

NOTICE OF PRIVACY PRACTICES

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.

Revised And Updated 03/08/2024.

This Notice pertains to the medical, dental and vision benefits sponsored by the California Small Manufacturing Health and Welfare Trust Fund (Plan).

Purpose

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the Health Information Technology for Economic and Clinical Health Act impose numerous requirements on employer health plans concerning the use and disclosure of individual health information, known as "protected health information" or "PHI." HIPAA requires that health plans provide a notice to each individual of the uses and disclosures of PHI that may be made by the health plan, of the individual's rights and the health plan's legal duties with respect to PHI, and of the plan's legal duties and privacy practices with respect to PHI. HIPAA also requires that health plans abide by the terms of the notice currently in effect.

When a health plan is fully insured, such as the Plan, each insurance company will provide a notice of privacy practices to each covered individual. However, HIPAA requires that the fully-insured plan itself also maintain a notice of privacy practices that is available upon request. This Notice fulfills the notice requirements under HIPAA for the Plan itself. It applies to all participants, including their dependents, in the Plan. It describes the practices of the Plan, including third parties assisting in the administration of the Plan, for managing PHI in its possession.

What Is PHI?

PHI is health information, oral or recorded in any form (e.g., in writing or electronic) that is created or received by the Plan, and that identifies the individual. PHI includes any individually identifiable information about you and your medical history, mental or physical condition, or treatment. Examples of PHI include your name, address, phone numbers, social security number, date of birth, date of treatment, treatment records, and claims records. However, PHI does not include employment records held by your employer.

PHI Uses And Disclosures In General

The Plan and its business associates (a "business associate" is a person or entity that performs certain functions or activities that involve the use or disclosure of PHI on behalf of, or provides services to, a covered entity such as the Plan) may share PHI with other entities subject to HIPAA to carry out health care treatment, payment activities, or health care operations, as discussed below, without your authorization. The Plan may also share PHI as required or permitted by law, without your authorization, as also discussed below. Other disclosures without your authorization are prohibited.

Uses And Disclosures For Treatment

The Plan may use or disclose PHI about you to facilitate medical treatment or services by providers. For example, the Plan may disclose PHI about you to providers, including doctors, nurses, technicians, medical students, or other hospital personnel who are involved in taking care of you.

Uses And Disclosures For Payment

The Plan may use or disclose PHI about you to determine eligibility for Plan benefits, to facilitate payment for the treatment and services you receive from health care providers, to determine benefit responsibility under the Plan, or to coordinate Plan coverage. For example, the Plan may tell your health care provider about your medical history to determine whether a particular treatment is experimental, investigational, medically necessary, or to determine whether the Plan will cover the treatment. The Plan may also share PHI with a utilization review or pre-certification service provider. Likewise, the Plan may share PHI with another entity to assist with the adjudication or subrogation of health claims or to another health plan to coordinate benefit payments. In addition, the Plan may share PHI in connection with submitting claims for stop-loss (or excess loss) coverage.

Uses And Disclosures For Health Care Operations

The Plan may use or disclose PHI about you for other Plan operations. These uses and disclosures are necessary to run the Plan. For example, the Plan may use PHI in connection with (i) conducting quality assessment and improvement activities, (ii) underwriting, premium rating and other activities relating to Plan coverage, (iii) conducting or arranging for medical review, legal services, audit services, and fraud and abuse detection programs, (iv) business planning and development such as cost management, and (v) business management and general Plan administrative activities. However, the Plan is prohibited from using or disclosing PHI that is genetic information of an individual for underwriting, premium rating and other activities relating to Plan coverage.

Disclosures To Business Associates

The Plan may disclose PHI about you to third parties, known as business associates, who either (i) perform functions involving PHI on behalf of the Plan (e.g., claims processing that is performed by the Plan's third party administrator) or (ii) provide services to or for the Plan (e.g., legal or accounting services) where the performance of such services involves the disclosure of PHI to the person. However, before the Plan discloses any PHI to a business associate, the Plan will require that the business associate appropriately safeguard the privacy of the PHI.

