

## **NOTICE OF PRIVACY PRACTICES**

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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.**

### **Effective Date and Purpose of This Notice**

**Effective date.** The effective date of this Notice is September 23, 2013.

**This Notice is required by law.** The UAW Retiree Medical Benefits Trust is required by law to take reasonable steps to ensure the privacy of your personally identifiable health information and to inform you about:

- The Plan's uses and disclosures of Protected Health Information (PHI);
- Your rights to privacy with respect to your PHI;
- The Plan's duties with respect to your PHI;
- Your right to file a complaint with the Plan and with the Secretary of the United States Department of Health and Human Services (HHS), and
- The person or office you should contact for further information about the Plan's privacy practices.

### **YOUR PROTECTED HEALTH INFORMATION**

***Protected Health Information (PHI) Defined*** - The term "Protected Health Information" (PHI) includes all individually identifiable health information related to your past, present or future physical or mental health condition or to payment for health care. PHI includes information maintained by the Plan in oral, written, or electronic form. In most cases, the Plan does not hold PHI, because the personal information is used and disclosed by the Carriers and other administrators hired by the Plan to provide you with health benefits.

***When the Plan May Disclose Your PHI*** - Under the law, the Plan and its Carriers may disclose your PHI without your consent or authorization, or the opportunity to agree or object, in the following cases:

- **At your request.** If you request it, the Plan is required to give you access to certain PHI in order to allow you to inspect and/or copy it.
- **As required by HHS.** The Secretary of the United States Department of Health and Human Services may require the disclosure of your PHI to investigate or determine the Plan's compliance with the privacy regulations.
- **For treatment, payment, or health care operations.** The Plan and its business associates will use PHI in order to carry out treatment, payment, or health care operations.
- **For non-routine uses.** The Plan may be required by other governmental agencies or by court order to reveal your PHI to the agency or the court.

**Treatment** is the provision, coordination, or management of health care and related services. It also includes but is not limited to consultations and referrals between one or more of your providers. For example, the Plan may disclose to a treating physician specialist the name of your primary physician so that the specialist may obtain your medical records from the primary physician.

**Payment** includes but is not limited to actions to make coverage determinations and payment (including billing, claims management, subrogation, reimbursement, reviews for medical necessity and appropriateness of care and utilization review and pre-authorizations). For example, the Plan may tell a doctor whether you are eligible for coverage or what percentage of the bill will be paid by the Plan. If we contract with third parties to help us with payment operations, such as a physician that reviews medical claims, we will also disclose information to them. These third parties are known as "business associates." The Plan will not use genetic information for underwriting purposes, as required by the Genetics Information Nondiscrimination Act of 2008.

**Health care operations** includes but is not limited to quality assessment and improvement, reviewing competence or qualifications of health care professionals, underwriting, premium rating and other insurance activities relating to creating or renewing insurance contracts. It also includes disease management, case management, conducting or arranging for medical review, legal services, and auditing functions including fraud and abuse compliance programs, business planning and development, business management and general administrative activities. For example, the Plan may use information about claims to project future benefit costs or audit the accuracy of its claims processing functions. The Plan will not use genetic information for underwriting purposes, as required by the Genetics Information Nondiscrimination Act of 2008.

**Disclosure to the Committee.** The Plan will also disclose PHI to the Committee (“the Plan Sponsor”) for purposes related to treatment, payment, and health care operations, and has amended the plan documents to permit this use and disclosure as required by federal law. For example, we may disclose information to the Committee to allow them to decide an appeal of an adverse benefit determination.

#### When the Disclosure of Your PHI Requires Your Written Authorization

Under the law, certain disclosures and uses required a written authorization from you for the Plan to use or disclose your PHI, as in the following cases:

- **Psychotherapy Notes.** Although the Plan does not routinely obtain psychotherapy notes, it must generally obtain an individual’s written authorization before the Plan would use or disclose the individual’s psychotherapy notes. However, the Plan may use and disclose such notes when needed by the Plan to defend itself against litigation filed by the individual. Psychotherapy notes are separately filed notes about conversations with a mental health professional during a counseling session. They do not include summary information about your mental health treatment. The Plan does not generally use PHI for marketing or sale, but the Plan must obtain an individual’s written authorization before PHI could be used for either of those purposes.
- **Sale of PHI.** The Plan does **not** “sell” your PHI to any outside entity. Generally, if the Plan were to do so, it would require your written authorization first.
- **Disclosure for Marketing Purposes.** The Plan does **not** use or disclose your PHI for marketing by entities outside of the Plan or the Plan’s contractors. Generally, if the Plan were to do so, it would require your written authorization first.
- **Any other use or disclosure.** Any use or disclosure not provided for in this notice will require your written authorization.

#### Use or Disclosure of Your PHI That Requires You Be Given an Opportunity to Agree or Disagree Before the Use or Release

Disclosure of your PHI to family members, other relatives, your close personal friends, and any other person you choose is allowed under federal law if:

- The information is directly relevant to the family or friend’s involvement with your care or payment for that care, and
- You have either agreed to the disclosure or have been given an opportunity to object and have not objected.

#### Use or Disclosure of Your PHI for Which Consent, Authorization or Opportunity to Object Is Not Required

The Plan is allowed under federal law to use and disclose your PHI without your consent or authorization under the following circumstances:

- **When required by applicable law.**
- **Public health purposes.** To an authorized public health authority if required by law or for public health and safety purposes. PHI may also be used or disclosed if you have been exposed to a communicable disease or are at risk of spreading a disease or condition, if authorized by law.
- **Domestic violence or abuse situations.** When authorized by law to report information about abuse, neglect or domestic violence to public authorities if a reasonable belief exists that you may be a victim of abuse, neglect, or domestic violence. In such case, the Plan will promptly inform you that such a disclosure has been or will be made unless that notice would cause a risk of serious harm.
- **Health oversight activities.** To a health oversight agency for oversight activities authorized by law. These activities include civil, administrative or criminal investigations, inspections, licensure or disciplinary actions (for example, to investigate complaints against health care providers) and other activities necessary for appropriate oversight of government benefit programs (for example, to the Department of Labor).
- **Legal proceedings.** When required for judicial or administrative proceedings. For example, your PHI may be disclosed in response to a subpoena or discovery request that is accompanied by a court order.
- **Law enforcement health purposes.** When required for law enforcement purposes (for example, to report certain types of wounds).
- **Law enforcement emergency purposes.** For certain law enforcement purposes, including: (a) identifying or locating a suspect, fugitive, material witness or missing person; and (b) disclosing information about an individual who is or is suspected to be a victim of a crime.
- **Determining cause of death and organ donation.** When required to be given to a coroner or medical examiner to identify a deceased person, determine a cause of death or other authorized duties. We may also disclose PHI for cadaveric organ, eye or tissue donation purposes.
- **Funeral purposes.** When required to be given to funeral directors to carry out their duties with respect to the decedent.
- **Research.** For research, subject to certain conditions.
- **Health or safety threats.** When, consistent with applicable law and standards of ethical conduct, the Plan in good faith believes the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public and the disclosure is to a person reasonably able to prevent or lessen the threat, including the target of the threat.
- **Workers’ compensation programs.** When authorized by and to the extent necessary to comply with workers’ compensation or other similar programs established by law.

- **Specialized government functions.** When required, to military authorities under certain circumstances, or to authorized federal officials for lawful intelligence, counter intelligence and other national security activities. Except as otherwise indicated in this notice, uses and disclosures will be made only with your written authorization, subject to your right to revoke your authorization.

**YOUR INDIVIDUAL PRIVACY RIGHTS-** YOU HAVE THE FOLLOWING RIGHTS WITH RESPECT TO YOUR PHI. SINCE THE PLAN DOES NOT DIRECTLY HOLD YOUR PHI, IN MOST CASES YOUR CARRIER SHOULD BE CONTACTED TO REQUEST INFORMATION UNDER THESE RIGHTS. IF THE CARRIER DOES NOT ADEQUATELY RESPOND TO YOUR REQUEST, CONTACT THE PLAN'S PRIVACY OFFICIAL.

*You May Request Restrictions on PHI Uses and Disclosures* - You may request the Plan to:

- Restrict uses and disclosures of your PHI to carry out treatment, payment or health care operations, or
- Restrict uses and disclosures to family members, relatives, friends, or other persons identified by you who are involved in your care.

In most cases, the Plan is not required to agree to your request. However, your request must be granted if the disclosure is not required by law; the request specifically concerns disclosure to a health plan for carrying out payment or health care operations; and the request relates to an item or service for which you have paid the provider out of pocket in full

*You May Request Confidential Communications*

The Plan will accommodate an individual's reasonable request to receive communications of PHI **by alternative means or at alternative locations** where the request includes a statement that disclosure could endanger the individual. You or your personal representative will be required to complete a form to request restrictions on uses and disclosures of your PHI.

*You May Inspect and Copy PHI* - You have a right to inspect and obtain a copy of your PHI contained in a "designated record set," for as long as the Plan maintains the PHI. The Plan must provide the requested information within 30 days if the information is maintained on site or within 60 days if the information is maintained offsite. If the PHI exists in electronic form and you request to receive it in electronic form, the Plan will comply with your request if it is feasible to do so, or the Plan may provide the information in another electronic form that you agree to. You or your personal representative will be required to complete a form to request access to the PHI in your designated record set. A reasonable fee may be charged for reviewing your request and copying the material. If you request in writing that another individual receive the PHI, the Plan will provide the PHI to the designated individual.

*You Have the Right to Amend Your PHI* - You have the right to request that the Plan amend your PHI or a record about you in a designated record set for as long as the PHI is maintained in the designated record set subject to certain exceptions. The Plan has 60 days after receiving your request to act on it. If the Plan denied your request in whole or part, the Plan must provide you with a written denial that explains the basis for the decision. You or your personal representative may then submit a written statement disagreeing with the denial and have that statement included with any future disclosures of that PHI. You or your personal representative will be required to complete a form to request amendment of the PHI.

