
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.

The Legal Duty of the PEBTF

The PEBTF is required by applicable federal and state laws to maintain the privacy of your personal health plan information, otherwise known as “protected health information” (“PHI”), and to notify you in the event of a breach of unsecured PHI. We are also required to give you this notice about our privacy practices, our legal duties with regard to PHI, and your rights and the rights of your dependents concerning PHI. We must follow the privacy practices that are described in this notice while it is in effect. This notice takes effect on September 23, 2013. It revises and replaces the notice of our privacy practices that was in effect prior to that date.

The PEBTF reserves the right to change our privacy practices, and the terms of this notice, at any time, according to applicable law. Before we make a material change in our privacy practices, we will change this notice and provide the new notice (or notice of the changes) to you if you remain enrolled in our health plans at the time of the change. You may request a copy of this notice at any time. For more information about our privacy practices, or to request an additional copy of this notice, please contact the PEBTF by using the information listed at the end of this notice. The notice is also available on our website, www.pebtf.org.

PHI

Protected health information, also known as “PHI”, is a special term defined by government regulation to include any information, including genetic information, that: (i) is created or maintained by a health plan or certain other entities; (ii) relates to the past, present or future physical or mental health or condition of an individual or the provision of and/or payment for the provision of health care to an individual; and (iii) identifies the individual or provides a reasonable basis to believe that the individual could be identified. PHI may be received or maintained in any form, including oral statements. Examples of PHI are a diagnosis or a diagnosis or procedure code combined with your name, address, Social Security number, birth date, date of service, telephone number, or fax number.

The PEBTF may receive PHI about you and your family members from enrollment forms, which include name, address, Social Security number, birth date, telephone number, health care provider, and other health insurance coverage. We may also receive PHI about you from various other sources, such as employers, health care providers, federal and state agencies, or third-party vendors.

Except as described below, the PEBTF will provide access to your PHI only to you, your authorized representative, and those persons who need the information to aid the PEBTF in the conduct of its business (our “Business Associates”) or as you specifically authorize us to do so in accordance with defined procedures. You have the right to revoke this authorization, also in

accordance with defined procedures. These formal “Authorization” rules are described later in this notice.

When using or disclosing PHI, the PEBTF will make reasonable efforts to limit the use and disclosure of that information to the minimum amount necessary to accomplish the intended purpose. The PEBTF maintains physical, technical and procedural safeguards to protect PHI and our vendors who obtain or create PHI in providing health plan services (our “Business Associates”) are limited by contract and by law to using or disclosing that PHI only for the purposes that it was obtained or created.

Our Uses and Disclosures of PHI

The PEBTF is permitted to use and to disclose PHI in order to aid in your treatment, make payment for health care services provided to you and conduct our own “health care operations.” Under limited circumstances, we may be able to provide PHI for the health care operations of other providers and health plans. We may use your PHI for purposes of treatment, payment and health care operations without your authorization. Our Business Associates will assist us in these functions, for example, by processing your claims for benefits. At times our Business Associates, including our prescription drug, behavioral health, and disease management vendors may handle PHI to assist us with our health care operations. Specific examples of the ways in which PHI may be used and disclosed are provided below. This list is representative only and does not include every use and disclosure in a category.

Treatment: Although the PEBTF does not engage in treatment activities, we may disclose your PHI to a doctor or a hospital which asks us for this information to assist in your treatment.

Payment: The PEBTF may use and disclose your PHI for a variety of permitted payment activities that include, but are not limited to, paying claims from doctors, hospitals and other providers for services delivered to you that are covered by your health plan.

- **Eligibility, Enrollment and Contributions:** At the time of your enrollment, the PEBTF receives PHI including your name, address, Social Security number and birth date. This “enrollment information” is used by the PEBTF to provide coverage for health care benefits and for eligibility determinations. We will use this information to determine if you qualify for benefits and provide you with appropriate notices. We may share enrollment information with the “plan sponsor” of the PEBTF . Our plan sponsor is composed of the Commonwealth of Pennsylvania, AFSCME Council 13, and all other unions, with the exception of the Pennsylvania State Police, who have a collective bargaining unit agreement with the Commonwealth of Pennsylvania. The plan sponsor also includes the PEBTF itself and Wood Dining. The plan sponsor may use this information to, for example, determine how much each subscribing Member must contribute toward the cost of coverage.
- **Benefits and Claims:** The PEBTF will use and disclose PHI to process claims and appeals and pay benefits. In doing so, we may request PHI from or disclose PHI to your health care provider or share PHI with an independent medical reviewer to obtain

its clinical view as to the medical necessity or experimental nature of a medical treatment. We will send Explanations of Benefits containing PHI to notify Members who subscribe for coverage about claim determinations. We may also use and disclose PHI for precertification and medical necessity reviews, claims management; and billing and collection activities. For example, we may provide information to the billing agent of a health care provider.

