



**HEALTH and WELFARE DEPARTMENT  
of the CONSTRUCTION and GENERAL  
LABORERS' DISTRICT COUNCIL of  
CHICAGO and VICINITY**

11465 CERMAK ROAD  
WESTCHESTER, ILLINOIS 60154

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**Chicago Laborers' Welfare Fund  
Notice of Privacy Practices ("Notice")**

The rules described in this Notice apply to each individual covered under the Fund whether the individual is the participant, spouse, or covered dependent child.

*This Notice Describes:*

- 1. How certain health information about you may be used and disclosed, and*
- 2. How you may obtain access to this information.*

*Please review this information carefully.*

**IMPORTANTE**

La ley exige que Chicago Laborers' Welfare Fund garantice la privacidad de su información de salud bajo el Fondo. Esta Notificación describe:

- Qué información de salud está protegida y cómo puede obtener acceso a esta información.
- Su derecho de privacidad con respecto a esta información.
- La manera en la que el Fondo puede usar y divulgar esta información.
- Su derecho de presentar una queja al Fondo y al Secretario del Departamento de Salud y Servicios Humanos de EE.UU. y a quién debe contactar para más información.

Sírvase leer cuidadosamente esta información. Si tiene dificultades entendiendo esta Notificación, comuníquese con Chicago Laborers' Welfare Plan, 11465 W. Cermak Road, Westchester, Illinois 60154. Las horas hábiles son de 8:00 a.m. a 5:00 p.m., lunes a viernes. Si desea recibir asistencia, puede llamar a la Oficina del Fondo al 708-562-0200.

**EMPLOYER PARTICIPANTS –**  
Builders' Association, Employing Plasterers' Association, Underground Contractors' Association, Mason Contractors' Association, Concrete Contractors' Association, Wrecking Contractors, Concrete Products Employers, Lake County Illinois Employers, Illinois Road Builders Association, Bridge and Highway Structural Builders; i.e., all those who employ Laborers Engaged in the Building and Construction Industry.

## Section 1: Purpose of this Notice and Effective Date

### **Effective Date**

The effective date of this Notice is April 14, 2003, restated December 1, 2018.

### **This Notice is Required by Law**

The Chicago Laborers' Welfare Fund (the "Fund") is required by law to take reasonable steps to ensure the privacy of your personally identifiable health information and to inform you about:

1. The Fund's uses and disclosures of Protected Health Information (PHI),
2. Your rights to privacy with respect to your PHI,
3. The Fund's duties with respect to your PHI,
4. Your right to file a complaint with the Fund and with the Secretary of the U.S. Department of Health and Human Services, and
5. The person or office you should contact for further information about the Fund's privacy practices.

## Section 2: Your Protected Health Information

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

The term "Protected Health Information" (PHI) includes all information maintained by the Fund related to your past, present, or future physical or mental health condition or for payment of health care. PHI includes information maintained by the Fund in oral, written, or electronic form.

PHI refers to your health information maintained by the Fund.

### **When the Fund May Disclose Your PHI**

Under the law, the Fund may disclose your PHI without your consent, authorization, or the opportunity to object under the following circumstances:

- **At your request.** If you make a request under the Fund's procedures, the Fund is required to give you access to certain PHI to allow you to inspect it and/or copy it.
- **As required by an agency of the government.** The Secretary of the Department of Health and Human Services may require the disclosure of your PHI to investigate or determine the Fund's compliance with federal law.
- **To the Fund's Trustees:** The Fund may disclose PHI to the Fund's Sponsor, the Board of Trustees of the Chicago Laborers' Welfare Fund for the purposes related to treatment, payment and health care operations. The Fund Sponsor has amended its Plan documents to protect your PHI as

The Fund does not need your consent or authorization to release your PHI when:

- You request it,
- A government agency requires it,
- Trustees are required to review it, or
- The Fund uses it for treatment, payment or health care operations.

required by federal law. (For example, the Fund may disclose information to the Board of Trustees to allow them to decide an appeal or review a subrogation claim.)

