

**NOITU Insurance Trust Fund  
&  
Louis Lasky Memorial Medical and Dental Center  
Privacy Notice**

**SECTION 1: PURPOSE OF THIS NOTICE AND EFFECTIVE DATE**

**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.**

**Who We Are:**

This Notice of Privacy Practices describes the privacy practices of the NOITU Insurance Trust Fund (the “Fund”) and the Louis Lasky Memorial Medical and Dental Center (the “Lasky Center”), which includes the privacy practices of:

- all of our doctors, assistants, technicians and other health care professionals authorized to enter information about you into your medical/dental chart.
- all of our departments, including, *e.g.*, our medical records, claims processing and information technology departments.
- our health center site.
- all our employees, staff, and other personnel who work for us.

*Effective date.* The effective date of this Notice is September 23, 2013.

*This Notice is required by law.* The Fund and the Lasky Center are required by law to take reasonable steps to ensure the privacy of your personally identifiable health information and to inform you about:

1. The uses and disclosures of Protected Health Information (PHI) by the Fund and Lasky Center,
2. Your rights to privacy with respect to your PHI,
3. The duties of the Fund and the Lasky Center with respect to your PHI,
4. Your right to file a complaint with the Fund and with the Secretary of the United States Department of Health and Human Services (HHS), and
5. The person or office you should contact for further information about the privacy practices of the Fund and the Lasky Center can be found on the last page of this Privacy Notice.

## SECTION 2: YOUR PROTECTED HEALTH INFORMATION

### **Protected Health Information (PHI) Defined**

The term “Protected Health Information” (PHI) includes all individually identifiable health information related to your past, present or future physical or mental health condition or to payment for health care. PHI includes information maintained by the Fund and/or the Lasky Center in oral, written, or electronic form.

### **How We May Use and Disclose Your PHI**

Under the law, the Fund and the Lasky Center may disclose your PHI without your consent or authorization, or the opportunity to agree or object, in the following cases:

- At your request. If you request it, the Fund and/or the Lasky Center are required to give you access to certain PHI in order to allow you to inspect and/or copy it.
- As required by HHS. The Secretary of the United States Department of Health and Human Services may require the disclosure of your PHI to investigate or determine compliance with the privacy regulations by the Fund and/or Lasky Center.
- For treatment, payment or health care operations. The Fund, the Lasky Center and its business associates will use PHI in order to carry out:
  - Treatment,
  - Payment, or
  - Health care operations.

**Treatment** is the provision, coordination, or management of health care and related services. It also includes but is not limited to doctors, nurses, technicians, medical professionals, others who are involved in your care, and consultations and referrals between one or more of your providers. They may work at the Lasky Center, at a hospital if you are hospitalized, or at another doctor’s office, lab, pharmacy or other health care provider to whom we may refer you for treatment, consultation, x-rays or other diagnostic testing, lab tests, prescriptions or other health care service.

For example, we may consult with a specialist who lends his/her services to the Lasky Center about your care or disclose to an emergency room doctor who is treating you for a broken leg that you have diabetes, because diabetes may affect your body’s healing process.

**Payment** includes but is not limited to actions in collecting premiums, to make coverage determinations, and paying claims (including billing, claims management, subrogation, Fund reimbursement, reviews for medical necessity and appropriateness of care and utilization review and pre-authorizations).

For example, the Fund may tell a doctor whether you are eligible for coverage or what percentage of the bill will be paid by the Fund. If we contract with third parties to help us with

payment operations, such as a physician that reviews medical claims, we will also disclose information to them. These third parties are known as “business associates.”

**Health Care Operations** includes but is not limited to quality assessment and improvement to evaluate the plan’s performance or the performance of a particular network or vendor; reviewing the services that we provide and to evaluate the performance of our staff caring for you at the Lasky Center; determining the cost impact of benefit design changes; disclosure to plan consultants who provide legal, actuarial and auditing services to the plan including fraud and abuse compliance programs; and in general data analysis used in the long term management and planning for the plan. It also includes disease management, case management, conducting or arranging for medical review, business Funding and development, business management and general administrative activities.

For example, the Fund and/or the Lasky Center may use information about your claims to refer into a disease management program, project future benefit costs or audit the accuracy of its claims processing functions.