- Coordination of Benefits, Adjudication, Subrogation: The PEBTF and other health plans use and disclose PHI to coordinate the payment of benefits with other health plans (e.g., Medicare or a spouse's health insurance plan). It may be necessary for the PEBTF to disclose PHI to the other plan to determine which plan should pay first and how much the secondary plan should pay. The PEBTF may also share information with an automobile carrier, Workers' Compensation carrier, or other relevant person in determining if a third-party should be liable for your medical expenses. Depending on the situation, this may be called third-party reimbursement or subrogation.

Health Care Operations: The PEBTF may use and disclose your PHI for health care operations. Our health care operations encompass a broad range of activities. For example, we may use and disclose PHI to rate our risk and determine our premiums for your health plan, to conduct quality assessment and improvement activities, to engage in care coordination or case management, and to properly conduct our business.

- Complaints: The PEBTF may use and disclose PHI to investigate a complaint or respond to an inquiry by a Member. In order to do so, it may be necessary for us to gather information or documents, including medical records, that are in our possession or held by others.
- Customer Service: We may provide PHI to a provider, a health care facility, or another health plan that contacts us with questions regarding your health care coverage, including questions concerning eligibility, claim status, effective dates of coverage, or other issues.
- Audits: We may obtain, use, and disclose PHI to audit our Business Associates, such as our managed care plans and prescription vendors, to confirm that they are paying claims accurately and otherwise performing services correctly under their contracts.
- Fraud and Abuse Detection and Compliance Programs: The PEBTF may use and disclose PHI for fraud and abuse detection and in activities required by our compliance program. We may also share this information with outside Health Oversight Agencies or other appropriate entities.
- Health Promotion and Disease Prevention: The PEBTF may use and disclose PHI for certain activities relating to improving health or reducing health care costs. In some instances, these uses may involve direct contact with you regarding matters such as disease management, health-related benefits and services, or treatment alternatives

that may be of interest to you. For example, we may contact you regarding participation in a disease management program or to recommend case management or certain preferred durable medical equipment vendors.

- **Legal Matters:** In the event that the PEBTF is evaluating compliance with certain laws, including privacy laws, or is involved in a lawsuit or other judicial or administrative proceeding, the PEBTF may use and disclose PHI. Information in these situations may need to be disclosed to our attorneys and to other parties involved in the proceeding. For example, we may be required to disclose PHI in response to a subpoena, warrant, or other lawful process.
- **Quality Improvement:** The PEBTF may use or disclose PHI to help us evaluate the performance of our health plan. For example, we may disclose names and addresses of our Members to a mailing house for use in mailing customer satisfaction surveys.
- **Research and Reporting:** The PEBTF may use your PHI in order to conduct an analysis of our data. This information may be shared with internal departments such as auditing or it may be shared with our Business Associates, such as our actuaries.
- **Underwriting:** The PEBTF may use and disclose PHI for premium rating, the creation, renewal or replacement of contracts for health insurance, or any underwriting activities, except that we may not use genetic information for underwriting purposes.

Other Uses and Disclosures of PHI

There are a number of other situations where your PHI may be used or disclosed. In some instances, different state and federal laws will apply. In certain situations, the use or disclosure may be subject to certain restrictions or procedures. It is not possible to include all of the examples or all of the rules applicable to the categories of permissible uses and disclosures described below.

To You and with Your Authorization: The PEBTF must disclose PHI to you, as described below in the Member's Rights section of this notice.

By law, the PEBTF is prohibited from undertaking certain activities involving your PHI without your Authorization. You may, subject to the PEBTF's policy for Authorizations, give us written Authorization to use PHI or to disclose your PHI to anyone for any purpose. In this case, the PEBTF will be permitted (but not required) to use or disclose PHI, as stated in the Authorization. The PEBTF may prescribe an Authorization form for you to use for this purpose. You may revoke an Authorization in writing at any time; however, such revocation will not affect any uses or disclosures that were made under the Authorization while it was in effect. For additional information regarding revocation, use the contact information found at the end of this notice.