- **For treatment, payment, or health care operations.** The Fund and its Business Associates will use PHI without your consent, authorization, or opportunity to agree or object to carry out the following activities as defined below:

- ◆ Treatment,
- ◆ Payment, or
- ◆ Health care operations.

<b>Definitions of Treatment, Payment, or Health Care Operations</b>	
<b>Treatment</b> is health care.	<p>Treatment is the provision, coordination, or management of health care and related services. It also includes, but is not limited to, consultations and referrals between one or more of your providers.</p> <p><b>Example:</b> <i>The Fund may disclose to a treating orthodontist the name of your treating dentist so that the orthodontist may ask for your dental X-rays from the treating dentist.</i></p>
<b>Payment</b> is paying claims for health care and related activities.	<p>Payment includes but is not limited to making coverage determinations and payment. These actions include billing, claims management, subrogation, Fund reimbursement, reviews for medical necessity, and appropriateness of care.</p> <p><b>Example:</b> <i>The Fund may tell your doctor whether you are eligible for coverage or what percentage of the bill will be paid by the Fund.</i></p>
<b>Health Care Operations</b> is involved with keeping the Fund operating soundly.	<p>Health care operations include, but are not limited to, quality assessment and improvement, reviewing competence or qualifications of health care professionals, underwriting, premium rating, and other insurance activities relating to creating or renewing insurance contracts. It also includes disease management, case management, conducting or arranging for medical review, legal services, and auditing functions including fraud and abuse compliance programs, business planning and development, business management, and general administrative activities.</p> <p><b>Example:</b> <i>The Fund may use information about your medical claims to refer you to a disease management program, to project future benefit costs, or to audit the accuracy of its claims processing functions.</i></p>

### **When the Disclosure of Your PHI By The Fund Requires Your Written Authorization**

In general, the Plan must obtain your written authorization if it uses or discloses your PHI for purposes other than treatment, payment, or health care operations.

**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.

The Fund must generally obtain your written authorization before the Fund will use or disclose psychotherapy notes about you from your psychotherapist. However, the Fund may use and disclose such notes when needed by the Fund to defend itself against litigation filed by you.

Also, the Fund must obtain your written authorization before it can disclose your PHI your employer. In some cases, the Fund will require a written authorization before any disclosure is made to a family member (other than a spouse) or a close personal friend as described below.

### **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, and your close personal friends 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, and
- You have either agreed to the disclosure or have been given an opportunity to object and have not objected.

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

The Fund is allowed under federal law to use and disclose your PHI without your consent, authorization, or request under the following circumstances:

**In general**, the Fund does not need your consent to release your PHI if required by law or for public health and safety purposes.

1. **When required by law.**
2. **For Public health purposes.** To an authorized public health official if required by law or for public health and safety purposes. 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. **In 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 will promptly inform you that such a disclosure has been or will be made unless that notice would cause a risk of serious harm.
4. **For Oversight activities.** To a public 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 providers), and other activities necessary for appropriate oversight of government benefit programs (for example, to the Department of Labor).

5. **For Legal proceedings.** When required for judicial or administrative proceedings under the following circumstances:
  - a. The requesting party must give the Fund satisfactory assurances a good faith attempt has been made to provide you with written notice,
  - b. The notice provided sufficient information about the proceeding to permit you to raise an objection, and
  - c. No objections were raised or were resolved in favor of disclosure by the court or tribunal.

For example, your PHI may be disclosed in response to a subpoena or discovery request that is accompanied by a court order:

6. **For Law enforcement health purposes.** When required for law enforcement purposes (for example, to report certain types of wounds).
7. **For Law enforcement emergency purposes.** For certain law enforcement purposes 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.
8. **For Determining cause of death and organ donation.** When required by law to be given to a coroner or medical examiner to identify a deceased person, determine a cause of death, or other authorized duties. The Fund also may disclose PHI for cadaveric organ, eye, or tissue donation purposes.
9. **For Funeral purposes.** When required to be given to funeral directors to carry out their duties with respect to the decedent.
10. **For Research purposes.** For research, subject to certain conditions.
11. **For Health or safety threats.** When, consistent with applicable law and standards of ethical conduct, the Fund in good faith believes 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. **For Workers' compensation programs.** When authorized by and to the extent necessary to comply with workers' compensation or other similar programs established by law.

