

Notice of Privacy Practices

CENTRAL LABORERS' WELFARE FUND

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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.

Your Information. Your Rights. Our Responsibilities.

Your Rights

You have the right to:

- Get a copy of your health and claims records.
- Correct your health and claims records.
- Request confidential communication.
- Ask us to limit the information we share.
- Get a list of those with whom we've shared your information.
- Get a copy of this privacy notice.
- Choose someone to act for you.
- File a complaint if you believe your privacy rights have been violated.

Your Choices

You have some choices in the way we use and share information, such as:

- Sharing information with your family, close friends, or others involved in payment for your care.
- Sharing information in a disaster relief situation.
- Marketing purposes.
- Fundraising efforts.

Our Uses and Disclosures

We may use and share your information as we:

- Help manage the health care treatment you receive.
- Run our organization.
- Pay for your health services.
- Administer your health plan.
- Help with public health and safety issues.
- Do research.
- Comply with the law.
- Respond to organ and tissue donation requests.
- Work with a medical examiner or funeral director.
- Address workers' compensation, law enforcement, and other government requests.
- Respond to lawsuits and legal actions.

Your Rights in Detail

1. Get a copy of health and claim records

- You can ask to see or get a copy of your health and claim information. Contact us for instructions on how to do this.
- We will provide a copy or summary of your health claim records, usually within 30 days of your request. and any fees for paper copies will be reasonable and cost-based.

2. Ask us to correct health and claims records

- You can ask us to assist in correcting your health and claims records if you think they are incorrect or incomplete. Contact us for instructions on how to do this.
- We may say "no" to your request, but we will tell you why in writing within 60 days, and you have the right to submit a "statement of disagreement," which will be included in your records alongside the original disputed information.

3. Request confidential communications

- You may ask us to contact you in a specific way or to send mail to a different address. We will consider all reasonable requests and must say "yes" if you tell us you would be in danger if we do not.

4. Request limitations on sharing information

- You may ask us not to use or share certain health information for treatment, payment, or operations. We are not required to agree to your request in most cases, and we will say "no" if it affects your care or safety.

5. Get a list of those with whom we've shared your information

- You can ask for a list (accounting) of the times we've shared your health information for up to six years prior to the date you ask, who we shared it with, and why.
- We will provide a list of all disclosures, except those made for treatment, payment, and healthcare operations, or other disclosures exempted by law (such as disclosures you specifically requested). You may receive one free accounting each year. If you request more than one accounting in a 12-month period, we may charge a reasonable, cost-based fee. We will inform you of the fee in advance and give you the opportunity to withdraw or modify your request before being charged.

6. Request a copy of this privacy notice

- You can ask for a copy of this privacy notice at any time, even if you have agreed to receive it electronically. We will provide you with a paper copy promptly, free of charge.
- You also have the right to receive an electronic copy of this notice upon request. If you would prefer to receive it electronically or through another preferred method, let us know, and we will provide the notice in the requested format.
- Any changes made to this notice will be communicated to you, and updated versions will be available upon request in both paper and electronic formats

7. Choose someone to act for you

- If you have given someone medical power of attorney, or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will ensure that the person has the legal authority to act for you before we take any action based on their requests. This includes verifying any necessary documentation, such as power of attorney or guardianship papers.
- Once we confirm their authority, your designated representative will be able to request access to your health information, make privacy-related choices, and receive copies of your records. They will also be able to restrict how your sensitive health information is used or shared, as allowed by law.
- If a parent or guardian has the authority to act on behalf of a minor child, they can exercise the child's rights under this notice, except where certain state laws or regulations protect the privacy of the minor's sensitive health information.

8. File a complaint if you feel your rights are violated

- If you believe your privacy rights have been violated you can file a complaint with us using the contact information provided at the beginning of this notice.
- You can also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint. Filing a complaint will not affect your coverage, the services you receive, or the benefits available to you under your health plan.
- You may also request more information about your privacy rights and the complaint process, including how to submit complaints regarding the use or disclosure of sensitive health information.

Your Choices in Detail

For certain health information you have the right to make choices about what we share. If you have a clear preference for how we share your information in the situations described, let us know, and we will follow your instructions.

1. Sharing information with your family, close friends, or others involved in payment for your care:

- You have the right to decide if we share information about your health care and payment with family, friends, or others helping to manage your care.

2. Sharing information in a disaster relief situation:

- In the event of a disaster or emergency, we may share your health information to help manage your care or notify your family of your situation.

If you are unable to communicate your preference (for example, if you are unconscious), we may share your information if we believe it is in your best interest. Additionally, we may share your information when necessary to mitigate a serious and imminent threat to health or safety.

3. In these cases, we will never share your information unless you provide written permission:

- Marketing purposes:
 - We will not share your health information for marketing purposes without your written consent.
- Sale of your information or fundraising:
 - We do not sell your health information. However, if such activity occurs (e.g., during a business sale or merger), we will not disclose your information without your explicit written consent.

Our Uses and Disclosures in Detail

We typically use or share your health information in the following ways:

1. Help manage the health care treatment you receive:

- We can use your health information and share it with professionals who are treating you.

Example: A doctor sends us information about your diagnosis and treatment plan so we can initiate timely authorizations for services.

2. Run our organization:

- We can use and disclose your health information to run our organization and contact you when necessary.
- Genetic Information: We are not allowed to use genetic information to decide whether we will give you coverage or the price of your coverage. We will only use or disclose genetic information with your explicit written authorization, unless required by law. You have the right to request restrictions on how your genetic information is used. This does not apply to long term care plans.

3. Pay for your health services:

- We can use and disclose your health information as we pay for your health services.

Example: We share information about your dental work with your dental plan to coordinate payment for services.

4. Administer your plan:

- We may disclose your health information for plan administration purposes.

Example: We provide fiduciaries with certain statistics to determine the contributions rates.

5. Help with public health and safety issues:

- We can share health information about you in certain situations, such as:
 - Preventing disease
 - Helping with product recalls
 - Reporting adverse reactions to medications
 - Reporting suspected abuse, neglect, or domestic violence
 - Preventing or reducing a serious threat to anyone's health or safety

We are allowed or required to share your information in ways that contribute to the public good, such as public health and research. We must meet many conditions in the law before we can share your information for these purposes. For more details, see

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

6. Do research:

- We can use or share your information for health-related research, in compliance with laws that protect your privacy.

7. Comply with the law:

- We will share your information if state or federal laws require it, including with the Department of Health and Human Services to ensure we comply with federal privacy laws.

8. Respond to organ and tissue donation requests and work with a medical examiner or funeral director:

- Organ and tissue donation: We can share health information about you with organ procurement organizations.
- Medical examiner or funeral director: We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

9. Address workers' compensation, law enforcement, and other government requests:

- Workers' compensation claims: We can share health information needed to process and manage workers' compensation claims.
- For law enforcement purposes: We can share your information with law enforcement as required or permitted by law.

10. Health oversight activities:

- We can share health information with oversight agencies for activities authorized by law, such as audits, investigations, and inspections.

11. Special government functions:

- We can share information for specific government functions, such as military, national security, and presidential protective services.

12. Respond to lawsuits and legal actions:

- We can share health information about you in response to a court or administrative order, or in response to a subpoena, in compliance with applicable legal requirements.

Our Responsibilities in Detail

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms

We reserve the right to change the terms of this notice, and such changes will apply to all information we maintain, including information we collected prior to the change. The updated notice will be available on our website www.central-laborers.com, upon request, and we will mail a copy to you.