

To: All Participants of the  
AFL Hotel and Restaurant Workers Health and Welfare Trust Fund

From: Board of Trustees

Subject: Health Insurance Portability and Accountability Act (HIPAA) Privacy Notice

The Following Notice of Privacy Practices informs you of the AFL Hotel and Restaurant Workers Health and Welfare Trust Fund's ("Fund") privacy practices concerning the use and disclosure of your medical information under the Health Insurance Portability and Accountability Act (HIPAA). We are sending you this copy of the notice now in compliance with federal regulations.

In order to comply with the HIPAA Privacy Rule, the Trust Fund has designated Benefit & Risk Management Service, Inc. as the Privacy Officer and contact office for the Trust Fund to receive any privacy complaints and provide information to participants regarding their privacy rights under HIPAA.

**AFL HOTEL AND RESTAURANT WORKERS  
HEALTH AND WELFARE TRUST FUND  
NOTICE OF PRIVACY PRACTICES**

**Effective Date: September 1, 2018**

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED BY THE AFL HOTEL AND RESTAURANT WORKERS HEALTH AND WELFARE TRUST FUND AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

**Permitted Uses and Disclosures of Your Medical Information**

The AFL Hotel and Restaurant Workers Health and Welfare Trust Fund is required by law to maintain the privacy of your medical information and to provide notice to you of the Fund's legal duties and privacy practices in this regard. The Fund or its business associates may use information about your medical condition which constitutes "protected health information" under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), for the purposes of treatment, payment and health care operations in relation to any claim for benefits you receive under the Fund. The Fund and its business associates are required to follow the terms of the Fund's notice that is currently in effect and any applicable law when using or disclosing any of your medical information that is considered "protected health information" under applicable law.

*(Example of Treatment)*

*You file a claim to continue receiving treatment for a specific medical condition. In order to approve the continuation of treatment the Fund (and/or its business associates) must review your medical history in order to determine whether the continued treatment is medically necessary.*

*(Example of Payment)*

*You file a claim for reimbursement with the Fund (or its business associates) after visiting a non participating chiropractor. The Fund must review your claim containing protected health information to process your claim and send you a reimbursement check in the mail.*

*(Example of Health Care Operations)*

*The Fund may use and disclose your protected health information for other Plan operations. These uses and disclosures are necessary to run the Plan. For example, the Fund may use medical information in connection with conducting quality assessment and improvement activities; underwriting, premium rating, and other activities relating to Plan coverage; submitting claims for stop-loss (or excess-loss) coverage; conducting or arranging for medical review, legal services, audit services, and fraud and abuse detection programs; business planning and development such as cost management; and business management and general Plan administrative activities. However the Fund will not use your genetic information for underwriting purposes.*

The Fund or its business associates are required to disclose your PHI to you at your request, and to the Department of Health and Human Services, as required by law. The Fund or its business associates may also use information about your medical condition without your written consent or authorization in the following cases, to the extent allowed by law:

- *where disclosure is required by law and the use or disclosure complies with and is limited to the requirements of the law;*
- *for certain public health activities;*
- *to a government authority authorized by law when there is a reasonable belief that an individual is a victim of abuse, neglect or domestic violence;*
- *for health oversight activities authorized by law;*
- *for certain judicial and administrative proceedings;*
- *for law enforcement purposes to a law enforcement official under certain circumstances, such as reporting certain types of wounds, locating a suspect or a crime victim, etc.;*
- *for funeral purposes, or to determine cause of death, or to organ procurement*

*organizations regarding cadaveric organs, eyes, or tissues for donation purposes;*

- *to avert a serious threat to health or safety;*
- *for specialized governmental functions (e.g. separation or discharge from the military, to determine eligibility for veteran health benefits, etc.);*
- *to the extent necessary to comply with workers' compensation or other similar laws.*

Any use or disclosure of your medical information by the Fund or its business associates other than for the purposes described above can only be made with your written authorization which you may revoke at anytime.