Disclosures To Health Plan Sponsor

The Plan may disclose your PHI to your employer for plan administration purposes. The employer may need your health information to administer benefits under the Plan. The employer has agreed not to use or disclose your health information other than as permitted or required by the Plan and by law. The employer's employees who handle plan administration functions on behalf of the Plan are the only employees of the employer who will have access to your PHI for Plan administration functions.

In addition, the Plan may share the following information with the employer, as allowed under the HIPAA rules:

- The Plan may disclose "summary health information" to the employer, if requested, for purposes of obtaining premium bids to provide coverage under the Plan, or for modifying, amending, or terminating the Plan. Summary health information is health information that summarizes participants' claims information, but from which names and other identifying information have been removed.
- The Plan may disclose to the employer information on whether an individual is participating in the Plan, or has enrolled or disenrolled in the Plan.

The employer cannot and will not use PHI obtained from the Plan for any employment-related actions. However, PHI collected by the employer from other sources (for example under the Family and Medical Leave Act, the Americans with Disabilities Act, or workers' compensation) is not protected under HIPAA (although this type of information may be protected under other federal or State laws). PHI may be disclosed to another health plan maintained by the sponsor of the Plan for purposes of facilitating claims payments under that plan.

Disclosures To Family Members, Friends Or Others

The Plan may use or disclose certain PHI to a family member, other relative, a close personal friend, or other individual identified by you, for care, payment for care, notification, and disaster-relief purposes, but only if:

1. The information is directly relevant to the individual's involvement with your care or payment for that care; and
2. Either (i) you have agreed to the disclosure, (ii) you have been given an opportunity to object to the disclosure and have not objected, or (iii) the Plan reasonably infers from the circumstances, based on the exercise of professional judgment, that you do not object to the disclosure.

If you are not capable of agreeing or objecting to these disclosures because of your incapacity or in an emergency circumstance, the Plan may, in the exercise of professional judgment, determine whether the disclosure is in your best interests and, if so, disclose the PHI. After such an emergency disclosure, the Plan will give you the opportunity to object to future disclosures to such individuals.

Uses And Disclosures As Required By Law

The Plan will disclose PHI about you when required to do so by federal, State or local law. For example, the Plan may disclose PHI when required by a court order in a litigation proceeding such as a malpractice action.

Disclosures For Public Health Activities

The Plan will disclose PHI about you to certain public health authorities to prevent or control disease or report child abuse or neglect. The Plan will also disclose PHI about you to the Food and Drug Administration to collect or report adverse events or product defects. In addition, the Plan will disclose PHI about you to others who may be at risk of contracting or spreading a disease or condition.

Uses And Disclosures To Avert A Serious Threat

The Plan may use or disclose PHI about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat. For example, the Plan may disclose PHI about you in a proceeding regarding the licensure of a physician.

Disclosures For Health Oversight Activities

The Plan may disclose PHI to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs (e.g., to investigate Medicare or Medicaid fraud), and compliance with civil rights laws.

Disclosures For Lawsuits And Disputes

If you are involved in a lawsuit or a dispute, the Plan may disclose PHI about you in response to a court or administrative order. The Plan may also disclose PHI about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

Disclosures For Law Enforcement

The Plan may release PHI if asked to do so by a law enforcement official:

- In response to a court order, subpoena, warrant, summons or similar process;
- To identify or locate a suspect, fugitive, material witness, or missing person;
- About the victim of a crime if, under certain limited circumstances, the Plan is unable to obtain the person's agreement;
- About a death the Plan believes may be the result of criminal conduct;
- About criminal conduct at a hospital; or
- In emergency circumstances to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime.

Disclosures To Coroners, Medical Examiners And Funeral Directors

The Plan may release PHI to a coroner or medical examiner. Such disclosure may be necessary, for example, to identify a deceased person or determine the cause of death. The Plan may also release PHI about patients of the hospital to funeral directors as necessary to carry out their duties.

