

NOTICE OF PRIVACY PRACTICES -- Effective Date: June 1, 2017

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

WHO WILL FOLLOW THIS NOTICE

This Notice of Privacy Practices describes the practices of the ILWU-PMA Welfare Plan (the "Plan").

If you have any questions about this Notice, or wish to contact the Plan to exercise any of your rights described below, please contact:

Antonio Holden, Operations Manager/Privacy Officer

ILWU-PMA Benefit Plans -- 1188 Franklin Street, Suite 101, San Francisco, CA 94109 / Telephone: (415) 673-8500

OUR COMMITMENT TO YOUR PRIVACY

We understand that health information about you and your health is personal and we are committed to protecting that information. We create a record of your benefits, eligibility status and claims history, which may include enrollment/application forms, provider billings, claim forms, EOBs, appeals data and correspondence. We need this record to provide you with quality health care benefits and to comply with certain legal requirements. Hospitals, physicians and other health care providers providing health care services to you may have different policies or notices regarding their uses and disclosures of your health information.

This Notice will tell you about the ways in which we may use and disclose health information about you. This Notice will also describe your rights and certain obligations we have regarding the use and disclosure of health information.

We are required by law to:

- make sure that health information that identifies you is kept private;
- promptly notify you if a breach occurs that may have compromised the privacy or security of your information;
- give you this Notice of our legal duties and privacy practices with respect to health information about you; and
- follow the terms of the Notice that is currently in effect.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

The Plan will not disclose your health information to anyone, except with your authorization or as otherwise permitted or required by law. For some activities, we must have your written authorization to use or disclose your health information. However, the law permits us to use or disclose your health information for the following purposes without your authorization:

Payment

We may use and disclose your health information in order to pay for your health benefits under our health benefits programs. These activities may include making a determination of eligibility or coverage for benefits, reviewing services provided to you to determine medical necessity, and adjudication and subrogation of health benefit claims and collections. For example, we may use and disclose your health information to pay your claims.

Health Care Operations

We may use or disclose health information about you for our administrative operations. These uses and disclosures are necessary to make sure that our participants receive quality benefits and good service. We are not allowed to use genetic information to decide whether we will give you coverage. We may also share your health information with our "business associates." These are entities that perform administrative services for the Plan. We have a written contract with each of our business associates that contains terms requiring them to protect the confidentiality of your health information. Here are some examples of the ways that we use your health information for our health care operations:

- creation, renewal, replacement or maintenance of contracts providing benefits;
- claims adjudication;
- disclosures to medical consultants to determine the medical necessity of treatment recommended by your physician;
- eligibility determinations;
- detection and investigation of fraud and other unlawful conduct;
- recovery of overpayments; and
- claims review procedures.

As Required By Law

We will disclose health information about you when required to do so by federal, state or local law. We must also share your health information with the Secretary of the Department of Health and Human Services to investigate or determine our compliance with federal privacy laws.

To Avert a Serious Threat to Health or Safety

We may use and disclose health information about you when necessary to prevent a serious threat to your health and safety or to the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

Special Situations

We also may use or disclose your protected health information in the following special situations without your authorization. These situations include:

- *Health Oversight*

We may disclose protected health information to a health oversight agency for activities authorized by law, such as audits, investigations and inspections. Health oversight agencies include government agencies that oversee health plan administration, state insurance regulatory authorities and certain other government regulatory programs.

- *Public Health Risks*

We may disclose health information about you for public health activities. These activities may include (1) the prevention or control of disease, injury or disability and (2) notifying people of recalls of products they may be using.

- *Lawsuits and Disputes*

If you are involved in a lawsuit or a dispute, we may disclose health information about you in response to a court or administrative order. We may also disclose health information about you in response to a subpoena, discovery request or other lawful process by someone else

involved in the dispute, but only if efforts have been made to tell you about the request (which may include written notice to you) or to obtain an order protecting the information requested.