### **Your Rights Regarding Your Medical Information:**

As a participant in the Fund you have the right to:

- *request restrictions on certain uses and disclosures of your protected health information by the Fund (or its business associates), however, the Fund (or its business associates) is not required to agree to your requested restriction except as provided in the next paragraph. If the Fund agrees to your request we will honor it until you revoke it or we will notify you.*

*The Fund will comply with any restriction request if (1) the disclosure is to a health plan for the purposes of carrying out payment or health operations (and is not for the purposes of carrying out treatment) except as otherwise required by law; and (2) the protected health information pertains solely to a health care item or service for which the health care provider involved has been paid in full by you or another person.*

- *receive confidential communications of protected health information;*
- *inspect, copy, and amend any protected health information which the Fund (or its business associates) has access to. Please note that the Fund may deny your request to amend your PHI under certain circumstances allowed by law;*
- *receive an accounting of certain disclosures of your protected health information;*
- *receive a notification in the event that the Fund discovers a breach of protected health information; and*
- *receive a written notice of the Fund's Notice of Privacy Practices from the Fund upon request even if you have previously received this notice electronically.*

**Revisions to the Fund's Privacy Practices:**

The Fund reserves the right to change the terms of its Notice of Privacy Practices and it shall have the express right to make the new notice provisions effective for any protected health information the Fund or its business associates maintains. Any revisions to the Notice will be communicated through a participant notice.

**Complaints:**

If you believe your privacy rights have been violated you may file a complaint with the Trust Fund's Privacy Officer who is Benefit & Risk Management Services at the address listed below. You may also submit a complaint to the Secretary of the U.S. Department of Health and Human Services. No retaliatory action will be taken against you for filing a complaint based on your belief that your privacy rights have been violated.

For further information concerning your privacy rights you may contact:

Privacy Officer  
Benefit Risk and Management Services, Inc.  
560 North Nimitz Highway, Suite 209  
Honolulu, HI 96817  
Phone: (808) 523-0199  
Fax: 1 (808)-537-1074

**FOR BENEFITS PROVIDED DIRECTLY FROM THE TRUST FUND**

For any questions or complaints regarding your medical information and privacy rights under the Indemnity (Self-Funded) Medical, Vision, Chiropractic or Prescription Drug Plans contact the following:

**A. Self-Funded Indemnity Medical and Prescription Drug Plan**

For Initial Claims:

Privacy Officer  
PSWA  
560 N. Nimitz Hwy, Ste. 217E  
Honolulu, HI 96817  
Phone: (808) 275-2520

For Appeals:

Privacy Officer  
Benefit Risk and Management Services  
560 North Nimitz Highway, Suite 209  
Honolulu, HI 96817  
Phone: (808) 523-0199

**B. Self-Funded Indemnity Prescription Drug Plan**

For Initial Claims:

Privacy Officer  
Catamaran  
c/o Legal Department  
800 King Farm Blvd., Suite 400

For Appeals:

Privacy Officer  
Benefit Risk and Management Services  
560 North Nimitz Highway, Suite 209  
Honolulu, HI 96817

Rockville, MD 20850  
Phone: 1 (888) 869-4600

Phone: (808) 523-0199

## **FOR BENEFITS PROVIDED THROUGH CARRIERS**

For any questions or complaints regarding your medical information and privacy rights related to the benefits listed below contact the following:

- A. Kaiser Medical and Prescription Drug Plan**  
Privacy Officer  
Kaiser Foundation Health Plan, Inc.  
711 Kapiolani Boulevard  
Honolulu, Hawaii 96813  
Phone: (808) 432-5955
  
- B. HDS Dental Plan**  
Privacy Officer  
Hawaii Dental Service  
700 Bishop Street, Suite 700  
Honolulu, Hawaii 96813  
Phone: (808) 529-9248 (Customer Service)
  
- C. DCCH Dental Plan (DBA Gentle Dental)**  
Compliance Officer  
Interdent Service Corporation  
222 N. Sepulveda Boulevard, Suite 740  
El Segundo, California 90245-4354  
Hawaii Phone: (808) 625-8630  
(Gentle Dental Executive Office)
  
- D. Employee Assistance of the Pacific, LLC**  
1221 Kapiolani Boulevard, Suite 730  
Honolulu, Hawaii 96814  
Oahu: (808) 597-8222  
Neighboring Islands: 1 (877) 597-8222

**IF YOU HAVE ANY QUESTIONS REGARDING THIS NOTICE,  
PLEASE CONTACT** the Trust Fund's Privacy Officer who is:

Benefit Risk and Management Services, Inc.  
560 North Nimitz Highway, Suite 209  
Honolulu, HI 96817  
Phone: (808) 523-0199  
Fax: 1 (808)-537-1074