



HAWAII TEAMSTERS TRUST FUNDS

615 PIIKOI STREET, SUITE 601 - HONOLULU, HAWAII 96814-3140
PHONE: TRUST OFFICE (808) 847-0886 - ADMINISTRATIVE OFFICE (808) 591-8466
FAX (808) 593-8661-NEIGHBOR ISLANDS DIAL DIRECT 1 (800) 232-9669

Hawaii Truckers-
Teamsters Union
Pension Plan

• Teamsters Health &
Welfare Trust Fund

• Teamsters Legal
Services Plan

• Teamsters Training
and Opportunity
Program

April 9, 2003

TO: ALL PARTICIPANTS IN THE HAWAII TEAMSTERS HEALTH & WELFARE TRUST AND ALL PARTICIPANTS IN THE SUPPLEMENTAL HEALTH PLAN FOR OTS RETIREES

FROM: BOARD OF TRUSTEES

RE: HIPAA PRIVACY RULE

The following Notice of Privacy Practices informs you of the Hawaii Teamsters Health and Welfare Trust ("Trust") privacy practices concerning the use and disclosure of your medical information under the Health Insurance Portability and Accountability Act (HIPAA). This Notice will be effective on April 14, 2003.

In order to comply with the HIPAA Privacy Rule, the Trust has designated American Benefit Plan Administrators, Inc. ("ABPA") as the Privacy Officer and contact office for the Trust to receive any privacy complaints and provide information to participants regarding their privacy rights under HIPAA.

HAWAII TEAMSTERS HEALTH AND WELFARE TRUST

NOTICE OF PRIVACY PRACTICES

Effective Date: April 14, 2003

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED BY THE HAWAII TEAMSTERS HEALTH AND WELFARE TRUST AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Permitted Uses and Disclosures of Your Medical Information.

The HAWAII TEAMSTERS HEALTH AND WELFARE TRUST ("Trust") is required by law to maintain the privacy of your medical information and to provide notice to you of the Trust's legal duties and privacy practices in this regard. The Trust, or its business associates, may use information about your medical condition which constitutes

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"protected health information" under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), for the purpose of administering and processing any claim for benefits you receive through the Trust. The Trust is required to follow the terms of this notice and any subsequent changes to this notice adopted by the Trust and any applicable law when using or disclosing any of your medical information that is considered "protected health information" under HIPAA.

The following are examples of how your medical information could be used for purposes of treatment, payment, or health care operations:

(Example of Treatment)

You file a claim to continue receiving treatment for a specific medical condition. In order to approve the continuation of treatment your medical information must be reviewed as part of the determination whether the continued treatment is medically necessary.

(Example of Payment)

You file a claim for reimbursement after visiting a non-participating chiropractor. Your claim containing protected health information must be reviewed to process your claim and send you a reimbursement check in the mail.

(Example of Health Care Operations)

Your claim for benefits under the Trust's Comprehensive Medical Plan is denied and you appeal the decision. Your protected health information concerning this claim becomes relevant in the determination on appeal to uphold or reverse the denial of your initial claim.

The Trust or its business associates may also use information about your medical condition without your written consent or authorization in the following cases:

- *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;*

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- *for law enforcement purposes to a law enforcement official under certain circumstances;*
- *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 Trust 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 Trust you have the right to:

- *request restrictions on certain uses and disclosures of your protected health information by the Trust or its business associates, however, the Trust or its business associates is not required to agree to your requested restriction;*
- *receive confidential communications of protected health information;*
- *inspect, copy, and amend any protected health information which the Trust or its business associates has access to;*
- *receive an accounting of disclosures of your protected health information;*
- *receive a written notice of the Trust's Notice of Privacy Practices from the Trust upon request even if you have previously received this notice electronically.*

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Revisions to the Trust's Privacy Practices:

The Trust 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 Trust 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's Privacy Officer who is American Benefit Plan Administrators, Inc. 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
American Benefit Plan Administrators, Inc.
615 Piikoi Street, Suite 601
Honolulu, HI 96814-3140
Phone: (808) 591-8466

FOR BENEFITS PROVIDED DIRECTLY FROM THE TRUST

(i.e., Comprehensive Medical Plan (Self-Funded), Indemnity Prescription Drug, and Vision)

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

**For Initial Medical, Drug, and
Vision Claims:**

Privacy and Compliance Officer
HMA Inc.
1440 Kapiolani Blvd., Suite 1020
Honolulu, HI 96814
Phone: (808) 951-4621

All Self-funded Benefit Appeals:

Privacy Officer
American Benefit Plan Administrators, Inc.
615 Piikoi Street, Suite 601
Honolulu, HI 96814-3140
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FOR BENEFITS PROVIDED THROUGH CARRIERS

(i.e., Kaiser Foundation Health Plan, Hawaii Dental Service, Dental Care Centers of
Hawaii, Inc.)

For any questions or complaints regarding your medical information and privacy rights
under the Kaiser Foundation Health Plan, Inc. medical and prescription drug plan, the
Hawaii Dental Service dental plan, or the Dental Care Centers of Hawaii, Inc. dental
plan, contact the following:

Kaiser

Privacy Officer
Kaiser Foundation Health Plan Inc.
711 Kapiolani Boulevard
Honolulu, Hawaii 96813
Phone: (808) 432-5090

Hawaii Dental Service

Privacy Officer
Hawaii Dental Service
700 Bishop Street, Suite 700
Honolulu, Hawaii 96813
Phone: (808) 529-9248 (Customer Service)

Dental Care Centers of Hawaii

Compliance Officer
Interdent Service Corporation
222 N. Sepulveda Blvd., Suite 740
El Segundo, California 90245-4354
Hawaii Phone: (808) 625-8630 (DCCH Executive
Office)

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IF YOU HAVE ANY QUESTIONS REGARDING THIS NOTICE, PLEASE CONTACT
The Hawaii Teamsters Health and Welfare Trust's Privacy Officer who is:

American Benefit Plan Administrators, Inc.
615 Piikoi Street, Suite 601
Honolulu, HI 96814
Phone: (808) 591-8466

A COPY OF THE HIPAA PRIVACY RULE MAY BE OBTAINED THROUGH THE
DEPARTMENT OF HEALTH AND HUMAN SERVICES OFFICE OF CIVIL RIGHTS
WEBSITE AT: <http://www.dhhs.gov/ocr/hipaa/finalreg.html>