

Oregon Homecare Workers Benefit Trust

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

THE TRUST'S COMMITMENT TO PRIVACY

The Oregon Homecare Workers Benefit Trust (the "Trust") is committed to protecting the privacy of your protected health information ("health information"). Health information is information that identifies you and relates to your physical or mental health, or to the provision or payment of health services for you. In accordance with applicable law, you have certain rights, as described herein, related to your health information.

This Notice is intended to inform you of the Trust's legal obligations under the federal health privacy provisions contained in the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and the related regulations ("federal health privacy law"):

- to maintain the privacy of your health information;
- to provide you with this Notice describing its legal duties and privacy practices with respect to your health information; and
- to abide by the terms of this Notice.

This Notice also informs you how the Trust uses and discloses your health information and explains the rights that you have with regard to your health information maintained by the Trust. For purposes of this Notice, "you" or "your" refers to participants and dependents who are eligible for benefits under the Trust.

INFORMATION SUBJECT TO THIS NOTICE

The Trust collects and maintains certain health information about you to help provide health benefits to you, as well as to fulfill legal and regulatory requirements. The Trust obtains this health information, which identifies you, from applications and other forms that you complete, through conversations you may have with the Trust's administrative staff and health care professionals, and from reports and data provided to the Trust by health care service providers or other employee benefit plans. This is the information that is subject to the privacy practices described in this Notice. The health information the Trust has about you may include, among other things, your name, address, phone number, birth date, social security number, employment information, and health claims information.

The Trust provides not only health care benefits but other non-health care benefits, such as paid time off ("PTO") benefits. It is the intent of the Trust, as permitted by the privacy regulations issued under HIPAA, to limit the application of those regulations to health care components of the Trust. Thus, the components under the Trust subject to HIPAA Privacy regulations shall include all the health care components of the Trust, including all dental, vision, and EAP benefits, but shall not include the non-health care components.

SUMMARY OF THE TRUST'S PRIVACY PRACTICES

The Trust's Uses and Disclosures of Your Health Information

The Trust uses your health information to determine your eligibility for benefits, to process and pay your benefit premiums, and to administer its operations. The Trust discloses your health information to insurers, third party administrators, and health care providers for treatment, payment and health care operations purposes. The Trust may also disclose your health information to third parties that assist the Trust in its operations, to government and law enforcement agencies, to your family members, and to certain other persons or entities. Under certain circumstances, the Trust will only use or disclose your health information pursuant to your written authorization. In other cases authorization is not needed. The details of the Trust's uses and disclosures of your health information are described below.

Your Rights Related to Your Health Information

The federal health privacy law provides you with certain rights related to your health information. Specifically, you have the right to:

- Inspect and/or copy your health information;
- Request that your health information be amended;
- Request an accounting of certain disclosures of your health information;
- Request certain restrictions related to the use and disclosure of your health information;
- Request to receive your health information through confidential communications;
- Request access to your health information in an electronic format;
- Receive notice of a breach of unsecured protected health information if it affects you;
- File a complaint with the Fund office or the Secretary of the Department of Health and Human Services if you believe that your that privacy rights have been violated; and
- Receive a paper copy of this Notice.

These rights and how you may exercise them are detailed below.

Changes in the Trust's Privacy Practices

The Trust reserves its right to change its privacy practices and revise this Notice as described below.

Contact Information

If you have any questions or concerns about the Trust's privacy practices, or about this Notice, or if you wish to obtain additional information about the Trust's privacy practices, please contact:

HIPAA Privacy Officer
Oregon Homecare Workers Benefit Trust
Benefit Solutions Inc.
12121 Harbour Reach Dr., Suite 105
Mukilteo, WA 98275

DETAILED NOTICE OF THE TRUST'S PRIVACY POLICIES

THE TRUST'S USES AND DISCLOSURES

Except as described in this section, as provided for by federal privacy law, or as you have otherwise authorized, the Trust uses and discloses your health information only for the administration of the Trust and the processing of your benefits.