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 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 may disclose PHI to the Fund Sponsor for reviewing your appeal of a benefit claim denial or for other reasons regarding the administration of the Fund.

### Section 3: Your Individual Privacy Rights

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

In writing, you may request the Fund to:

- Restrict the uses and disclosures of your PHI to carry out treatment, payment, or health care operations, or
- Restrict uses and disclosures to family members, relatives, friends, or other persons identified by you who are involved in your care.

<b><i>Protected Health Information (PHI):</i></b> includes all individually identifiable health information transmitted or maintained by the Fund, regardless of the form of the PHI.
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The Fund, however, is not required to agree to your request if the Fund Administrator or Privacy Official determines it to be unreasonable. For example, if your request would interfere with the Fund’s ability to pay a claim the Fund would consider your request unreasonable.

In addition, the Fund will accommodate an individual’s reasonable written request to receive communications of PHI **by alternative means or at alternative locations** where the request includes a statement setting forth circumstances that disclosure by the Fund could endanger the individual.

You or your personal representative will be required to complete a form to request restrictions on uses and disclosures of your PHI or to receive communications of PHI by alternative means or at alternative locations. Make such requests to:

Privacy Official  
Chicago Laborers’ Welfare Fund  
11465 West Cermak Road  
Westchester, Illinois 60154  
Telephone: (708) 562-0200

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

Beginning with the effective date of this notice, 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 maintains the PHI.

The Fund must provide the requested information within 30 days if the information is maintained at the Fund Office or within 60 days if the information is maintained at the Fund Office. A single 30-day extension is allowed if the Fund is unable to comply with the deadline.

You or your Personal Representative will be required to complete a form to request access to the PHI in your designated record set. Requests for access to PHI should be made to the following official:

Privacy Official  
Chicago Laborers’ Welfare Fund  
11465 West Cermak Road  
Westchester, Illinois 60154  
Telephone (708) 562-0200

<b><i>Designated Record Set:</i></b> includes your medical records and billing records that are maintained by or for the Fund. 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.
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If access is denied, you or your Personal Representative will be provided with a written denial setting forth the basis for why access was denied, a description of how you may exercise your review rights, and a description of how you may complain to the Fund and the Secretary of the U.S. Department of Health and Human Services.

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

Beginning with the effective date of this notice, you have the right to request that the Fund 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. See the Fund’s Right to Amend Policy for a list of exceptions.

The Fund has 60 days after receiving your written request to act on it. The Fund is allowed a single 30-day extension if the Fund is unable to comply with the 60-day deadline. If the Fund denied your written request in whole or part, the Fund 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.

<p>If you disagree with the record of your PHI, you may amend it.</p> <p>If the Fund denies your request to amend your PHI, you still have the right to have your written statement disagreeing with that denial included in your PHI.</p> <p>Forms are available for these purposes.</p>
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You must submit a written request to amend PHI to the following official:

Privacy Official  
Chicago Laborers’ Welfare Fund  
11465 West Cermak Road  
Westchester, Illinois 60154  
Telephone: (708) 562-0200

You or your Personal Representative will be required to complete a form to request amendment of the PHI.

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

At your request, the Fund will also provide you with an accounting of disclosures by the Fund of your PHI made after the effective date of this notice. The Fund does not have to provide you with an accounting of disclosures related to treatment, payment, or health care operations or disclosures made to you or authorized by you in writing. See the Fund’s Accounting for Disclosure Policy for the complete list of disclosures for which an accounting is not required.

The Fund has 60 days from the date it receives your request, to provide the accounting. The Fund is allowed an additional 30 days if the Fund gives you a written statement of the reasons for the delay and the date by which the accounting will be provided.

If you request more than one accounting within a 12-month period, the Fund will charge a reasonable, cost-based fee for each subsequent accounting.