**Disclosure to the Fund’s Trustees.** The Fund will also disclose PHI to the Fund Sponsor, the Board of Trustees of the NOITU Insurance Trust Fund, for purposes related to treatment, payment, and health care operations, and has amended the Fund Documents to permit this use and disclosure as required by federal law. For example, we may disclose information to the Board of Trustees to allow them to decide an appeal or review a subrogation claim.

#### **When the Disclosure of Your PHI Requires Your Written Authorization**

1. Although the Fund or the Lasky Center do not routinely obtain psychotherapy notes, both entities must generally obtain your written authorization before they will use or disclose psychotherapy notes about you from your psychotherapist. However, such notes may be used and disclosed when needed to defend itself against litigation filed by you.

*Psychotherapy Notes* are separately filed notes about your conversations with your mental health professional during a counseling session. They do not include summary information about your mental health treatment.

2. ***Sale of Protected Health Information*** and the use of such information for ***Paid Marketing***; using or disclosing your PHI for marketing purposes (a communication that encourages you to purchase or use a product or service) if the Fund and/or Lasky Center receives direct or indirect financial remuneration (payment) from the entity whose product or service is being marketed; and
3. Receiving direct or indirect remuneration (payment or other benefit) in exchange for receipt of your PHI.

Uses and disclosures not described in this Notice of Privacy Practices will be made only with authorization, subject to your right to revoke your authorization.

**Use or Disclosure of Your PHI That Requires You Be Given an Opportunity to Agree or Disagree Before the Use or Release**

Disclosure of your PHI to family members, other relatives, your close personal friends, and any other person you choose without your written consent or authorization is allowed under federal law if:

- The information is directly relevant to the family or friend's involvement with your care or payment for that care (for example, we may provide limited medical information to allow for a family member or friend to pick up a prescription for you), and
- You have either agreed to the disclosure or have been given an opportunity to object and have not objected.

Individuals can restrict disclosures to their health plan for services for which they pay "out of pocket".

Please contact the Fund Office if you wish to object to such a disclosure.

**Use or Disclosure of Your PHI For Which Consent, Authorization or Opportunity to Object Is Not Required**

The Fund and the Lasky Center are allowed under federal law to use and disclose your PHI without your consent or authorization under the following circumstances:

1. ***When required by applicable law.*** We will disclose health information about you when required to do so by federal, state, or local law.
2. ***Public Health Purposes.*** To an authorized public health authority if required by law or for public health and safety purposes. For example, to report births or deaths, to report reactions to medications or problems with products, to notify people of recalls of products, to name a few. This list is not exhaustive. PHI may also be used or disclosed if you have been exposed to a communicable disease or are at risk of spreading a disease or condition, if authorized by law.
3. ***Domestic Violence or Abuse Situations.*** When authorized by law to report information about abuse, neglect or domestic violence to public authorities if a reasonable belief exists that you may be a victim of abuse, neglect or domestic violence. In such case, the Fund or the Lasky Center will promptly inform you that such a disclosure has been or will be made unless that notice would cause a risk of serious harm.

For the purpose of reporting child abuse or neglect, it is not necessary to inform the minor that such a disclosure has been or will be made. Disclosure may generally be made to the minor's parents or other representatives, although there may be circumstances under federal or state law when the parents or other representatives may not be given access to the minor's PHI.

4. ***Health Oversight Activities.*** To a health oversight agency for oversight activities authorized by law. These activities include civil, administrative or criminal investigations, inspections, licensure or disciplinary actions (for example, to investigate complaints against health care providers) and other activities necessary for appropriate oversight of government benefit programs (for example, to the Department of Labor). These activities are necessary for the government to monitor the health care system, government programs and compliance with civil rights laws.
5. ***Legal Proceedings.*** When required for judicial or administrative proceedings. For example, your PHI may be disclosed in response to a subpoena or discovery request that is accompanied by a court order.
6. ***Law Enforcement Health Purposes.*** When required for law enforcement purposes (for example, to report certain types of wounds).
7. ***Law Enforcement Emergency Purposes.*** For law enforcement purposes, if the law enforcement official represents that the information is not intended to be used against the individual, the immediate law enforcement activity would be materially and adversely affected by waiting to obtain the individual's agreement and the Fund and/or Lasky Center in its best judgment determines that is in the best interest of the individual, including:
  - a. identifying or locating a suspect, fugitive, material witness or missing person, and
  - b. disclosing information about an individual who is or is suspected to be a victim of a crime, but only if the individual agrees to the disclosure or the covered entity is unable to obtain the individual's agreement because of emergency circumstances.
  - c. about a death we believe may be the result of criminal conduct.
  - d. about criminal conduct at the Lasky Center.
  - e. in response to a court order, subpoena, warrant, summons or similar process.
8. ***Determining Cause of Death and Organ Donation.*** When required to be given to a coroner or medical examiner to identify a deceased person, determine a cause of death or other authorized duties. We may also disclose PHI for cadaveric organ, eye or tissue donation, procurement, and transplantation purposes if you are an organ donor.
9. ***Funeral Purposes.*** When required to be given to funeral directors to carry out their duties with respect to the decedent.
10. ***Research.*** For research, subject to certain conditions.