Disclosures For Organ And Tissue Donation

If you are an organ donor, the Plan may release PHI to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

Disclosures For Research

The Plan may use or disclose PHI for certain limited research purposes, provided that specific requirements are met, but only to the extent allowed by State law. The Plan may also use and disclose PHI relating to decedents if the covered entity receives from the researcher (i) representations that the use or disclosure is sought solely for research on the PHI of decedents and the PHI is necessary for the research and (ii) documentation of the death of such individuals. Generally, however, use and disclosure of PHI for research purposes will require either your authorization or the waiver of authorization by an "Institutional Review Board" or a "privacy board" after appropriate deliberation and consideration of specified criteria.

Disclosures For Public Health Risks

The Plan may disclose PHI about you for public health activities. These activities generally include the following:

- To prevent or control disease, injury or disability;
- To report births and deaths;
- To report child abuse or neglect;
- To report reactions to medications or problems with products;
- To notify people of recalls of products they may be using;
- To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and
- To notify the appropriate government authority if the Plan believes a patient has been the victim of abuse, neglect or domestic violence. In such a case, the Plan 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.

Disclosures For Military Personnel And Veterans

If you are a member of the armed forces, the Plan may release PHI about you as required by military command authorities. The Plan may also release PHI about foreign military personnel to the appropriate foreign military authority.

National Security And Intelligence Activities

The Plan may release PHI about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

Inmates

If you are an inmate of a correctional institution or under the custody of a law enforcement official, the Plan may release PHI about you to the correctional institution or law enforcement official. This disclosure would be necessary either 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.

Disclosures For Workers' Compensation

The Plan may release PHI about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Other Uses Of Medical Information

Other uses and disclosures of PHI not covered by this Notice or the laws that apply to the Plan will be made only with your written authorization. For example, in general and subject to specific conditions, the Plan will not (i) use or disclose your psychotherapy notes, (ii) use or disclose your PHI for marketing, or (iii) sell your PHI, unless you give the Plan a written authorization. If you provide the Plan with authorization to use or disclose PHI about you, you may revoke that authorization, in writing, at any time. If you revoke your authorization, the Plan will no longer use or disclose PHI about you for the reasons covered by your written authorization. The revocation will not be effective for any information that may have been used or disclosed in reliance upon the written authorization and prior to receiving your written revocation.

State Laws Regarding Uses And Disclosures Of PHI

Notwithstanding any provision of this Notice to the contrary, there shall be no use or disclosure of PHI if prohibited under State law to the extent that such State law is not preempted by HIPAA or the Employee Retirement Income Security Act (ERISA).

Your Rights Regarding PHI About You

You have the following rights regarding the PHI that the Plan maintains about you:

- Right To Request Restrictions.

You have the right to request a restriction or limitation on the PHI that the Plan uses or discloses about you for treatment, payment or health care operations. You also have the right to request a limit on the PHI that the Plan discloses about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that the Plan not use or disclose information about a surgery you had. To request such a restriction, you must submit your request in writing to the Plan's Privacy Official using the form that is available from the Plan's Privacy Official. In your request, you must tell the Plan (i) what information you want to limit, (ii) whether you want to limit the Plan's use, disclosure, or both, and (iii) to whom you want the limits to apply (for example, disclosures to your spouse). Please note that the law does not require the Plan to agree to your request. However, the Plan will agree to restrict disclosure of PHI if both (i) the disclosure is for the purpose of carrying out payment or health care operations and is not otherwise required by law, and (ii) the PHI pertains solely to a health care item or service for which you (or a person other than the Plan on your behalf) has paid the covered entity in full.

- Right To Request Confidential Communications.

You have the right to request that the Plan communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that the Plan contact you only at work or at home, or by mail or by fax. To request such communications, you must submit your request in writing to the Plan's Privacy Official using the form that is available from the Plan's Privacy Official. The Plan will not ask you the reason for your request. Your request must specify how or where you wish to be contacted. The Plan will accommodate reasonable requests.

- Right To Inspect And Copy.

You have the right to inspect and copy PHI that may be used to make decisions about your Plan benefits. To inspect and copy PHI that may be used to make decisions about you, you must submit your request in writing to the Plan's Privacy Official using the form that is available from the Plan's Privacy Official. If you request a copy of the information, the Plan may charge a fee for the costs of copying, mailing or other supplies associated with your request. The Plan may deny your request to inspect and copy information in certain very limited circumstances. If you are denied access to PHI, you may request that the denial be reviewed.