- It is unlikely that the PEBTF will obtain psychotherapy notes, but it is required to obtain your Authorization for almost every type of use or disclosure that we might undertake with such information.
- The PEBTF would also need to obtain your Authorization before using or disclosing your PHI for marketing purposes other than in face-to-face meetings with you or providing you with a nominal promotional gift.
- Similarly, the PEBTF would need to obtain your Authorization before a disclosure that is regarded as a sale of PHI.
- Authorization is required for any use or disclosure that is not for treatment, payment, health care operations or other purpose described in this notice.

Except with regard to long term care plans, the regulations strictly prohibit the use and disclosure of PHI that is genetic information for underwriting purposes, even if Authorization is provided.

Personal Representatives: The PEBTF will treat your personal representative as if he/she were you for purposes of disclosing PHI. A “personal representative” is a parent of an unemancipated child, or a person who, as evidenced by a valid legal document under state law, is designated to make medical decisions on behalf of an individual. Personal representatives include court-appointed guardians; persons appointed in “living wills” or medical directives; persons with powers of attorney that extend to medical decisions; and/or executors/administrators of estates.

Parents and Minors: As a general rule, parents or other legal guardians (persons acting *in loco parentis*) have the right to access the PHI of an otherwise unemancipated minor child (defined by Pennsylvania law as a person under the age of twenty-one). However, Pennsylvania law allows a minor to obtain contraception, pregnancy testing and treatment, prenatal care, and testing and treatment for reportable diseases, sexually transmitted diseases, and HIV/AIDS without parental consent. Pennsylvania law also gives a minor the authority to control parental or other access to the PHI pertaining to such health care services. Therefore, a parent will need to obtain authorization from the minor before the PEBTF will release this type of information.

Health Oversight Activities: The PEBTF may share PHI as provided by law with Health Oversight Agencies, regulatory authorities or their appointed designees and reporting agencies. Examples of such “Health Oversight Agencies” include, but are not limited to, Centers for Medicare and Medicaid Services, and the Pennsylvania Department of Health, Insurance Department, Attorney General, and Auditor General.

Business Associates: The PEBTF works with many entities that perform a wide variety of services on our behalf. For example, we work with auditors, attorneys, actuaries, consultants, and other health care plans who act as third-party administrators for the PEBTF. We will ensure that appropriate agreements are in place to govern the permitted and required uses and disclosures of Member information by our Business Associates, to require our Business Associates’ compliance with applicable privacy laws, and to require our Business Associates to

apply reasonable safeguards to the PHI they obtain or create in the services that they provide with regard to the PEBTF.

To Individuals Involved in Your Care or Payment for Your Care: We generally will not disclose PHI to your family members, close friends or others without your written Authorization. However, under certain circumstances, the PEBTF may disclose PHI to such persons. For example, if you appear at the PEBTF office with your spouse and ask for PHI, we may ask you if we can provide you with your PHI in front of your spouse or even, as appropriate, infer that it is permissible because you have brought your spouse with you. However, this non-written authorization applies only to the particular disclosure; future disclosures of PHI to family members will require a new authorization (written or otherwise).

We may also disclose PHI to your family members, close friends or others in cases of a medical emergency where you are unable to provide authorization. In such cases, the PEBTF will disclose PHI to another person if we determine, using our professional judgment, that the disclosure would be in your best interest. In such cases, we will disclose only the PHI that is relevant to that person's involvement with your health care.

Disaster Relief: The PEBTF may use or disclose your name, location and general condition or death to a public or private organization authorized by law or by its charter to assist in disaster relief efforts, such as the American Red Cross.

Plan Sponsor: The PEBTF may disclose eligibility, enrollment, and limited disenrollment information to our plan sponsors to permit them to perform their plan administration functions on behalf of the PEBTF. We may provide our plan sponsor with information as to your enrollment or disenrollment for coverage.

We may also disclose summary health information about you and the participants in your group health plan to our plan sponsor for them to use to obtain premium bids for the health insurance coverage offered through your group health plan and/or to decide whether to modify, amend or terminate your group health plan. This summary health information may contain claims history, claims expenses, or types of claims experienced by the participants in the PEBTF. However, it will be stripped of demographic information (e.g., name and address) other than your zip code information. In order to obtain any of the above information, the plan sponsor will be required to certify to us that the plan has been amended to provide that the confidentiality of the information will be protected and that the information will not be used in any employment-related decisions. No other information will be shared with the plan sponsor without your Authorization, executed according to the PEBTF's Authorization policy.

