

## **IMPORTANT PRIVACY INFORMATION**

Government Regulations require UA Local 190 Health Care Plan to provide you with the enclosed "Notice of Privacy Practices". Please read this notice carefully.

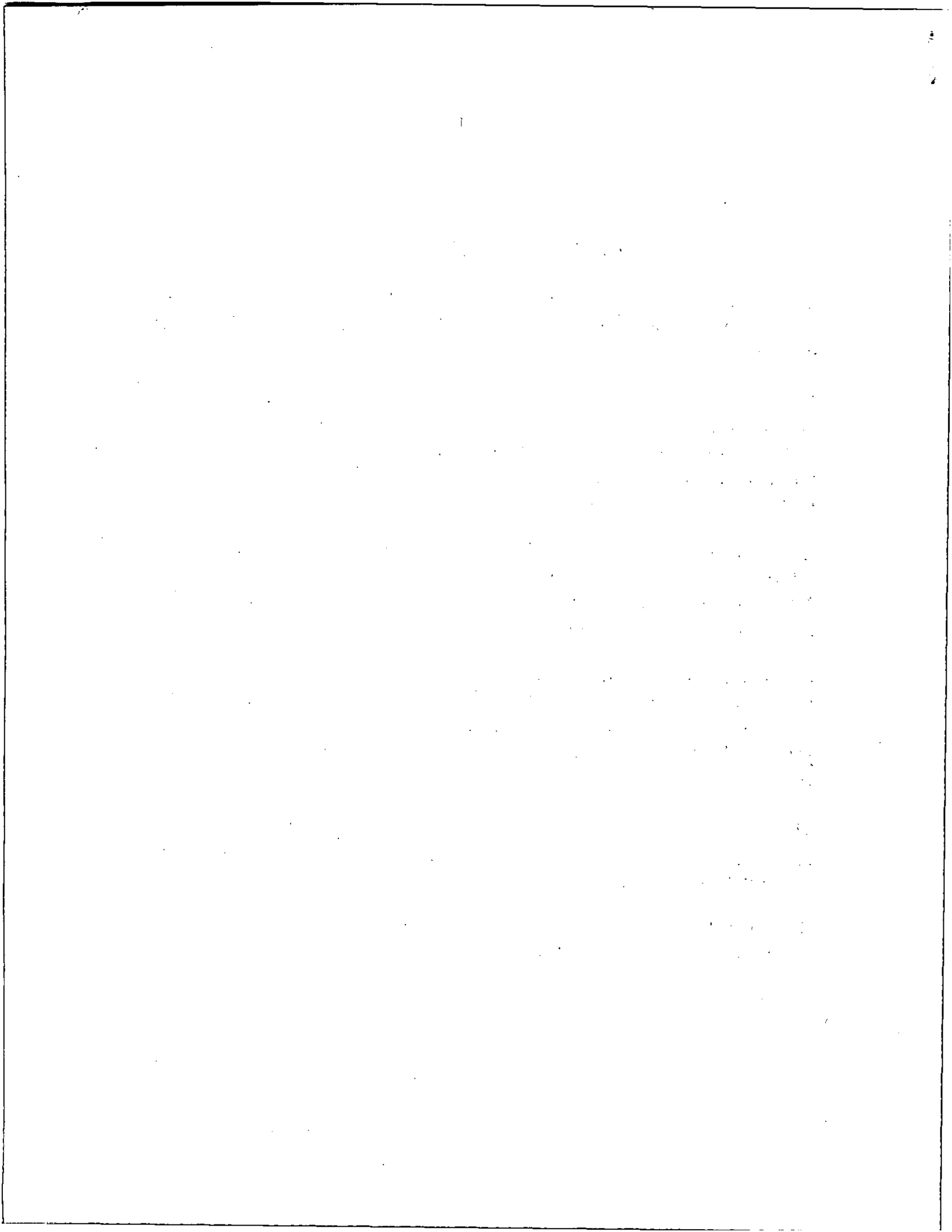
Under the privacy law UA Local 190 Health Care Plan can provide your health information to your family members only if you sign a written authorization naming the family members who are permitted to receive this information. If you authorize the Plan to use or disclose your health information, you may revoke that authorization in writing at any time.

If you completed an "Authorization for Release of Protected Health Information" in the past it will no longer be effective beginning on April 14, 2009. The UA Local 190 Health Care Plan is required to have you complete a new authorization every three years.

Enclosed is "Authorization for Release of Protected Health Information" form which should be completed by you, your spouse and your dependents over the age of 18 if you want us to discuss your health information with your family members. A pre-addressed envelope is enclosed for your convenience.

The UA Local 190 Health Care Benefit Office will not release claims, payment or eligibility information to your spouse or family members unless you complete and return the enclosed authorization form.

