



# How Does Your Benefit Fund Protect Your Health Information?

*As required by HIPAA, this notice describes how health information about you may be used and disclosed and how you can access this information.*

## **Q – What is HIPAA?**

**A –** HIPAA, which stands for the Health Insurance Portability and Accountability Act, is a law that became effective April 14, 2003. It establishes national standards to protect the privacy and security of your health information and requires the Fund to protect the confidentiality of all claims records and other individually identifiable information used or disclosed by the Fund. **As required by HIPAA, we have prepared this explanation of how the Fund must protect the privacy of your health information and how HIPAA allows the Fund to use or disclose that information.**

## **Q – Hasn't the Fund always protected my health information?**

**A –** Yes, and while the Fund has always kept your health information private and confidential, there are additional safeguards under this law that you should know about.

## **Q – What are these additional safeguards?**

**A –** Under HIPAA, the Fund may continue to disclose health information to doctors, hospitals, pharmacies or other providers as it relates to your health benefits. In general, the Fund may also continue to communicate with you, the member, about the health benefits of your dependents (i.e., your spouse and your children).

In some situations the Fund **may not be able to release information to others**, such as family members, friends or union representatives, unless you give the Fund permission by signing an authorization form, available by calling (646) 473-9200 (outside of New York City area codes call (800) 575-7771) or on our website at [www.1199SEIUBenefits.org](http://www.1199SEIUBenefits.org). You can cancel or change your authorization at any time.

## ***How may we use information about you?***

### **To conduct healthcare operations**

The Fund will continue to use health-related information for claims payment and various other healthcare operations such as determining eligibility and coordination of benefits; quality assessment and utilization review; appeals; fraud and abuse programs; and other administrative activities.

### **As required by law**

The Fund is required to retain our records of the care provided to you and will disclose information when required by federal, state or local law.

### **In the event of a serious threat to health or safety**

The Fund may disclose health information if the Fund believes that such disclosure is necessary to prevent or lessen a serious and imminent threat to your health or safety or to the health and safety of the public.

### **Research and other uses of medical information**

The Fund may disclose health information for certain limited research projects consistent with Fund objectives, after the Fund has received assurances from the research institution's internal review board to ensure that safeguards are in place to protect your privacy.

**The Fund has designated a Privacy Office for all issues regarding your HIPAA privacy rights. All requests must be made in writing to:**

**HIPAA Privacy Office, 1199SEIU Benefit Funds, 330 West 42<sup>nd</sup> Street, New York, NY 10036-6977.**

**If you believe your privacy rights have been violated, you may file a written complaint with the Secretary of the U.S. Department of Health and Human Services, or with the Fund's Privacy Officer. You will not be penalized or retaliated against for filing a complaint.**

### ***Your Rights***

#### **Right to inspect and copy information**

You have the right to inspect and request a copy of health information that the Fund maintains about you. You also have the right to receive a summary of certain non-routine disclosures of your health information.

**Note:** *Such disclosures will not be provided for events prior to HIPAA's effective date. The Fund may charge a reasonable fee for copying and mailing the information.*

#### **Right to correct your information**

If you believe that the health information maintained by the Fund is inaccurate or incomplete, you may request that it be corrected. You must provide a reason supporting your requests.

#### **Right to request confidential communications**

You have the right to use an address other than your regular mailing address to send communications involving your health information. Please send your request to the Fund, and the Fund will accommodate all reasonable requests.

#### **Right to request restrictions**

You have the right to restrict how the Fund uses or discloses health information about you. If you request a restriction, you must specify what information you want restricted, and in what way. The Fund is not required to agree to the requested restriction.

#### **Right to a paper copy of this notice**

You have a right to receive a paper copy of this Notice at any time, even if you have received this Notice previously. You also may obtain a copy of this Notice at the Fund's website, [www.1199SEIUBenefits.org](http://www.1199SEIUBenefits.org).

*"Fund" refers to your particular 1199SEIU Benefit Fund:*

- National Benefit Fund
- National Benefit Fund for Home Care Employees
- Licensed Practical Nurses Welfare Fund
- Greater New York Benefit Fund
- Home Health Aide Benefit Fund