Public Health and Communicable Disease Reporting: The PEBTF may disclose your PHI to a public health authority who is permitted by law to collect or receive the information. Our reporting may be made in order to prevent or control disease, injury or disability, or report child abuse or neglect. We may notify a person who may have been exposed to a disease or may be at risk for contracting a disease or condition. We may notify appropriate law enforcement officials or other appropriate government authority if we believe a Member has been the victim of abuse,

neglect or domestic violence. The PEBTF may use or disclose PHI to assist in certain other public health activities.

Research, Death, Organ Donation: The PEBTF may use or disclose PHI for research purposes, in limited circumstances and with certain safeguards. We may also disclose the PHI of a deceased person to a coroner, medical examiner, funeral director, or organ procurement organization for certain purposes.

Required by Law: The PEBTF may use or disclose your PHI when we are required to do so by law. For example, we are required by federal law to disclose PHI to the U.S. Department of Health and Human Services if it asks to see it for purposes of determining whether we are in compliance with federal privacy laws. We may also disclose your PHI when authorized by Workers' Compensation or similar laws. We are permitted to make other disclosures when required by law.

Litigation or Administrative Proceedings. Even when the PEBTF is not party to a lawsuit or other judicial or administrative proceeding, it may disclose PHI lawfully requested, for example, through a subpoena, as part of that proceeding. For example, a Member may be engaged in a lawsuit that does not generally pertain to the PEBTF, but for which PEBTF records are relevant.

To Law Enforcement and for Public Safety: Under certain circumstances, we may disclose your PHI for law enforcement purposes. Examples of such situations include responding to court orders, warrants, or grand jury subpoenas; providing limited PHI in response to requests by law enforcement officials for the identification and/or location of a suspect, witness, or certain other individuals; responding to inquiries by law enforcement relating to victims of crime; and providing information to law enforcement with respect to crimes occurring on the PEBTF's premises. In addition, under some circumstances, we may disclose your PHI in order to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. This may include providing information to law enforcement authorities to apprehend a suspect or fugitive or advising individuals about threats made against them. Finally, we may disclose your PHI if you are an inmate or other person in lawful custody and we are requested to do so by an appropriate law enforcement official or correctional institution.

Military and National Security: Under certain circumstances, the PEBTF may disclose the PHI of armed forces personnel to military authorities. We may also disclose PHI to authorized federal officials for lawful intelligence, counterintelligence, and other national security activities.

Member Rights

As a Member of the PEBTF, you have the following rights regarding your PHI:

- **Right to Inspect and Copy:** With limited exceptions, you have the right to inspect and/or obtain a copy of your PHI that the PEBTF maintains in a designated record set. A "designated record set" consists of all records used by the PEBTF to make health plan decisions about you, including documentation relating to your enrollment,

payment, claims adjudication, and case or medical management (e.g., disease management). You may request that we provide copies of your PHI to you in a format other than photocopies, such as CD or diskette. If we can readily produce the PHI in that format, we will do so. You may also clearly designate another person to receive this PHI and request that we send the PHI to that person directly. These requests need to be submitted on a written form prescribed by the PEBTF. You may obtain a form to make these requests by using the contact information found at the end of this notice.

If the designated record set is located on-site, the PEBTF will act upon your written request within 30 days after receipt. If the PHI is not maintained by, or accessible to, the PEBTF on-site, then we will respond to you no later than 60 days after receipt of the request. If these time-frames cannot be met, we are entitled to as much as a 30-day extension. We will provide you with a notice of the reasons for the delay and the length of the extension. The PEBTF may charge you a reasonable cost-based fee to process and fulfill your request. If you prefer, you may request that we prepare a summary or an explanation of your PHI for a fee. Contact us using the information listed at the end of this notice for a full explanation of our fee structure. If your request for access is denied, we will provide a written explanation for the denial and your rights regarding the denial.

To obtain information about your treatment, you may wish to contact your treating physician, facility, or other provider that created and/or maintains the records.

- **Right to Amend:** You have the right to request that the PEBTF amend the PHI that we have created and that is maintained in your designated record set. Your request must be in writing, and it must explain why the information should be amended. You may obtain a form to request an amendment by using the contact information found at the end of this notice.

