

Effective after October 16, 2006

UNION BENEFITS TRUST

NOTICE OF PRIVACY RULES AND PRACTICES

This notice describes how your health information about you may be used and disclosed and how you can get access to this information. This notice is directed to you because you are an employee who receives health benefits through the Union Benefits Trust (hereinafter referred to as the "Trust").

A federal law, commonly known as HIPAA (the Health Insurance Portability and Accountability Act of 1996), governs all group health plans' use and disclosure of health information. HIPAA's privacy rules are located at 45 Code of Federal Regulations, Parts 160 and 164.

This notice describes the privacy practices of the Trust and your rights regarding the uses and disclosures of your health information. Although the Trust, its administrators and staff, and its Board of Trustees currently do not systematically create, maintain, or receive members' protected health information, the Trust acknowledges that your health information is personal - and it is committed to protecting your privacy.

For administration purposes, the Trust has access to a record of your claims that are reimbursed under your dental and vision benefits plan. This notice applies to all of the health records that the Trust may maintain or can access. Your personal doctor, health care provider, or health insurance carrier might have different policies or notices regarding their use and disclosure of health information that they maintain or create. However, HIPAA applies to all organizations or persons that maintain personal health information, if they fall under HIPAA's definition of "Covered Entities."

By law, the Trust MUST:

- Make sure that health information that identifies you is kept private,
- Make available to you this notice of the Trust's legal duties and privacy practices with respect to your health information,
- Retain copies of any notices the Trust issues to you, and
- Follow the terms of the notice that is currently in effect.

HIPAA also requires the Trust to tell you about:

- The Trust's uses and disclosures of your health information,
- Your privacy rights with respect to your health information,
- Your right to file a complaint with the Trust and/or with the Secretary of the Department of Health and Human Services, and
- The person or office at the Trust whom you may contact for additional information about the Trust's privacy practices.

How the Trust May Use and Disclose Your Health Information

The following categories describe the different ways the Trust may use and disclose your health information. Some uses and disclosures of your health information require your authorization or the opportunity to agree or object to the use or disclosure. Other uses and disclosures do not. This notice clearly identifies whether or not the use or disclosure of your health information requires your authorization or the opportunity to agree or object. Each category contains an explanation of what is meant by the "use and disclosure" of your health information, and some examples. Not every use or disclosure in a category will be listed. However, all of the ways the Trust is allowed to use and disclose your health information will fall into one of the categories listed.

The following categories DO NOT REQUIRE the Trust to obtain your consent, authorization, or to provide you an opportunity to object to the use or disclosure.

For Treatment: The Trust may use or disclose your health information to help you get health treatment or services through the Trust. The Trust may disclose your health information to health care providers, including doctors, dentists, nurses, technicians, health students, or other health care professionals who are providing you with services covered under the your insurance plan. For example, the Trust might disclose the name of your child's dentist to your child's orthodontist so that the orthodontist may ask the dentist for your child's dental X-rays.

For Payment: The Trust may use and disclose your health information in the process of determining your eligibility for benefits under the Trust, to facilitate payment to health care providers for the treatment or services you have received from them, to determine benefit responsibility under the Trust, and to facilitate reviews for health necessity/appropriateness of your care. For example, the Trust may tell your eye doctor whether you are eligible for coverage under the Trust, or what percentage of the bill may be paid by the Trust. Likewise, the Trust may share your health information with another entity to assist with the adjudication or subrogation of your claims or to another health plan to coordinate benefit payments.

For Trust Operations: The Trust may use and disclose your health information for health care operations and other Trust operations. These uses and disclosures are necessary to administer the Trust benefit plans. For example, the Trust may use and disclose your health information to conduct or facilitate quality assessments, improvement activities, performance and compliance reviews, auditing, fraud and abuse detection, underwriting, premium rating and other activities related to creating, renewing or replacing insurance contracts or benefit plans, claims review and appeals, legal functions and services, business planning and development, and other activities related to business management and administration. In connection with the foregoing, the Trust may disclose your health information to third parties who perform various health care operations or Trust operations on its behalf.

As Required By Law: The Trust will disclose your health information when required to do so by federal, state or local law. For example, the Trust may disclose your health information when required to do so by a court order in a civil proceeding such as a malpractice lawsuit. Or, the Secretary of the Department of Health and Human Services

might require the use and disclosure of your health information to investigate or determine the Trust's compliance with federal privacy regulations (this notice).

To Avert a Serious Threat to Health or Safety: The Trust may use and disclose your health information when necessary to prevent a serious threat to your health or safety, or to the health and safety of the public or another person. However, any such disclosure would be made only to a person able to help prevent the threat. For example, the Trust may disclose your health information in a legal proceeding regarding the licensure of a dentist.

Special Situations

Disclosure to Business Associates, including Health Insurance Companies or HMO's or PPO's: The Trust may disclose your health information to business associates in carrying out treatment, payment, health care operations and Trust operations. For example, the Trust may disclose your health information to MetLife dental plans, Vision Service Plan (VSP), or EyeMed Vision Care Plan (EyeMed) in order to verify your eligibility for benefits or services.

Disclosure to the Board of Trustees and Other Entities: The Trust is governed by a Board of Trustees, which includes representation from your employer (i.e., the State of Ohio) and unions that represent State employees. The Trust may disclose information to the Board of Trustees, the State, the Public Employees Retirement System (PERS), or other State retirement systems for payment, health care operations, and Trust operations. For example, the Trust may disclose information to the State about whether you are participating in a group health plan that is offered by the Trust, or whether you are enrolled in any such group health plan. Disclosure to the State may include disclosures to your human resource officer or any other person who functions as your employer's personnel officer. In the event you appeal a denied claim or other matter to the Trust's Board of Trustees, the Trust may disclose your health information to the Trust's Board of Trustees and its staff, consultants, and legal counsel as may be necessary to allow the Trust's Board of Trustees to make a decision on your appeal. The Trust may also disclose your health information to the Trust's Board of Trustees for plan administration functions, including such functions as quality assurance and auditing or monitoring the operations of group health plans that are part of the Trust.

Public Health Activities: The Trust may disclose your health information to a public health authority for the purpose of preventing or controlling disease, injury or disability or to report child abuse or neglect.

Organ and Tissue Donation: If you are an organ donor, the Trust may release your health information to organizations that handle organ procurement or organ, eye or tissue transplantation, or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

Military and Veterans: If you are a member of the armed forces, the Trust may release your health information as required by military command authorities. The Trust may also release health information about foreign military personnel to the appropriate foreign military authority.

Workers' Compensation: The Trust may release your health information for Workers' Compensation or similar programs. These programs provide benefits for work-related injuries or illnesses.

Health Oversight Activities: The Trust may disclose your health information to a health oversight agency for activities authorized by law. These oversight activities can include audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Lawsuits and Disputes: If you are involved in a lawsuit or a dispute, the Trust may disclose your health information in response to a court order or administrative ruling. The Trust may also disclose your health information in response to a subpoena, discovery request, or other lawful process by someone involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the health information requested.

Law Enforcement: The Trust may release your health information if asked to do so by a law enforcement official:

- In response to a court order, subpoena, warrant, summons or similar process,
- To identify or locate a suspect, fugitive, material witness or missing person,
- About the victim of a crime if, under certain limited circumstances, the Trust is able to obtain the person's agreement,
- About a death the Trust believes might be the result of criminal conduct, and
- In emergency circumstances to report a crime, the location of a crime or victims, or the identity, description or location of the person who committed the crime.

Coroners, Medical Examiners and Funeral Directors: The Trust may release your health information to a coroner or medical examiner. This might be necessary, for example, to identify a deceased person or determine the cause of death.

National Security and Intelligence Activities: The Trust may release your health information to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

The following category **REQUIRES** that the Trust give you an opportunity to agree or disagree prior to the use or disclosure.