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

To obtain a paper copy of this Notice, contact the following official:

Privacy Official  
Chicago Laborers' Welfare Fund  
11465 West Cermak Road  
Westchester, Illinois 60154  
Telephone (708) 562-0200

***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. Proof of such authority will be a completed, signed, and approved Appointment of Personal Representative form. You may obtain this form by calling the Fund Office.

You may designate a Personal Representative by completing a form that is available from the Fund Office.
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The Fund retains 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 will recognize certain individuals as Personal Representatives without you having to complete an Appointment of Personal Representative form.

For example, the Fund will automatically consider a spouse to be the Personal Representative of an individual covered by the Fund. In addition, the Fund will consider a parent or guardian as the Personal Representative of an unemancipated 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 unemancipated minors may, however, request that the Fund restrict information that goes to family members as described above at the beginning of Section 3 of this Notice.

You should also review the Fund's Policy and Procedure for the Recognition of Personal Representatives for a more complete description of the circumstances where the Fund will automatically consider an individual to be a Personal Representative.



## Section 4: The Fund's Duties

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

The Fund is 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.

This notice is written to inform you of the Fund's obligation to maintain the privacy of your PHI.

This Notice is effective beginning on April 14, 2003 and being restated December 1, 2018. The Fund is required to comply with the terms of this Notice. However, the Fund reserves the right to change its privacy practices and to apply the changes to any PHI received or maintained by the Fund prior to that date. If the Fund changes any of its privacy practices, a revised version of this notice will be provided to you and to all past and present participants and beneficiaries for whom the Fund still maintains PHI.

The Fund will send you the Notice in the mail.

Any revised version of this Notice will be distributed within 60 days of the effective date of any material change to:

- The uses or disclosures of PHI,
- Your individual rights,
- The duties of the Fund, 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 (i.e., a health care provider or another health plan), the Fund 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.

The Fund must limit its uses and disclosures of PHI or requests for PHI to the ***minimum necessary*** amount to accomplish its purposes.

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 by the Fund to you,
- Disclosures made by the Fund to the Secretary of the U.S. Department of Health and Human Services,
- Uses or disclosures required by law, and
- Uses or disclosures required for the Fund's compliance with federal law.

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.

In addition, the Fund may use or disclose “summary health information” to the Fund Sponsor for obtaining premium bids or modifying, amending, or terminating the Funds’ Plan of Benefits. 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 its Plan of Benefits. Identifying information will be deleted from summary health information, in accordance with HIPAA.

### **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 the Fund in care of the Fund’s Privacy official:

Privacy Official  
Chicago Laborers’ Welfare Fund  
11465 West Cermak Road  
Westchester, Illinois 60154  
Telephone (708) 562-0200

<p>You have the right to file a complaint if you feel your privacy rights have been violated.</p> <p>The Fund may not retaliate against you for filing a complaint.</p>
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You may also file a complaint with:

Secretary of the U.S. Department of Health and Human Services  
Hubert H. Humphrey Building  
200 Independence Avenue S.W.  
Washington, D.C. 20201

The Fund will not retaliate against you for filing such 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 Privacy Official at the Fund Office:

Privacy Official  
Chicago Laborers’ Welfare Fund  
11465 West Cermak Road  
Westchester, Illinois 60154  
(708) 562-0200

## Section 7: Conclusion

PHI use and disclosure by the Fund 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 these regulations. The regulations will supersede any conflicting provisions contained in this Notice if there is any discrepancy between the information in this Notice and these regulations.

Effective April 14, 2003, restated December 1, 2018: To safeguard your health information, we request that all visitors show a photo ID when requesting benefit assistance. Acceptable forms of identification include driver's license, state issued photo ID, consular ID, or Passport.



LABORERS' WELFARE FUND  
11465 CERMAK ROAD  
WESTCHESTER, ILLINOIS 60154

***IMPORTANT INFORMATION ABOUT  
YOUR WELFARE PLAN BENEFITS***

*This Privacy Notice Describes:*

- *How certain health information may be used and disclosed.*
- *How to obtain access to this information.*

*Please read this information.*