11. ***Health or Safety Threats.*** When, consistent with applicable law and standards of ethical conduct, the Fund and/or the Lasky Center have a good faith belief that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public and the disclosure is to a person reasonably able to prevent or lessen the threat, including the target of the threat.
12. ***Workers' Compensation Programs.*** When authorized by and to the extent necessary to comply with workers' compensation or other similar programs established by law.
13. ***Immunization Records.*** If the school is required by law to obtain such records prior to admission and the Fund and/or the Lasky Center obtains and documents the agreement to the disclosure from the parent or individual as applicable.
14. ***Appointment Reminders.*** We may use and disclose health information about you to contact you as a reminder that you have an appointment at the Lasky Center.
15. ***Military and Veterans.*** If you are a member of the armed forces or separated/discharged from military services, we may release health information about you as required by military command authorities or the Department of Veterans Affairs as may be applicable. This includes foreign military personnel and the appropriate foreign military authorities.
16. ***National Security and Intelligence Activities.*** We may release health information about you to authorized federal officials for intelligence, counterintelligence, protection to the President or other authorized persons or foreign heads of state to conduct special investigations and other national security activities authorized by law.
17. ***Inmates.*** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release health information about you for the institution to provide you with health care, to protect your health and safety or the health and safety of others, or for the safety and security of the correctional institution.

Except as otherwise indicated in this notice, uses and disclosures will be made only with your written authorization subject to your right to revoke your authorization.

#### **Other Uses or Disclosures**

The Fund and/or Lasky Center may contact you to provide you information about treatment alternatives or other health-related benefits and services that may be of interest to you.

The Fund and/or the Lasky Center may disclose PHI to the sponsor of the Fund for limited administrative purposes such as reviewing your appeal of a benefit claim, or for other reasons regarding the administration of this Fund, such as performing quality assurance functions and auditing and monitoring the Fund. The Fund shares the minimum information necessary to accomplish these administrative functions.

In addition, the Fund and/or the Lasky Center may use or disclose “summary health information” to the Fund Sponsor for obtaining premium bids or modifying, amending or terminating the group health plan. Summary information summarizes the claims history, claims expenses or type of claims experienced by individuals for whom the Fund Sponsor has provided health benefits under a group health plan. Identifying information will be deleted from the summary, in accordance with HIPAA.

The “Fund sponsor” of this Fund is the NOITU Insurance Trust Fund Board of Trustees.

### **SECTION 3: YOUR INDIVIDUAL PRIVACY RIGHTS**

#### **You May Request Restrictions on PHI Uses and Disclosures**

You may request the Fund and/or the Lasky Center to:

1. Restrict or limit the uses and disclosures of your PHI to carry out treatment, payment or health care operations, or
2. Restrict or limit uses and disclosures to family members, relatives, friends or other persons identified by you who are involved in your care.
3. If you or someone on your behalf pays in full and out of pocket for services or items, the individual may request that the health care provider not share the PHI related to that service or item with the group health plan and the disclosure is not otherwise required by law.

The Fund and the Lasky Center, however, are not required to agree to your request if the Fund Administrator or Privacy Officer determines it to be unreasonable, not feasible, or if we believe that it will negatively impact our ability to care for you.

Make such requests to our privacy contact person identified on the last page of this notice.

#### **You May Request Confidential Communications**

The Fund and the Lasky Center will accommodate an individual’s reasonable request to receive communications of PHI **by alternative means or at alternative locations**. For example, you can ask that we only contact you at work or by mail to a specified address.

You or your personal representative will be required to make this request in writing and must specify how or where you wish to be contacted. Make such requests to our privacy contact person identified on the last page of this notice.