Family or Friends Involvement: The Trust may disclose your health information to family members, other relatives, or your friends if:

- The health 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 the opportunity to object to the disclosure and have not objected.

Your Rights Regarding Your Health Information

As noted previously, the Trust, its administrators and staff, and its Board of Trustees currently do not systematically create, maintain, or receive members' protected health information. However, to the extent that your protected health information may, in the future, be created, maintained or received by the Trust, you have the following rights with regard to such health information:

Right to Inspect and Copy Your Health Information: You have the right to inspect and obtain a copy of your health information contained in a "designated record set," for as long as the Trust maintains your health information. A designated record set would include enrollment, payment, billing, claims adjudication and case or health management record systems maintained by or for a health plan; or other information used in whole or in part by or for the Trust to make decisions about people covered under the Trust's health benefits plans. Information used for quality control or peer review analyses and not used to make decisions about people covered by the Trust health benefits plans would not be contained in a designated record set.

Right to Amend: If you believe that your health information is incorrect or incomplete, you may ask that the Trust amend the information. You have the right to request an amendment as long as the information is maintained by, or for, the Trust. To request an amendment, you must submit your request, in writing, to the Trust Executive Director. Your written request must explain the reason for the request. The Trust may deny your request for an amendment if it is not in writing or does not include a reason to support the amendment. In addition, the Trust may deny your request if you ask to amend information that:

- Is not part of the information kept by or for the Trust,
- Was not created by the Trust, unless the person or entity that created the information is no longer available to make the amendment,
- Is not part of the information which you would be permitted to inspect and copy, or
- Is accurate and complete.

If the Trust denies your request in the whole or in part, the Trust must provide you with a written denial that explains the basis for the denial. You or your personal representative may then submit a written statement disagreeing with the denial, and have that statement included with any future disclosure of your health information.

Right to an Accounting of Disclosures: You have the right to request an "accounting of disclosures" if a disclosure was made without your authorization for any purpose other than treatment, payment, or health care operations, or where the disclosure was to you about your own health information.

To request this list of disclosures, you must submit a written request to the Trust Executive Director. Your request must state a time period for which you are requesting the list of disclosures. This period may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list

(for example, paper or electronic). The first list you request within any 12-month period will be provided free of charge. For additional lists, the Trust may charge you for the costs of providing the list. The Trust will notify you of the cost involved, and you may choose to withdraw or modify your request at that time before you incur any costs.

The Trust has 60 days from the date it receives your request to provide you the list of disclosures, and is allowed an additional 30 days to comply, if it provides you with a written statement of the reasons for the delay and the date by which the accounting will be provided.

Right to Request Restrictions: You have the right to request a restriction or limitation on your health information uses or disclosures for treatment, payment or health care operations. You also have the right to request a limit on your health information that the Trust discloses to someone involved in your care or payment for your care, like a family member or friend. For example, you could ask that the Trust not use or disclose information about a surgical procedure you had. The Trust is not required by law to agree to your request.

You or your personal representative must complete a form to request restrictions on the use or disclosure of your health information. You must submit the completed form to the Trust Executive Director whose address is provided at the end of this HIPAA notice.

In your request, you must indicate:

- What information you want to limit,
- Whether you want to limit the Trust's use, disclosure, or both, and
- To whom you want the limits to apply, for example, disclosures to your spouse.

Right to Request Confidential Communications: You have the right to request that the Trust communicate with you about your health information or other health matters in a certain way, or at a certain location. For example, you may ask that the Trust contact you only at work or by mail. This does not apply to generic, mass communications, regarding the Trust and Trust benefits in general.

To request confidential communications, you must submit a written request to the Trust Executive Director whose address is provided at the end of this HIPAA notice. The Trust will not ask you the reason for your request and will accommodate all reasonable requests. Your request must specify how you wish to be contacted.

Right to a Paper Copy of This Notice: You have the right to receive a paper copy of this notice. You may ask the Trust to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to request a paper copy of this notice. To obtain a paper copy of this notice, submit a written request to the Trust Executive Director, whose address is provided at the end of this HIPAA notice.

A Note about Personal Representatives

You may exercise your privacy rights through a personal representative. Your personal representative will be required to provide evidence of his or her authority to act on your behalf before that person will be given access to your health information or allowed to take any action on your behalf with respect to your health information. Proof of such authority may take one of the following forms:

- A power of attorney for health care purposes, notarized by a notary public,
- A court order appointing the person as the your conservator or guardian, or
- An individual who is the parent of a minor child.

The Trust may decide to deny a personal representative access to health information of a person if it thinks this will protect the person represented from abuse or neglect. This also applies to personal representatives of minors.

However, state or other applicable law will govern whether the Trust is permitted to disclose an unemancipated minor dependent child's health information to the child's parent(s). State or other applicable law will also govern whether the Trust is permitted to provide a parent's access to his or her child's health information.

Changes to This Notice

The Trust reserves the right to change this notice. The Trust also reserves the right to make the revised or changed notice effective for health information it already maintains, or has access to about you — as well as any information the Trust receives in the future. The Trust will post a copy of the current notice on the Trust's web site. This notice will contain the effective date of the current notice on the first page, in the top right-hand corner.

Any revised version of this notice will be posted on the Trust's web site within 60 days of the effective date of any material change to the uses or disclosures, your rights, the duties of the Trust or other privacy practices stated in this notice.

Minimum Necessary Standard

As noted previously, the Trust, its administrators and staff, and its Board of Trustees currently do not systematically create, maintain, or receive members' protected health information. However, if the Trust uses or discloses your health information, or requests your health information from another entity, the Trust will make reasonable efforts not to use, disclose or request more than the minimum amount of your health information needed 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 to:

- Disclosures to or requests by a health care provider for treatment,
- Uses by you or disclosures to you of your own health information,

- Disclosures made to the Secretary of the Department of Health and Human Services,
- Uses or disclosures that may be required by law,
- Uses or disclosures that are required by the Trust's compliance with legal regulations, and
- Uses and disclosures for which the Trust has obtained your authorization.

This notice does not apply to health information that has been "de-identified." De-identified information is health information that does not identify an individual and with respect to which there is no reasonable basis to believe that the information can be used to identify an individual.

In addition, the Trust may use or disclose "summary health information" to obtain premium bids or to modify, amend or terminate the Trust's health benefits plans. Summary health information is information that summarizes the claims history, claims expenses, or types of claims experienced by individuals for whom the Trust has provided benefits, and from which identifying information has been deleted in accordance with the Health Insurance Portability and Accountability Act (HIPAA).

Complaints

If you believe your privacy rights have been violated, you may file a complaint with the Trust Executive Director, whose address is provided at the end of this HIPAA notice.

You may also file a complaint with the Secretary of the Department of Health and Human Services at:

Secretary, DHHS
Hubert H. Humphrey Building
200 Independence Avenue S.W.
Washington, D.C. 20201

You must submit any complaints in writing. The Trust will not penalize or retaliate against you for filing a complaint.

Other Uses and Disclosures of Your Health Information

Other uses and disclosures of health information not covered by this notice or the laws that apply to the Trust will be made only with your written authorization. If you provide the Trust with authorization to use or disclose your health information, you may revoke that authorization, in writing, at any time. If you revoke your authorization, the Trust will no longer use or disclose your health information for the reasons covered by your written authorization. You should understand that the Trust is unable to take back any disclosures that have already been made with your authorization, and that the Trust is required to retain any records regarding any care or services provided to you.

Questions?

If you have any questions about this notice, please contact the Trust Executive Director, whose address is provided at the end of this HIPAA notice.

Governing Law

If there is any discrepancy between the information in this notice and the actual HIPAA regulations, the regulations will prevail, and the Trust will use and disclose your health information in a manner consistent with the regulations.

Contacting the Trust Executive Director

You may contact the Trust Executive Director at the following address:

Executive Director
Union Benefits Trust
390 Worthington Road, Ste. B
Westerville, Ohio 43082-8332