Uses and Disclosures for Treatment, Payment, and Health Care Operations

- 1. For Treatment.** Although the Trust does not anticipate making disclosures “for treatment,” if necessary, the Trust may make such disclosures without your authorization. For example, the Trust may disclose your health information to a health care provider, to assist the provider in treating you.
- 2. For Payment.** The Trust may use and disclose your health information so that claims for health care treatment, services and supplies that you receive from health care providers can be paid according to the Trust’s program of benefits. For example, the Trust may share your enrollment, eligibility, and claims information with the Trust’s claim processors, so that they may process your claims. The Trust may use or disclose your health information to health care providers to notify them as to whether certain health benefits are covered. The Trust also may disclose your health information to other insurers or benefit plans to coordinate payment of your health care claims with others who may be responsible for certain costs. In addition, the Trust may disclose your health information to claims auditors to review billing practices of health care providers, and to verify the appropriateness of claims payment.
- 3. For Health Care Operations.** The Trust may use and disclose your health information to enable it to operate efficiently and in the best interest of its participants. For example, the Trust may disclose your health information to actuaries and accountants for business planning purposes, or to attorneys who are providing legal services to the Trust.

Uses and Disclosures to Business Associates

The Trust shares health information about you with its “business associates,” which are third parties that assist the Trust in its operations. The Trust discloses information, without your authorization, to its business associates for treatment, payment and health care operations. For example, the Trust shares your health information with the Trust’s claim processors so that it may process your claims. The Trust may disclose your health information to auditors, actuaries, accountants, and attorneys as described above. In addition, if you are a non-English speaking participant who has questions about a claim, the Trust may disclose your health information to a translator; and the Trust may provide names and address information to mailing services.

The Plan enters into agreements with its business associates to ensure that the privacy of your health information is protected.

Uses and Disclosures to the Plan Sponsor

The Trust may disclose your health information to the Plan Sponsor, which is the Trust's Board of Trustees, for plan administration purposes, such as performing quality assurance functions and evaluating overall funding of the Trust, without your authorization. The Trust also may disclose your health information to the Plan Sponsor for purposes of hearing and deciding your appeals. Before any health information is disclosed to the Plan Sponsor, the Plan Sponsor will certify to the Trust that it will protect your health information and that it has included language in this document to reflect its obligation to protect the privacy of your health information.

Other Uses and Disclosures That May Be Made Without Your Authorization

As described below, the federal health privacy law provides for specific uses or disclosures that the Trust may make without your authorization.

1. **Required by Law.** Your health information may be used or disclosed as required by law. For example, your health information may be disclosed for the following purposes:
 - For judicial and administrative proceedings pursuant to court or administrative order, legal process and authority.
 - To report information related to victims of abuse, neglect, or domestic violence.
 - To assist law enforcement officials in their law enforcement duties.
 - To notify the appropriate authorities of a breach of unsecured protected health information.
2. **Health and Safety.** Your health information may be disclosed to avert a serious threat to the health or safety of you or any other person. Your health information also may be disclosed for public health activities, such as preventing or controlling disease, injury or disability, and to meet the reporting and tracking requirements of governmental agencies, such as the Food and Drug Administration.
3. **Government Functions.** Your health information may be disclosed to the government for specialized government functions, such as intelligence, national security activities, security clearance activities and protection of public officials. Your health information also may be disclosed to health oversight agencies for audits, investigations, licensure and other oversight activities.
4. **Active Members of the Military and Veterans.** Your health information may be used or disclosed in order to comply with laws and regulations related to military service or veterans' affairs.
5. **Workers' Compensation.** Your health information may be used or disclosed in order to comply with laws and regulations related to Workers' Compensation benefits.