- **Law Enforcement**

We may release health information if asked to do so by a law enforcement official: (1) in response to a court order, subpoena, warrant, summons or similar process; (2) to identify or locate a suspect, fugitive, material witness or missing person; (3) about the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement; (4) about a death we believe may be the result of criminal conduct; or (5) in emergency circumstances to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime.

- **For Specific Government Functions**

We may disclose your health information for the following specific government functions: (1) health information of military personnel, as required by military authorities; (2) health information of inmates, to a correctional institution or law enforcement official; and (3) for national security reasons.

- **Workers' Compensation**

We may disclose your protected health information as authorized to comply with workers' compensation laws and other similar legally established programs.

YOUR RIGHTS

The following is a statement of your rights with respect to your health information and a brief description of how you may exercise these rights.

You have the right to inspect and copy your health information.

You may inspect and obtain a copy of health information about you for as long as we maintain the health information. We may charge you a fee for the costs of copying, mailing or other supplies that are necessary to grant your request. You have the right to choose to obtain a summary instead of a copy of your health information.

Under federal law, however, you may not inspect or copy psychotherapy notes or information compiled in reasonable anticipation of, or for use in a civil, criminal or administrative action or proceeding. In some circumstances, you may have the right to have our decision to deny you access to your health information reviewed. Please contact the Plan if you have any questions about access to your health information.

You have the right to request a restriction on the use and disclosure of your health information.

You have the right to request restrictions on certain uses and disclosures of your health information. We are not required to agree to a restriction that you request. If we do agree to a requested restriction, we will put the agreement in writing and follow it, except in emergency situations. We cannot agree to limit uses or disclosures of information that are required by law. You may request a restriction by writing to or telephoning the Plan. You may restrict disclosures for services for which you pay out of pocket.

You have the right to request to receive confidential communications from us by alternative means or at an alternative location.

You may request that any and all confidential communications regarding your health information be sent by alternative means or to an alternative location. For example, you may request that we contact you only in writing or at a different residence or post office box. We will accommodate reasonable requests. We may, however, condition such accommodation on your agreeing to permanent communications at the alternative location or by the alternative means. We will not request an explanation from you as to the basis for the request. Please make any such requests in writing to the Plan.

You may have the right to have your health information amended.

You may request that we amend your health information that is incorrect or incomplete for as long as we maintain the information. In certain cases, we may deny your request for amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and provide you with a copy of such rebuttal. Any statement of disagreement will become a permanent part of our records. To request an amendment, you must send a written request, along with the reason for the request, to the Plan.

You have the right to receive an accounting of certain disclosures of your health information.

You have a right to receive an accounting of disclosures of your health information we have made after April 14, 2003 for purposes other than disclosures (1) for payment or health care operations, (2) to you or based upon your authorization and (3) for certain government functions. To request an accounting, you must submit a written request to the Plan. You must specify the time period, which may not be longer than six years.

You have the right to a copy of this Notice.

You have the right to obtain a copy of this Notice from us upon request, even if you have agreed to accept this Notice electronically. To obtain a copy of this Notice, please contact the Plan.

CHANGES TO THIS NOTICE

We reserve the right to change this Notice. We reserve the right to make the revised Notice effective for the health information we already have about you as well as any information we receive in the future. The Notice will contain on the first page, in the top right-hand corner, the effective date.

COMPLAINTS

You may contact us or the Secretary of the United States Department of Health and Human Services if you believe your privacy rights have been violated. To file a complaint with the Plan, contact the Plan. All complaints must be submitted in writing. No retaliatory actions will be taken against you for filing a complaint.

OTHER USES OF HEALTH INFORMATION

Uses and disclosures of psychotherapy notes, uses and disclosures of protected health information for marketing purposes and disclosures that constitute a sale of protected health information can be made only with your authorization. Other uses and disclosures of health information not covered by this Notice or the laws that apply to us will be made only with your authorization. If you provide us with permission to use or disclose health information about you by signing a written authorization, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose health information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission.