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PARTICIPANT PRIVACY NOTICE

Effective Date: December 23, 2024

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.

Under federal law sponsors of group health care Plans are required to notify Plan participants and beneficiaries about how the Plan uses and discloses so-called “protected health information” (PHI) maintained by the Plan on behalf of participants and beneficiaries. “PHI” refers to items which the Plan often uses to identify individuals covered under the Plan and to process claims and claims appeals.

Under the Health Insurance Portability and Accountability Act of 1996 (also referred to as HIPAA), the federal government identifies the conditions under which PHI may be used by this Plan without your consent, the conditions under which the Plan must obtain your consent when using or disclosing your PHI to others, and what rights you have with respect to access to your own PHI. **These requirements are set forth in over 400 pages of regulations.**

The basic purpose of the regulations is to protect the privacy of your PHI, that is, to make sure it is used primarily for the provision of medical care and the processing and payment of health claims and determination of coverage.

Part I of this notice, beginning below, provides an easy-to-read summary of the various regulatory requirements.

Part II which follows provides a more detailed description of these requirements with references to sections in the regulations where you can find even more information.

If you have any questions concerning the information in this notice, you should contact the Fund office at the address and telephone number listed above.

PART I: A SUMMARY OF THE PRIVACY RULES

For your convenience the trustees of the Health Fund have condensed over 400 pages of complex regulations into a more readable and understandable summary of the privacy regulations, highlighting those provisions in the regulations that are most likely to be of special interest to you. The summary follows.

Use of PHI Without Your Authorization

Under federal law the Health Fund does NOT need your authorization to use or disclose “protected health information” (PHI) when such information is needed by the Plan for determining your eligibility for benefits, claims processing, claims payment, or other health care operations of the Plan. (For details, see Part II of this Notice.)

In addition, the Plan does NOT need your authorization when requests are received for PHI from any of the following: public health agencies, law enforcement agencies, agencies dealing with child abuse or domestic violence, state or federal courts, health research agencies and organ procurement organizations. However, the Plan will release to such persons or entities **only the minimum amount of PHI needed by such persons or entities to accomplish their assignment.**

Right to Request Restrictions

You have the right to request a restriction on the health information that the Fund uses or discloses about you. For example, you could ask that that Fund not use or disclose information about a surgery you had; or that the Fund not discuss health information with a certain doctor, or your spouse.

The Fund is not required to agree to your request for a restriction.

Your request must be submitted in writing on a standard form available from the Fund office.

What The Plan May Not Do With Your PHI

The Plan is NOT permitted to make available your name or address or any other PHI to a third party who intends to use such information primarily to sell you specific health care products or services or for any other marketing purpose.

Your Rights With Respect To The Use And Disclosure Of Your PHI

Under federal law you have the right to:

1. **Examine most PHI** maintained on your behalf by the Plan. (This examination must occur during regular business hours.)
2. **Request a copy** of certain documents containing your PHI in a designated-record set, subject to the Plan's rules for making such a request. (A charge of 25¢ per page will be applied.)
3. **Request changes** in PHI maintained by the Plan on your behalf if you feel the information is inaccurate or incomplete (such requests must be submitted on a standard form provided by the Plan).

Be advised, however, that the Fund office staff is not required to accept any of the changes that you recommend but will explain why any recommended changes are rejected.

4. **Request** any PHI mailed to you as a participant or to your family be sent to an address other than your home or apartment. If you prefer a confidential mailing address, contact the Fund office and request the appropriate form.
5. Request PHI maintained by the Plan **about any of your children** who have not reached majority age unless state law restricts your access.

Details on the privacy rules follow in Part II. PLEASE RETAIN THIS ENTIRE NOTICE FOR YOUR FILES.

The notice takes effect on December 23, 2024 and remains in effect until we replace it. If you lose your notice, you are entitled to a replacement at no charge. Just contact the Fund office.

If there are any changes in the notice, the trustees will notify you **not less than 30 days before** the effective date of the revised notice.

Board of Trustees

Railroad Maintenance and Industrial
Health and Welfare Fund

PART II: DETAILS ON THE PLAN'S PRIVACY RULES

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.

