional means of communication could endanger you. Your request for confidential communications of PHI must be in writing to the Plan's Privacy Contact or Office at the address below. Your request must include a statement that the disclosure of all or part of the information could endanger you.

Right to Inspect and Copy PHI. You have the right to request access to inspect or obtain a paper or electronic copy of certain types of PHI that the Plan has about you. We will use the format you request unless we cannot practicably do so.

Your request for access must be in writing to the Plan's Privacy Contact or Office at the address below. If you ask for a copy of the information, we may charge a fee for the costs of copying, mailing or other charges related to fulfilling your request.

We may deny your request for access to inspect or obtain a copy of your PHI in certain circumstances, as permitted by the Privacy Rule.

Right to Amend PHI. If you feel that your PHI that we have is incorrect or incomplete, you may ask us to amend your information.

Your request for an amendment must be in writing to the Plan's Privacy Contact or Office at the address below. Your written request must also specify the basis for the amendment.

We may deny your request for an amendment in certain circumstances, as permitted by the Privacy Rule.

Right to Receive an Accounting of PHI Disclosures. You have the right to receive an accounting of certain disclosures of your PHI that we have made.

Your request for an accounting of disclosures must be in writing to the Plan's Privacy Contact or Office at the address below. Your written request must specify the time period for which you are requesting an accounting. That time period may not be longer than six years from the date of your request. Your written request should state the format (paper, electronic, etc.) in which you want to receive your accounting. We may charge a fee for the costs of responding to more than one accounting request in a 12-month period.

We may deny your request for an accounting in certain circumstances, as permitted by the Privacy Rule.

Right to Receive Notification of Breaches. You have the right to be notified if any "breach" occurs involving your "unsecured" PHI. You will only receive notification if your unsecured PHI is used or disclosed in violation of the Privacy Rule.

Right to Obtain a Paper Copy of Notice. You have the right to receive a paper copy of this Notice at any time, even if you have agreed to receive this Notice electronically. To obtain a paper copy of this Notice, please make your request in writing to the Plan's Privacy Contact or Office at the address below.

Section 7. Complaints

If you believe your privacy rights have been violated, you may file a complaint with the Plan or with the Secretary of the Department of Health and Human Services. To file a complaint with the Plan, write to the Plan's Privacy Contact or Office at the address below. Your complaint must be submitted in writing. You will not be retaliated against for filing a complaint.

Section 8. Plan's Contact Information

If you have any questions about the Plan's privacy practices or the information contained in this Notice, please **contact the Plan's Privacy Contact or Office** at:

Tulsa FOP 93 Health and Welfare Trust
P.O. Box 691764
Tulsa, OK 74169-1764
ATTN: Communication Officer
(918) 878-3424