#### **You May Inspect and Copy PHI**

You have a right to inspect and obtain a copy of your PHI contained in a “designated record set,” for as long as the Fund and/or the Lasky Center maintain the PHI. The Fund and the Lasky Center have to provide access to PHI in electronic format upon request if they maintain information in electronic form. You may also request a summary of your PHI.

The Fund and the Lasky Center must provide the requested information within 30 days. Both entities are allowed an additional 30 days if they are unable to comply with the deadline and they give you a written statement of the reasons for the delay and the date by which the accounting will be provided.

A family member who was involved in the care of a deceased patient may request PHI so long as the request is not contrary to any prior expressed preference of the individual that is known to the Fund and/or the Lasky Center.

You may be charged a reasonable cost based fee for copies, mailing, preparing a summary of, and any other costs associated with your request of PHI.

Requests for access to PHI should be made by you or your personal representative in writing to our privacy contact person identified on the last page of this notice.

If access is denied which may happen in certain very limited circumstances, you or your personal representative will be provided with a written denial setting forth the basis for the denial, a description of how you may exercise your review rights and a description of how you may complain to the Fund and HHS.

***Designated Record Set:*** includes your medical records and billing records that are maintained by or for a covered health care provider. Records include enrollment, payment, billing, claims adjudication and case or medical management record systems maintained by or for a health Fund or other information used in whole or in part by or for the covered entity to make decisions about you. Information used for quality control or peer review analyses and not used to make decisions about you is not included.

#### **You Have the Right to Amend Your PHI**

If you feel that the health information we maintain about you is incorrect or incomplete, you have the right to request that the Fund and/or the Lasky Center amend your PHI or a record about you in a designated record set for as long as the PHI is maintained in the designated record set subject to certain exceptions. You must provide a reason that supports your request for an amendment and it must be in writing by you or your personal representative to our privacy contact person identified on the last page of this notice.

Any amendment we make to your health information will be disclosed to the health care professionals involved in your care and to others to carry out payment and health care operations, as previously described in this notice.

The Fund and/or the Lasky Center have 60 days after receiving your request to act on it. The Fund and/or the Lasky Center are allowed a single 30-day extension if they are unable to comply with the 60-day deadline.

We may deny your request for an amendment if you ask us to amend information that was not created by us, is not part of the health information kept by or for the Fund and/or Lasky Center, is not part of the information which you would be permitted to inspect and copy, or is accurate and complete. If either entity denies your request in whole or part, it must provide you with a

written denial that explains the basis for the decision. You or your personal representative may then submit a written statement disagreeing with the denial and have that statement included with any future disclosures of that PHI.

#### **You Have the Right to Receive an Accounting of the Fund's PHI Disclosures**

At your request, the Fund and/or the Lasky Center will also provide you with an accounting of certain disclosures of your PHI during the six (6) years before the date of your request. We do not have to provide you with an accounting of disclosures related to:

- treatment, payment, or health care operations as previously described in this notice.
- pursuant to your written authorization.
- to a family member, other relative, or personal friend involved in your care or payment for your care when you have given us permission to do so.
- to law enforcement officials.

The Fund and/or the Lasky Center have 60 days to provide the accounting. Both entities are allowed an additional 30 days if they are unable to supply the list of disclosures within that time period and you will be informed by what date they can supply the list; this date will not exceed 90 days from the date you made the request.

To request an accounting of disclosures, you must submit your request in writing to our privacy contact person identified on the last page of this notice.

You may be charged a reasonable, cost based fee for copies of PHI. If you request more than one accounting within a 12-month period, the Fund and/or the Lasky Center will charge a reasonable, cost-based fee for each subsequent accounting.

#### **Breach Notification**

The Fund and the Lasky Center must notify affected individuals of breaches of their unsecured PHI.<sup>1</sup>

#### **You Have the Right to Receive a Paper Copy of This Notice Upon Request**

To obtain a paper copy of this Notice, please contact our privacy contact person identified on the last page of this notice.

#### **Your Personal Representative**

You may exercise your rights through a personal representative. Your personal representative will be required to produce evidence of authority to act on your behalf before the personal representative will be given access to your PHI or be allowed to take any action for you.

---

<sup>1</sup> Risk-of-harm assessment is the standard. Risk assessment reviews the following 3 factors: 1. The nature and extent of the PHI involved; 2. The unauthorized person who used the PHI or to whom the PHI was disclosed, whether the PHI was actually acquired or viewed and 3. The extent to which the risk to the PHI has been mitigated.