Under federal law group health care Plans are required to notify participants and beneficiaries in a group health Plan about how the Plan will use and disclose “individually identifiable health information” (described below) which it maintains on your behalf. The federal requirements are set forth in the Health Insurance Portability and Accountability Act of 1996 or HIPAA.

“**Individually identifiable health information**” is also referred to in the law as “protected health information” or PHI. It includes information maintained by a health care provider, health Plan, employer or health care clearinghouse which relates to past, present, or future physical or mental health or condition of an individual ... that identifies the individual or with respect to which there is a reasonable basis to believe the information can be used to identify an individual.”

HIPAA requires that your group health Plan maintain the confidentiality of PHI in accordance with federal regulations. HIPAA also requires the Plan to notify participants and beneficiaries about their privacy rights and to notify affected individuals following a breach of unsecured protected health information. That is the purpose of this notice. **The trustees of your Plan urge you to read this notice cover-to-cover so that you are fully aware of your privacy rights. The contents of this notice are effective December 23, 2024.**

The use of the word “you” in this notice refers to individual participants and beneficiaries in the Plan such as yourself. To make reading this notice easier, certain abbreviations are used such as: **PHI** - protected health information, and **GHPs** - group health care Plans.

USE OF PHI WITHOUT YOUR CONSENT

Under the federal privacy law and related regulations, the Plan is permitted, and in some cases required, to use and disclose your PHI without your consent or authorization for the following purposes: (1) your health care treatment; (2) processing and payment of your health care claims; and (3) health care operations. An example of each of these purposes follows.

Treatment. A service provider will often need to check with the Fund office to make sure you are eligible for coverage or a service provider may need to know from the Plan who has treated you previously and what the earlier diagnosis was and what treatment was prescribed. The Plan is permitted to provide such PHI to the service provider without your consent.

Claims Processing and Payment. The Plan usually receives a bill from each service provider who treated you (hospital, physician, lab, clinic, etc.) containing a diagnosis and a description of services rendered for a specific patient. This is PHI. The Plan uses this information to process the claim and to generate a check for the appropriate payment of the service provider in accordance with the Plan’s rules.

Health Care Operations. The Plan sometimes uses PHI for case management of specific patients (such as diabetics, heart patients, cancer patients, etc.), for providing insurance carriers with data needed by the carrier to quote premiums to the Plan, for utilization review where alternative treatment options are available, and for detection of fraud and abuse.

When the Plan provides PHI to another entity for any of the purposes listed above, the Plan will make reasonable efforts to limit the PHI provided to the minimum information necessary for the specific purpose.

OTHER PURPOSES FOR WHICH YOUR PHI MAY BE USED WITHOUT YOUR AUTHORIZATION

In addition to the purposes described above, there are a number of other purposes for which the Plan may use or disclose, or may be required to disclose, your PHI without obtaining advance authorization from you. These include (but are not limited to):

1. Responding to **public health agencies** authorized by law to collect or receive health information for the purposes of preventing or controlling disease, injuries, or disabilities.
2. Responding to public health agencies or social service agencies or protective service agencies **authorized by law to receive reports of child abuse, neglect, or domestic violence.**

3. Responding to **an employer's request** if the employer needs to know if his employee has suffered a work-related illness or injury and is entitled to workmens' compensation.
4. Responding to the **Trustees' request** for PHI if the Trustees need such information for review of a denied claim or for an assessment of the Plan's benefit costs by type of health care service provided.
5. Responding to a request from a **health oversight agency** authorized by law to conduct audits; civil, administrative, or criminal investigations; inspections; licensure or actions against health care providers; or other activities designed to protect the health care system.
6. Responding to inquiries from **law enforcement agencies** that require reporting of certain kinds of wounds or physical injuries or to assist with the identification or location of a suspect, fugitive, material witness or missing person.
7. Responding to inquiries from **correctional institutions** or lawful officials having custody of an inmate if the PHI is necessary to protect the health of the inmate or other inmates and employees at the correctional institution.
8. Responding to requests from **health research agencies**, whether privately funded or funded by government. (However, use of PHI by a research agency is closely monitored by other review boards and is subject to a complex array of other federal regulations.)