6. **Emergency Situations.** Your health information may be used or disclosed to a family member or close personal friend involved in your care in the event of an emergency or to a disaster relief entity in the event of a disaster. If you do not want this information to be shared, you may request that these types of disclosures be restricted as outlined later in this Notice.
7. **Others Involved In Your Care.** Under limited circumstances, your health information may be used or disclosed to a family member, close personal friend, or others who the Trust has verified are directly involved in your care (for example, if you are seriously injured and unable to discuss your case with the Trust). Also, upon request, the Trust may advise a family member or close personal friend about your general condition, location (such as in the hospital) or death. If you do not want this information to be shared, you may request that these disclosures be restricted as outlined later in this Notice.
8. **Personal Representatives.** Your health information may be disclosed to people that you have authorized to act on your behalf, or people who have a legal right to act on your behalf. Examples of personal representatives are parents for unemancipated minors and those who have Power of Attorney for adults.
9. **Treatment and Health-Related Benefits Information.** The Trust and its business associates may contact you to provide information about treatment alternatives or other health-related benefits and services that may interest you, including, for example, alternative treatment, services and medication.
10. **Research.** Under certain circumstances, your health information may be used or disclosed for research purposes as long as the procedures required by law to protect the privacy of the research data are followed.
11. **Organ, Eye and Tissue Donation.** If you are an organ donor, your health information may be used or disclosed to an organ donor or procurement organization to facilitate an organ or tissue donation or transplantation.
12. **Deceased Individuals.** The health information of a deceased individual may be disclosed to coroners, medical examiners, and funeral directors so that those professionals can perform their duties.

Uses and Disclosures for Fundraising and Marketing Purposes

The Trust and its business associates do not use your health information for fundraising or marketing purposes.

Any Other Uses and Disclosures Require Your Express Authorization

Uses and disclosures of your health information ***other than*** those described above will be made only with your express written authorization. You may revoke your authorization to use

or disclose your health information in writing. If you do so, the Trust will not use or disclose your health information as authorized by the revoked authorization, except to the extent that the Trust already has relied on your authorization. Once your health information has been disclosed pursuant to your authorization, the federal privacy law protections may no longer apply to the disclosed health information, and that information may be re-disclosed by the recipient without your knowledge or authorization.

YOUR HEALTH INFORMATION RIGHTS

You have the following rights regarding your health information that the Trust creates, collects and maintains. If you are required to submit a written request related to these rights, as described below, you should address such requests to:

HIPAA Privacy Officer
Oregon Homecare Workers Benefit Trust
Benefit Solutions Inc.
12121 Harbour Reach Dr., Suite 105
Mukilteo, WA 98275

Right to Inspect and Copy Health Information

You have the right to inspect and obtain a copy of your health record. Your health record includes, among other things, health information about your plan eligibility, plan coverages, claim records, and billing records. For health records that the Trust keeps in electronic form, you may request to receive the records in an electronic format.

To inspect and copy your health record, submit a written request to the HIPAA Privacy Officer. Upon receipt of your request, the Trust will send you a Claims History Report, which is a summary of your claims history that covers the previous two years. If you have been eligible for benefits for less than two years, then the Claims History Report will cover the entire period of your coverage.

If you do not agree to receive a Claims History Report, and instead want to inspect and/or obtain a copy of some or all of your underlying claims record, which includes information such as your actual claims and your eligibility/enrollment card and is not limited to a two year period, state that in your written request, and that request will be accommodated. If you request a paper copy of your underlying health record or a portion of your health record, the Trust will charge you a fee of \$.25 per page for the cost of copying and mailing the response to your request. Records provided in electronic format also may be subject to a small charge.

In certain limited circumstances, the Trust may deny your request to inspect and copy your health record. If the Trust does so, it will inform you in writing. In certain instances, if you are denied access to your health record, you may request a review of the denial.

Right to Request That Your Health Information Be Amended

You have the right to request that your health information be amended if you believe the information is incorrect or incomplete.

To request an amendment, submit a detailed written request to the HIPAA Privacy Officer. This request must provide the reason(s) that support your request. The Trust may deny your request if it is not in writing, it does not provide a reason in support of the request, or if you have asked to amend information that:

- Was not created by or for the Trust, unless you provide the Trust with information that the person or entity that created the information is no longer available to make the amendment;
- Is not part of the health information maintained by or for the Trust;
- Is not part of the health record information that you would be permitted to inspect and copy; or
- Is accurate and complete.

The Trust will notify you in writing as to whether it accepts or denies your request for an amendment to your health information. If the Trust denies your request, it will explain how you can continue to pursue the denied amendment.

Right to an Accounting of Disclosures

You have the right to receive a written accounting of disclosures. The accounting is a list of disclosures of your health information by the Trust to others. The accounting covers up to six years prior to the date of your request. If you want an accounting that covers a time period of less than six years, please state that in your written request for an accounting.

To request an accounting of disclosures, submit a written request to the HIPAA Privacy Officer. In response to your request for an accounting of disclosures, the Trust may provide you with a list of business associates who make such disclosures on behalf of the Trust, along with contact information so that you may request the accounting directly from each business associate. The first accounting that you request within a twelve-month period will be free. For additional accountings in a twelve-month period, you will be charged for the cost of providing the accounting, but the Trust will notify you of the cost involved before processing the accounting so that you can decide whether to withdraw your request before any costs are incurred.

Right to Request Restrictions

You have the right to request restrictions on your health care information that the Trust uses or discloses about you to carry out treatment, payment or health care operations. You also have the right to request restrictions on your health information that the Trust discloses to someone who is involved in your care or the payment for your care, such as a family member or friend. The Trust is generally not required to agree to your request for such restrictions, and the Trust may terminate its agreement to the restrictions you requested. The Plan is required to agree to your request for restrictions in the case of a disclosure for payment purposes where you have paid the health care provider in full, out of pocket.

To request restrictions, submit a written request to the HIPAA Privacy Officer that explains what information you seek to limit, and how and/or to whom you would like the limit(s) to apply. The Trust will notify you in writing as to whether it agrees to your request for restrictions, and when it terminates agreement to any restriction.

Right to Request Confidential Communications, or Communications by Alternative Means or at an Alternative Location

You have the right to request that your health information be communicated to you in confidence by alternative means or in an alternative location. For example, you can ask that you be contacted only at work or by mail, or that you be provided with access to your health information at a specific location.

To request communications by alternative means or at an alternative location, submit a written request to the HIPAA Privacy Officer. Your written request should state the reason for your request, and the alternative means by or location at which you would like to receive your health information. If appropriate, your request should state that the disclosure of all or part of the information by non-confidential communications could endanger you. Reasonable requests will be accommodated to the extent possible and you will be notified appropriately.

Right to Complain

You have the right to complain to the Trust and to the Department of Health and Human Services if you believe your privacy rights have been violated. To file a complaint with the Trust, submit a written complaint to the HIPAA Privacy Officer listed above.

You will not be retaliated or discriminated against and no services, payment, or privileges will be withheld from you because you file a complaint with the Trust or with the Department of Health and Human Services.

Right to a Paper Copy of This Notice

You have the right to a paper copy of this Notice. To make such a request, submit a written request to the HIPAA Privacy Officer listed above. You may also obtain a copy of this Notice from Benefit Solutions Inc., at:

Benefit Solutions Inc.
12121 Harbour Reach Dr., Suite 105
Mukilteo, WA 98275

Right to Receive Notice of a Breach of Your Protected Health Information

You will be notified if your protected health information has been breached. You will be notified by first class mail within 60 days of the event. A breach occurs when there has been an unauthorized use or disclosure under HIPAA that compromises the privacy or security of

protected health information. The notice will provide you with the following information: (1) a brief description of what happened, including the date of the breach and the date of the discovery of the breach; (2) the steps you should take to protect yourself from potential harm resulting from the breach; and (3) a brief description of what steps are being taken to investigate the breach, mitigate losses, and to protect against further breaches. Please note that not every unauthorized disclosure of health information is a breach that requires notification; you may not be notified if the health information that was disclosed was adequately secured—for example, computer data that is encrypted and inaccessible without a password—or if it is determined that there is a low probability that your health information has been compromised.

CHANGES IN THE TRUST'S PRIVACY POLICIES

The Trust reserves the right to change its privacy practices and make the new practices effective for all protected health information that it maintains, including protected health information that it created or received prior to the effective date of the change and protected health information it may receive in the future. If the Trust materially changes any of its privacy practices, it will revise its Notice and provide you with the revised Notice, either by U.S. Mail or e-mail, within sixty days of the revision. In addition, copies of the revised Notice will be made available to you upon your written request and will be made available for review at the Fund Office.

EFFECTIVE DATE

This Notice was first effective on May 31, 2017. This Notice will remain in effect unless and until the Trust publishes a revised Notice.

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