

## **UNITED FEDERATION OF TEACHERS WELFARE FUND**

### **THIS NOTICE OF PRIVACY PRACTICES DESCRIBES HOW PROTECTED HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION PLEASE REVIEW IT CAREFULLY**

In order to provide you with health benefits, the United Federation of Teachers Welfare Fund ("the FUND") acquires personally identifiable health information ("PHI") about you. The FUND is required by federal law, (the "Health Insurance Portability and Accountability Act" or "HIPAA") and by New York State, to maintain the privacy of your PHI. Under HIPAA, the FUND is required to provide you with this notice of its legal duties and privacy practices with respect to that PHI. The FUND reserves the right to change its privacy practices. When it does, it will provide you with a written copy of any material change within 60 days.

The FUND may acquire PHI about you for purposes of your treatment, payment of benefits, or for its overall operations and may disclose your PHI, without your authorization, for those purposes. Treatment means providing, coordinating, or managing health benefits by one or more health care providers. For example, we may disclose the name of your primary care doctor to a specialist who is treating you so that he/she can get needed information to provide you with services. Payment means obtaining reimbursement for services, confirming coverage, or billing activities. For example, we may tell your doctor that you are eligible for coverage and what benefits the FUND provides. Health Care Operations includes the business aspects of running the FUND, such as review of the services provided with respect to compliance with the law.

We may contact you to provide information about treatment alternatives or other health-related benefits. All other uses or disclosures of your PHI will only be made with your written authorization, which may be revoked at any time.

You and your covered dependents have the following rights with respect to your PHI.

- (1) You have the right to request that we restrict the uses or disclosures of your PHI to carry out treatment, payment or operations, or to a member of your family, other relative or close personal friend who is directly involved with or responsible for your care or payment for that care. We are, however, not required to agree to a requested restriction. If we do agree, we must abide by it.
- (2) You have the right to request in writing to receive confidential communications of your PHI. The FUND will make those reasonable accommodations that it deems appropriate and send such communications to an alternative address or through other method of contact.
- (3) You have the right to inspect and copy your PHI except in certain situations. If your access to such PHI is denied, you may have a right to have that denial reviewed, but only under certain circumstances. The FUND will act on your request within thirty (30) business days after it is received. You may be charged the reasonable costs for copying the PHI, postage or other charges incurred in mailing or sending that information to you.

- (4) You have the right to amend your PHI if you request to do so in writing, and if your request includes a reason to support the requested amendment. However, that information may not be amended under certain circumstances.
- (5) You have the right to receive an accounting of disclosures of your PHI, except under certain circumstances.

If you believe that your privacy rights have been violated, you may contact Arthur Pepper, the FUND'S Privacy Officer either in writing addressed to 52 Broadway, New York, New York 10004 or by telephone at (212) 539-0500 or you may write to the Secretary of the U.S. Department of Health and Human Services, Hubert Humphrey Building, 200 Independence Avenue SW, Washington, DC 20201. There will be no retaliation against anyone who files any complaint.

Effective April 14, 2003