USE OR DISCLOSURE OF PHI REQUIRING YOUR AUTHORIZATION

Except as otherwise permitted or required above, the Plan may NOT use or disclose any PHI **without your written authorization**. **You may revoke an authorization at any time provided the revocation is in writing.**

For example, if you are being treated for a mental illness, the Plan is NOT authorized to release any psychotherapy notes related to your case without your consent. The Plan is permitted, however, to use PHI related to **your treatment or processing of your claim for mental health services** without your consent (except for the psychotherapy notes).

PROHIBITED USES AND DISCLOSURES

Under the federal privacy law and related regulations, the Plan is generally prohibited to use and disclose your PHI for the following purposes:

- (1) **Use and disclosure of genetic information for underwriting purposes:** The Plan will not use or disclose PHI that is genetic health information for underwriting purposes.
- (2) **Sale of Protected Health Information:** Except in limited circumstances, the Plan will not sell PHI.
- (3) **Reproductive Health Care:** Subject to the paragraphs that follow, the Plan will not use or disclose PHI for any of the following activities:
 - a) To conduct a criminal, civil, or administrative investigation into any person for the mere act of seeking, obtaining, providing, or facilitating reproductive health care.
 - b) To impose criminal, civil, or administrative liability on any person for the mere act of seeking, obtaining, providing, or facilitating health care.
 - c) To identify any person for any purpose described in paragraphs a) or b) above.

For example, if you were to have a pregnancy terminated, and the termination was lawful under the state in which it was provided, the Plan would be PROHIBITED from using or disclosing any PHI in regard to the pregnancy termination.

Rule of Applicability. The Prohibition outlined above applies only where the relevant activity is in connection with any person seeking, obtaining, providing, or facilitating reproductive health care, and the Plan has reasonably determined that one or more of the following conditions exists:

- (1) The reproductive health care is lawful under the law of the state in which such health care is provided under the circumstances in which it is provided.
- (2) The reproductive health care is protected, required, or authorized by Federal law, including the United States Constitution, under the circumstances in which such health care is provided, regardless of the state in which it is provided.
- (3) The presumption that follows applies.

Presumption. The reproductive health care provided by another person is presumed lawful as outlined above unless the Plan has any of the following:

- (1) Actual knowledge that the reproductive health care was not lawful under the circumstances in which it was provided.
- (2) Factual information supplied by the person requesting the use or disclosure of PHI that demonstrates a substantial factual basis that the reproductive health care was not lawful under the specific circumstances in which it was provided.

USES AND DISCLOSURES FOR WHICH AN ATTESTATION IS REQUIRED. The Plan will not use or disclose PHI potentially related to reproductive health care for purposes specified in: health oversight activities; judicial and administrative proceedings; law enforcement purposes and coroners and medical examiners, without obtaining an attestation from the person requesting the use or disclosure.

For example, if you are being investigated by law enforcement for an unlawful pregnancy termination, the Plan IS allowed to use or disclose PHI in regard to the unlawful pregnancy termination if the person seeking the PHI provides a valid attestation that meets the requirements of the law.

THIS WILL SERVE AS NOTICE THAT THE INFORMATION AS OUTLINED HEREIN MAY BE SUBJECT TO REDISCLOSURE BY THE RECIPIENT AND NO LONGER PROTECTED BY THESE PROVISIONS.

YOUR RIGHTS REGARDING ACCESS TO YOUR OWN PHI

A. You may request that restrictions be placed on the uses and disclosures of your PHI for treatment, payment of claims or health operations. Your request must be submitted to the Fund office in writing on a form provided by the Plan.

However, the Plan is NOT required to agree to a requested restriction. Even if the Plan accepts your restriction, the Plan may be required to release such information for emergency treatment, law enforcement, or other purposes specified by state and/or federal laws.

You may terminate a restriction at any time, either orally or in writing. Otherwise, the Plan will keep the restriction in effect for up to six years after it is first filed.

B. You may ask to inspect or to copy your PHI found in a “designated record set.” A “designated record set” is: (1) the medical records and billing records maintained by the Plan about each participant or by a health care provider; and (2) enrollment, payment, claims adjudication and case management records maintained by the Plan on individual participants and beneficiaries. Most of these records are not located at the Fund office. However, the Fund will arrange for you to inspect and/or copy such records.