If you have any questions concerning the above notices please contact the Benefit Office at 1-888-390-PIPE (7473)



**UA LOCAL 190 PLUMBERS/PIPEFITTERS/SERVICE TECHNICIANS/  
GAS DISTRIBUTION HEALTH CARE PLAN**

**AUTHORIZATION FOR RELEASE OF PROTECTED HEALTH CARE INFORMATION**

Member Name _____	SS# _____
Spouse Name _____	SS# _____
Dependent over age 18 _____	SS# _____

1. I authorize UA Local 190 Health Care Plan, to disclose claims, payment, eligibility and other health information at the request of my spouse or family members as identified below (Member complete section **A**, spouse complete section **B** and dependents over 18 complete section **C**).
2. I understand that the health information that is disclosed pursuant to this authorization may be re-disclosed by the persons that I identified below and might lose its protected status.
3. I understand that this authorization will expire on April 30, 2012, unless I revoke it sooner. I understand that I may revoke this authorization at any time, except to the extent that it has already been relied upon, by giving written notice to:

**Thomas Hayden, Privacy Official  
UA Local 190 Health Care Plan  
33035 Schoolcraft Rd.  
Livonia, MI. 48150**

You have a right to receive a copy of this authorization. Upon signing this form please keep a copy of this authorization for your files or request a copy by writing to the above.

**A. Member** (indicate each person authorized to receive health care information)

Name: _____	Relationship: _____
Name: _____	Relationship: _____

I have had an opportunity to review and understand the contents of this form. By signing this form I am confirming that it accurately reflects my wishes.

Member Signature \_\_\_\_\_ Date \_\_\_\_\_

**B. Spouse** (indicate each person authorized to receive health care information)

Name: _____	Relationship: _____
Name: _____	Relationship: _____

I have had an opportunity to review and understand the contents of this form. By signing this form I am confirming that it accurately reflects my wishes.

Spouse Signature \_\_\_\_\_ Date \_\_\_\_\_

**UA LOCAL 190 PLUMBERS/PIPEFITTERS/SERVICE TECHNICIANS/  
GAS DISTRIBUTION HEALTH CARE PLAN**

**C. Dependent over age 18** (indicate each person authorized to receive health care information)

Name:	Relationship:
Name:	Relationship:

I have had an opportunity to review and understand the contents of this form. By signing this form I am confirming that it accurately reflects my wishes.

Dependent Signature \_\_\_\_\_ Date \_\_\_\_\_

**D. Personal Representative** (If signed by a personal representative, complete the information under this section)

Name of personal representative:

Relationship to participant or nature of authority (e.g., health care power of attorney, guardian, other statutory authorization):

Personal Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**INSTRUCTIONS**

1. Fill in your name and social security number at the top of page 1.
2. If you are married and you want to give your spouse authority to inquire about your health information, please enter his/her name and relationship (spouse).
3. If you are not married or you want to give someone other than your spouse authority to inquire about your health information, please enter his/her name and relationship (mother, father, friend, etc...)
4. Dependents over the age of 18 - If you want to give your parents authority to inquire about your health information, please enter their name and relationship (mother, father, etc..)
5. Please sign and date the form where indicated under sections A, B and C.
6. If you are signing as a personal representative please include copies of the appropriate documentation.
7. The UA Local 190 Health Care office will not release claims, payment, eligibility and other health information to your spouse or family members unless you complete and return this form.

# UA LOCAL 190 PLUMBERS/PIPEFITTERS/SERVICE TECHNICIANS/ GAS DISTRIBUTION HEALTH CARE PLAN

## NOTICE OF PRIVACY PRACTICES

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

### **USE AND DISCLOSURE OF HEALTH INFORMATION**

**UA Local 190 Plumbers/Pipefitters/Service Technicians/Gas Distribution Health Care Plan [UA Local 190 Health Plan]** may use your health information to make or obtain payment for your care and conduct health care operations. The UA Local 190 Health Plan has established a policy to guard against unnecessary disclosure of your health information. "Health information" protected by this policy is information regarding your health, your health care or payment for your health care that identifies you or could be used to identify you.

THE FOLLOWING IS A SUMMARY OF THE CIRCUMSTANCES UNDER WHICH AND PURPOSES FOR WHICH YOUR HEALTH INFORMATION MAY BE USED AND DISCLOSED:

**To Make or Obtain Payment.** UA Local 190 Health Plan may use or disclose your health information to make payment to or collect payment from third parties, such as other health plans or providers, for the care you receive. For example, UA Local 190 Health Plan may provide information regarding your coverage or health care treatment to other health plans to coordinate payment of benefits.