We cannot amend demographic information, treatment records or any other information created by others. If you would like to amend any demographic information, please contact your Human Resources Office. If you would like to amend your treatment records, you must contact the treating physician, facility or other provider that created those records.

The PEBTF will act on a request for an amendment within 60 days of receipt, or provide a written statement of the reason why we cannot do so and the date by which we will complete action on the request. If we accept the amendment, we will advise you and make reasonable efforts to inform others who have the relevant record, including people you name, of the amendment and to include the changes in any future disclosures of that information.

The PEBTF may deny your request if: 1) we did not create the information you want amended; 2) the information is not part of the designated record set maintained by the PEBTF; 3) you do not have access rights to the information; or 4) we believe the

information is accurate and complete. If we deny your request, we will provide a written explanation for the denial and your rights regarding the denial.

- **Right to an Accounting of Disclosures:** You have the right to receive an accounting of certain specific instances in which the PEBTF or our Business Associates have disclosed your PHI. The accounting will review disclosures made over the past six years. We will provide you with the date on which we made a disclosure, the name of the person or entity to whom we disclosed your PHI (unless this information is PHI about another member), a brief description of the information we disclosed, the reason for the disclosure, and certain other information. Certain disclosures, including the most routine disclosures (e.g., those made for treatment, payment or health care operations or made in accordance with an Authorization) are not subject to this requirement and will not appear in the accounting.

Your request for an accounting must be made in writing. You may obtain a form to request an accounting by using the contact information found at the end of this notice. The PEBTF will act on your request within 30 days of receipt, or we will provide you with a written statement of the reasons for the delay and the date by which the accounting will be provided.

If you request an accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests. You will have the opportunity, in writing, to withdraw or modify your request for any subsequent accounting in order to avoid or reduce the fee. You may contact us using the information listed at the end of this notice for a full explanation of our fee structure.

- **Right to Request Restrictions:** You have the right to request that the PEBTF place additional restrictions on the use or disclosure of your PHI for treatment, payment, health care operations purposes, and for disclosures made to persons involved in your care. We are not required to agree, and for administrative and other reasons, we generally will not agree to these additional restrictions. However, if we do agree, we will abide by our agreement (except in an emergency). If we do agree to a restriction, our agreement will always be in writing and signed by the Privacy Officer. If we agree to a restriction, we reserve the right to terminate that agreement by providing you with written notice of that termination.

Your request for restrictions must be in writing. You may obtain a form to request such restrictions, or additional information about your rights to request restrictions, by using the contact information found at the end of this notice.

- **Right to Request Confidential Communications:** You have the right to request that we communicate with you in confidence about your PHI by using “alternative means” or an “alternative location” if the disclosure of all or part of that information to another person could endanger you. We will accommodate such a request in situations where you clearly advise us in your request that the usual means of communication could endanger you and if your request for an alternative is reasonable. Your request must,

among other things, continue to permit the PEBTF to collect premiums and pay claims under the health plan.

To request confidential communication changes, you must make your request in writing, you must specify the alternative means or location for communication, and you must clearly state that the information could endanger you if it is not communicated in confidence as you request. To obtain a form to request confidential communications, use the contact information found at the end of this notice.

Right to Receive a Paper Copy of the Notice

If you receive this notice on our web site or by electronic mail (e-mail), you are entitled to receive this notice in written form. Please contact us using the information listed at the end of this notice to obtain this notice in written form.

Questions and Complaints

If you want more information about our privacy practices or have questions or concerns, please contact us using the information listed at the end of this notice.

If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your PHI or in response to a request you made to amend or restrict the use or disclosure of your information or to have us communicate with you in confidence by alternative means or at an alternative location, you must submit your complaint in writing. To obtain a form for submitting your complaint, use the contact information found at the end of this notice. You also may submit a written complaint to the U.S. Department of Health and Human Services (HHS). We will provide you with the address to file your complaint with the HHS upon request.

The PEBTF supports your right to protect the privacy of your PHI. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

Contact Office: Benefit Services Department

Address: Pennsylvania Employees Benefit Trust Fund
150 South 43rd Street, Suite 1
Harrisburg, PA 17111-5700

Telephone: (717)561-4750 or (800)522-7279

Fax: (717)561-4795

E-mail: benserv@pebtf.org

PEBTF

Pennsylvania Employees Benefit Trust Fund
150 South 43rd Street, Suite 1
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