1. If you wish to examine or copy a designated record set, the request must be in writing **on a form provided by the Plan**. The Plan will arrange a convenient time and place for you to inspect and/or copy the PHI requested. The Plan or its representative will discuss with you in advance the scope, format, and other aspects of the request in order to facilitate the timely provision of the requested PHI. Access will be provided **within 30 days** after the request is first received by the Fund office (unless the PHI is not readily available at the Fund office in which case a 60-day time limit applies).
2. If the Plan denies you access to your own PHI, you will receive a written denial explaining the reason(s) for the denial and the procedures to be followed if you wish the denial to be reviewed by the Trustees.
3. If you want copies of the PHI, there will be a charge based on the cost of reproduction and for postage if you want the copies mailed. The Plan will tell you what these charges are before copying begins.

C. You have the right to amend your own PHI if you believe it is inaccurate or incomplete.

The request must be submitted in writing on a form provided by the Plan. The Plan will respond to your request for correction of your PHI **within 60 days** after receipt of your request. If approved, the Plan will notify other parties (such as health care providers or clearinghouses) about any corrections in your PHI if necessary to prevent any subsequent actions which may be detrimental to your health care.

If the change is disapproved by the Plan, you will be notified in writing about the reason(s) for denial of your request, about your right to disagree with the denial, and about the appeal procedures. A participant may request that his letter of disagreement be included with any future disclosure of his or her PHI.

D. You have the right to receive an accounting of disclosures of protected health information made by the Plan in the six years prior to the date on which the accounting is requested, except for disclosures excluded by law.

E. You have the right, including an individual who has agreed to receive this notice electronically, to obtain a paper copy of the notice from the Plan upon request.

F. You have the right to designate an address, other than your home address, at which to receive claims-related information or other PHI, involving yourself or your dependents, from the Plan.

ACCESS OF PARENTS TO THE PHI OF THEIR CHILDREN

Under the privacy rules a parent usually acts as a “personal representative” of his or her child. As a result, parents generally have authority to access or to amend their child’s PHI. However, there may be exceptions under state law or other law.

WHAT THE PLAN IS PROHIBITED FROM DOING WITHOUT YOUR AUTHORIZATION

The Plan or any entity performing services for the Plan (such as an insurance company or third party administrative firm) is NOT permitted to give or sell lists of patients or enrollees to a telemarketer, door-to-door salesmen or other entity unless that entity has agreed by contract with the Trustees to use the information only for informing you about the health care services and/or supplies provided by the Plan.

If a Plan markets particular goods and services to participants, the Plan is required to identify itself as the party making the communication, indicate whether the Plan has received or will receive direct or indirect remuneration for making the communication, and except when the communication is contained in a newsletter or other general communication to all participants, **offer you the opportunity to opt out of receiving any future marketing information.**

The Plan is also permitted to use or disclose PHI to identify participants in a particular target group to receive marketing information based on their health care status or conditions (for example, a communication intended for all diabetics or for all arthritis patients) as long as the communication clearly states why you have been targeted and how the product or service relates to your health. **You may opt out of receiving any further communications directly related to your health condition by contacting the Fund office.**

THIS FUND DOES NOT GENERALLY ENGAGE IN ANY OF THE ACTIVITIES DESCRIBED ABOVE.

PLAN’S RIGHT TO CHANGE THIS PRIVACY NOTICE

Until further notice, the Plan will maintain the privacy of your PHI in accordance with the rights and requirements set forth in this notice. However, the Plan reserves the right to change the terms of this notice at any time and to make the new notice effective for PHI that it maintains.

Any revised notice will be distributed to individuals via first class mail within 60 days of the effective date of the material revision.

A copy of the latest notice may be obtained anytime by contacting the Fund office by letter, phone, or fax.

NEED HELP?

The Fund office staff will make every effort to protect the confidentiality of your medical data in accordance with federal laws and regulations. If you have questions or complaints, please contact the Privacy Official with the Fund office first at the address and telephone number listed in the letterhead.

If you are not satisfied with the answers received from the Fund office, you may wish to contact the U.S. Department of Health and Human Services (HHS) in Washington, D.C. The Plan will not take any adverse action against any participant or beneficiary who decides to contact the HHS directly.