**To Conduct Health Care Operations.** UA Local 190 Health Plan may use or disclose health information for its own operations to facilitate the administration of the Plan and as necessary to provide coverage and services to all of the Plan's participants. Health care operations include such activities as:

- Quality assessment and improvement activities.
- Activities designed to improve health or reduce health care costs.
- Contacting health care providers and participants with information about treatment alternatives and other related functions.
- Underwriting, premium rating or related functions to create, renew or replace health insurance or health benefits.
- Review and auditing, including compliance reviews, medical reviews, legal services and compliance programs.
- Business planning and development including cost management and planning related analyses and formulary development.
- Business management and general administrative activities of UA Local 190 Health Plan, including customer service and resolution of internal grievances.

For example, UA Local 190 Health Plan may use your health information as part of studies to determine which covered services are used most frequently, create alternative plan designs or calculate appropriate COBRA continuation coverage rates.

# UA LOCAL 190 PLUMBERS/PIPEFITTERS/SERVICE TECHNICIANS/ GAS DISTRIBUTION HEALTH CARE PLAN

## NOTICE OF PRIVACY PRACTICES

**For Treatment Alternatives.** UA Local 190 Health Plan may use and disclose your health information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

**For Distribution of Health-Related Benefits and Services.** UA Local 190 Health Plan may use or disclose your health information to provide to you information on health-related benefits and services that may be of interest to you.

**For Disclosure to the Plan Sponsor.** UA Local 190 Health Plan may disclose your health information to the Health Plan Board of Trustees, which is the "Plan Sponsor", for plan administration functions performed by the Plan Sponsor on behalf of the Plan. This is usually necessary only when a plan interpretation or disputed claim requires the Trustees to become involved. The Plan also may provide summary health information to the Plan Sponsor so that the Plan Sponsor may solicit premium bids from other health plans or modify, amend or terminate the plan.

**When Legally Required.** UA Local 190 Health Plan will disclose your health information when it is required to do so by any federal, state or local law.

**To Conduct Health Oversight Activities.** UA Local 190 Health Plan may disclose your health information to a health oversight agency for authorized activities including audits, civil administrative or criminal investigations, inspections, licensure or disciplinary action. The Plan, however, may not disclose your health information if you are the subject of an investigation and the investigation does not arise out of or is not directly related to your receipt of health care or public benefits.

**In Connection With Judicial and Administrative Proceedings.** As permitted or required by state law, UA Local 190 Health Plan may disclose your health information in the course of any judicial or administrative proceeding in response to an order of a court or administrative tribunal as expressly authorized by such order or in response to a subpoena, discovery request or other lawful process, but only when the Plan makes reasonable efforts to either notify you about the request or to obtain an order protecting your health information.

**For Law Enforcement Purposes.** As permitted or required by state law, UA Local Health Plan may disclose your health information to a law enforcement official for certain law enforcement purposes, including, but not limited to, if the Plan has a suspicion that your death was the result of criminal conduct or in an emergency to report a crime.

**In the Event of a Serious Threat to Health or Safety.** UA Local 190 Health Plan may, consistent with applicable law and ethical standards of conduct, disclose your health information if the Plan, in good faith, 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.

**For Specified Government Functions.** In certain circumstances, federal regulations require UA Local 190 Health Plan to use or disclose your health information to facilitate specified government functions related to the military and veterans, national security and intelligence activities, protective services for the president and others, and correctional institutions and inmates.

**For Worker's Compensation.** UA Local 190 Health Plan may release your health information to the extent necessary to comply with laws related to worker's compensation or similar programs.

# UA LOCAL 190 PLUMBERS/PIPEFITTERS/SERVICE TECHNICIANS/ GAS DISTRIBUTION HEALTH CARE PLAN

## NOTICE OF PRIVACY PRACTICES

### AUTHORIZATION TO USE OR DISCLOSE HEALTH INFORMATION

Other than as stated above, UA Local 190 Health Plan will not disclose your health information other than with your written authorization. The restriction applies to anyone other than you, including your spouse or other family members who inquire about health information in the Plan's possession. The Plan can provide your health information to your family members only if you sign a written authorization naming the family members who are permitted to receive this information. If you authorize the Plan to use or disclose your health information, you may revoke that authorization in writing at any time.

### PROCEDURES FOR VERIFYING YOUR IDENTITY

To be sure that disclosure is only made to you, individuals working for the Plan may request information designed to verify your identity. This is particularly likely if you make inquiries regarding your health information by telephone. These practices are needed to comply with new federal laws and are intended to protect your privacy.

### YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION

You have the following rights regarding your health information that UA Local 190 Health Plan maintains:

**Right to Request Restrictions.** You may request restrictions on certain uses and disclosures of your health information. You have the right to request a limit on UA Local 190 Health Plan's disclosure of your health information to someone involved in the payment of your care. However, the Plan is not required to agree to your request. If you wish to make a request for restrictions, please contact in writing, Thomas Hayden, Benefit Advisors, Inc., 33035 Schoolcraft Rd., Livonia, Michigan 48150.

**Right to Receive Confidential Communications.** You have the right to request that UA Local 190 Health Plan communicate with you in a certain way if you feel the disclosure of your health information could endanger you. For example, you may ask that the Plan only communicate with you at a certain telephone number or by email. If you wish to receive confidential communications, please make your request in writing to Thomas Hayden, Benefit Advisors, Inc., 33035 Schoolcraft Rd., Livonia, Michigan 48150. The Plan will attempt to honor your reasonable requests for confidential communications.

**Right to Inspect and Copy Your Health Information.** You have the right to inspect and copy your health information. A request to inspect and copy records containing your health information must be made in writing to Thomas Hayden, Benefit Advisors, Inc., 33035 Schoolcraft Rd., Livonia, Michigan 48150. If you request a copy of your health information, the Plan may charge a reasonable fee for copying, assembling costs and postage, if applicable, associated with your request.

**Right to Amend Your Health Information.** If you believe that your health information records are inaccurate or incomplete, you may request that UA Local 190 Health Plan amend the records. That request may be made as long as the information is maintained by the Plan. A request for an amendment of records must be made in writing to Thomas Hayden, Benefit Advisors, Inc., 33035 Schoolcraft Rd., Livonia, Michigan 48150. The Plan may deny the request if it does not include a reason to support the amendment. The request also may be denied if your health information records were not created by the Plan, if the health information you are requesting to amend is not part of the Plan's records, if the health information you wish to amend falls within an exception to the health information you are permitted to inspect and copy, or if the Plan determines the records containing your health information are accurate and complete.

# UA LOCAL 190 PLUMBERS/PIPEFITTERS/SERVICE TECHNICIANS/ GAS DISTRIBUTION HEALTH CARE PLAN

## NOTICE OF PRIVACY PRACTICES

**Right to an Accounting.** You have the right to request a list of disclosures of your health information made by UA Local 190 Health Plan for any reason other than for treatment, payment, or health operations. The request must be made in writing to Thomas Hayden, Benefit Advisors, Inc., 33035 Schoolcraft Rd., Livonia, Michigan 48150.

The request should specify the time period for which you are requesting the information, but may not start earlier than **April 14, 2003**. Accounting requests may not be made for periods of time going back more than six (6) years. The Health Plan will provide the first accounting you request during any 12-month period without charge. Subsequent accounting requests may be subject to a reasonable cost-based fee. The Plan will inform you in advance of the fee, if applicable.

**Right to a Paper Copy of this Notice.** You have the right to request and receive a paper copy of this Notice at any time, even if you have received this Notice previously or agreed to receive the Notice electronically. To obtain a paper copy, please contact Thomas Hayden, Benefit Advisors, Inc., 33035 Schoolcraft Rd., Livonia, Michigan 48150.

### **DUTIES OF A UA LOCAL 190 HEALTH PLAN**

UA Local 190 Health Plan is required by law to maintain the privacy of your health information as set forth in this Notice and to provide to you this Notice of its duties and privacy practices. The Plan is required to abide in the terms of this Notice, which may be amended from time to time. The Plan serves the right to change the terms of this Notice and to make the new Notice provisions effective for all health information that it maintains. If the Plan changes its policies and procedures, the Plan will revise the Notice and will provide a copy of the revised Notice to you within 60 days of the change. You have the right to express complaints to the UA Local 190 Health Plan and to the Secretary of the Department of Health and Human Services if you believe that your privacy rights have been violated. Any complaints to the Plan should be made in writing to the Plan Attorney, Warren Widmayer, Ferguson & Widmayer, 538 North Division, Ann Arbor, MI 48104.

UA Local 190 Health Plan encourages you to express any concerns you may have regarding the privacy of your information. You will not be retaliated against in any way for filing a complaint.

### **CONTACT PERSON**

UA Local 190 Health Plan has designated Thomas Hayden as its contact person for all non-complaint issues regarding patient privacy and your privacy rights. If you have any questions regarding this notice or need further information about matters covered in this notice, please contact Thomas Hayden, Benefit Advisors, Inc., 33035 Schoolcraft Rd., Livonia, Michigan 48150, 888-390-7473. You may contact this person, in writing at Benefit Advisors, Inc., 33035 Schoolcraft Rd., Livonia, Michigan 48150.

**EFFECTIVE DATE** – This notice is effective **April 30, 2012**.