*You Have the Right to Receive an Accounting of the Plan's PHI Disclosures* - At your request, the Plan will also provide you with an accounting of certain disclosures by the Plan of your PHI. The accounting will not include disclosures related to treatment, payment, or health care operations, or disclosures made to you or authorized by you in writing. The Plan has 60 days to provide the accounting. If you request more than one accounting within a 12-month period, the Plan will charge a reasonable, cost-based fee for each subsequent accounting.

*You Have the Right to Receive a Paper Copy of This Notice upon Request* - To obtain a paper copy of this Notice, contact the Plan's Privacy Official. Refer to the Contact Information page of your Schedule of Benefits.

*Your Personal Representative* -You may exercise your rights through a personal representative. Your personal representative will be required to produce evidence of authority to act on your behalf before the personal representative will be given access to your PHI or be allowed to take any action for you. Proof of such authority will be a completed, signed and approved on an Authorization form. You may obtain this form from your Carrier. Refer to the Contact Information page of your Schedule of Benefits. The Plan retains discretion to deny access to your PHI to a personal representative to provide protection to those vulnerable people who depend on others to exercise their rights under these rules and who may be subject to abuse or neglect.

## **THE PLAN'S DUTIES**

*Maintaining Your Privacy*

The Plan is required by law to maintain the privacy of your PHI and to provide you with notice of its legal duties and privacy practices. This notice is effective beginning on September 23, 2013 and the Plan is required to comply with the terms of this notice. However, the Plan reserves the right to change its privacy practices (including to meet any changing legal requirements) and to apply the changes to any PHI

received or maintained by the Plan prior to that date. If a privacy practice is substantially changed, a revised version of this notice will be provided to you by mail.

Any revised version of this notice will be distributed following any material change to:

- The uses or disclosures of PHI;
- Your individual rights;
- The duties of the Plan; or
- Other privacy practices stated in this notice.

#### Disclosing Only the Minimum Necessary Protected Health Information

When using or disclosing PHI or when requesting PHI from another covered entity, the Plan will make reasonable efforts not to use, disclose or request more than the minimum amount of PHI necessary to accomplish the intended purpose of the use, disclosure or request, taking into consideration practical and technological limitations. However, the minimum necessary standard will not apply in the following situations:

- Disclosures to or requests by a health care provider for treatment;
- Uses or disclosures made to you;
- Uses or disclosures made pursuant to your written authorization;
- Disclosures made to the Secretary of the United States Department of Health and Human Services pursuant to its enforcement activities under HIPAA;
- Uses or disclosures required by law; and
- Uses or disclosures required for the Plan's compliance with the HIPAA privacy or security regulations.

This notice does not apply to information that has been de-identified. De-identified information is information that:

- Does not identify you; and
- With respect to which there is no reasonable basis to believe that the information can be used to identify you.

In addition, the Plan may use or disclose "summary health information" to the Plan Sponsor for obtaining premium bids or modifying, amending or terminating the Plan. Summary information summarizes the claims history, claims expenses, or type of claims experienced by individuals for whom a Plan Sponsor has provided health benefits under a group health plan. Identifying information will be deleted from summary health information, in accordance with HIPAA.

#### Notice to You if Security Breach occurs

The Plan continues to make every effort to ensure the security of your PHI. If, despite this, the security is compromised to the extent that it is a "breach" under 45 C.F.R. § 164.402, the Plan, or its designated contractor, will inform you.

**Your Right to File a Complaint with the Plan or the HHS Secretary** - If you believe that your privacy rights have been violated, you may file a complaint with the Plan in care of the Plan's Privacy Official. You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services ("HHS"). Please contact the nearest office of the Department of Health and Human Services, listed in your telephone directory, visit the HHS website at [www.hhs.gov](http://www.hhs.gov), or contact the Privacy Official for more information about how to file a complaint. The Plan will not retaliate against you for filing a complaint.

**IF YOU NEED MORE INFORMATION** - IF YOU HAVE ANY QUESTIONS REGARDING THIS NOTICE OR THE SUBJECTS ADDRESSED IN IT, YOU MAY CONTACT THE PLAN'S PRIVACY OFFICIAL AT UAW RETIREE MEDICAL BENEFITS TRUST, P.O. 14309, DETROIT MI 48214-0309. OR YOU MAY CALL RETIREE HEALTH CARE CONNECT AT 866-637-7555.

**CONCLUSION** - PHI USE AND DISCLOSURE BY THE PLAN IS REGULATED BY THE FEDERAL HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT, KNOWN AS HIPAA. YOU MAY FIND THESE RULES AT 45 CODE OF FEDERAL REGULATIONS PARTS 160 AND 164. THIS NOTICE ATTEMPTS TO SUMMARIZE THE REGULATIONS. THE REGULATIONS WILL SUPERSEDE THIS NOTICE IF THERE IS ANY DISCREPANCY BETWEEN THE INFORMATION IN THIS NOTICE AND THE REGULATIONS.