The Fund and the Lasky Center retain discretion to deny access to your PHI to a personal representative to provide protection to those vulnerable people who depend on others to exercise their rights under these rules and who may be subject to abuse or neglect.

The Fund and the Lasky Center will recognize certain individuals as personal representatives without producing evidence of authority. For example, both entities will automatically consider a spouse to be the personal representative of an individual covered by the Fund. In addition, both entities will consider a parent or guardian as the personal representative of an un-emancipated minor unless applicable law requires otherwise. A spouse or a parent may act on an individual's behalf, including requesting access to their PHI. Spouses and un-emancipated minors may, however, request that the Fund and/or the Lasky Center restrict information that goes to family members as described above at the beginning of Section 3 of this Notice. Contact the Fund Office if you would like to restrict the recognition of your spouse as your personal representative.

#### **SECTION 4: THE DUTIES OF THE FUND AND THE LASKY CENTER**

##### **Maintaining Your Privacy**

The Fund and the Lasky Center are required by law to maintain the privacy of your PHI and to provide you and your eligible dependents with notice of its legal duties and privacy practices. There is a 50 year limit on the obligation to protect the PHI of deceased individuals. In addition, both entities may not (and do not) use your genetic information that is PHI for underwriting purposes.

This notice is effective beginning on September 23, 2013 and both the Fund and the Lasky Center are required to comply with the terms of this notice. However both entities reserve the right to change its privacy practices and to apply the changes to any PHI received or maintained by either entity prior to that date. If a privacy practice is changed, a revised version of this notice will be mailed to you and to all past and present participants and beneficiaries for whom the Fund and/or the Lasky Center still maintain PHI.

If material changes are made to this Notice, it will be posted on the Fund's website no later than the effective date of the revision and thereafter sent in the Fund's next annual mailing.

Material changes are changes to:

- The uses or disclosures of PHI,
- Your individual rights,
- The duties of the Fund and/or the Lasky Center, or
- Other privacy practices stated in this notice.

### **Disclosing Only the Minimum Necessary Protected Health Information**

When using or disclosing PHI or when requesting PHI from another covered entity, the Fund and the Lasky Center will make reasonable efforts not to use, disclose or request more than the minimum amount of PHI necessary 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 in the following situations:

- Disclosures to or requests by a health care provider for treatment,
- Uses or disclosures made to you,
- Disclosures made to the Secretary of the United States Department of Health and Human Services pursuant to its enforcement activities under HIPAA,
- Uses or disclosures required by law, and
- Uses or disclosures required for compliance with the HIPAA privacy regulations.

This notice does not apply to information that has been de-identified. De-identified information is information that:

- Does not identify you, and
- With respect to which there is no reasonable basis to believe that the information can be used to identify you.

Note:

1. The Fund does not underwrite but as a disclosure: health plans that underwrite (excluding certain long-term care plans) cannot use or disclose genetic information for underwriting purposes.

2. The Fund and the Lasky Center do not intend to contact individuals for fundraising but if they did so you have a right to opt out of receiving fundraising communications.

### **SECTION 5: YOUR RIGHT TO FILE A COMPLAINT WITH THE FUND OR THE HHS SECRETARY**

If you believe that your privacy rights have been violated, you may file a complaint with our privacy contact person identified on the last page of this notice.

You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services. Filing instructions are available at:

<http://www.hhs.gov/ocr/privacy/hipaa/complaints/index.html>

Neither the Fund nor the Lasky Center will retaliate against you for filing a complaint.

**SECTION 6: IF YOU NEED MORE INFORMATION**

If you have any questions regarding this notice or the subjects addressed in it, you may contact the following officer at the Fund Office:

Susan Brenard, Privacy Officer  
NOITU Insurance Trust Fund  
148-06 Hillside Avenue  
Jamaica, NY 11435-3393  
Telephone #: (718) 291-3434 ext. 639  
Fax #: (718) 526-2920  
Email: sbrenard@noitu.org

**SECTION 7: CONCLUSION**

PHI use and disclosure by the Fund and/or the Lasky Center is regulated by the federal Health Insurance Portability and Accountability Act, known as HIPAA. You may find these rules at 45 Code of Federal Regulations Parts 160 and 164. This notice attempts to summarize the regulations. The regulations will supersede this notice if there is any discrepancy between the information in this notice and the regulations.