In addition, if the PHI that is the subject of a request for access is maintained in one or more designated record sets electronically, you have the right to request an electronic copy of such information. The Plan will provide such information in the electronic form and format requested by you, provided it is readily producible in such form and format. If the requested form and format are not readily producible, the Plan will provide the information in a readable electronic form and format that is mutually agreed upon with you. If you request a copy of the electronic information, the Plan may charge a fee for the costs and supplies involved in creating the information. The Plan may deny your request for an electronic copy of such information in certain very limited circumstances. If your request is denied, you may request that the denial be reviewed.

- Right To Amend.

If you believe that the PHI that the Plan has about you is incorrect or incomplete, you may ask the Plan to amend the information. You have the right to request an amendment for as long as the information is kept by or for the Plan. To request that the Plan amend your PHI, you must submit your request in writing to the Plan's Privacy Official using the form that is available from the Plan's Privacy Official. You must provide a reason that supports your request. The Plan may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, the Plan may deny your request if you ask the Plan to amend information that:

1. Was not created by the Plan, unless you provide a reasonable basis to believe that the person or entity that created the information is no longer available to make the amendment;
2. Is not part of the PHI kept by or for the Plan;

3. Is not part of the information which you would be permitted to inspect and copy; or
4. Is accurate and complete.

- Right To An Accounting Of Disclosures.

You have the right to request an accounting of disclosures of PHI made by the Plan in the six years prior to the date on which the accounting is requested, other than disclosures:

1. To carry out treatment, payment, or health care operations;
2. To you or pursuant to your authorization;
3. Otherwise permitted by HIPAA and the Plan's privacy practices; or
4. Incident to a use or disclosure otherwise permitted by HIPAA and the Plan's privacy practices.

To request an accounting of disclosures, you must submit your request in writing to the Plan's Privacy Official using the form that is available from the Plan's Privacy Official. Your request should indicate in what form you want the list (for example, paper or electronic). The first accounting that you request within a 12-month period will be provided for free. For additional accountings, the Plan may charge you for the costs of providing the accounting. The Plan will notify you of the cost involved, and you may choose to withdraw or modify your request at that time before any costs are incurred.

- Right To A Paper Copy Of This Notice.

If you have agreed to receive this Notice electronically, you have the right to a paper copy of this Notice. You may ask the Plan to give you a copy of this Notice at any time. To obtain a paper copy of this Notice, contact the Plan's Privacy Official. You may also obtain a copy of this Notice at the Plan's website (if any).

- Right To Use Personal Representatives.

You may exercise your rights through a personal representative. Your personal representative will be required to produce evidence of his or her authority to act on your behalf before he or she will be given access to your PHI or allowed to take any action for you. Proof of such authority may take one of the following forms:

1. A power of attorney for health care purposes, notarized by a notary public;
2. A court order of appointment of the individual as your conservator or guardian; or
3. An individual who is the parent of an unemancipated minor child may generally act as the child's personal representative (subject to State law).

The Plan retains discretion to deny access to your PHI to a personal representative in order 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. You or your personal representative should contact the Plan's Privacy Official if you want a personal representative to act on your behalf.

The Plan's Duties

The Plan is required by law to maintain the privacy of PHI. Following the discovery of a breach (i.e., the acquisition, access, use or disclosure of PHI in a manner not permitted under HIPAA's privacy rules, which compromises the security or privacy of the PHI), the Plan is required to notify each individual whose unsecured PHI has been, or is reasonably believed by the covered entity to have been, accessed, acquired, used, or disclosed as a result of such breach. The notice must be provided without unreasonable delay (but not later than 60 calendar days after the breach was discovered by the Plan).

Complaints

If you believe that your privacy rights under HIPAA have been violated, you may file a written complaint with either (i) the Plan by contacting the Plan's Privacy Official or (ii) the Office of Civil Rights (OCR) of the U.S. Department of Health and Human Services. You may contact the OCR by writing a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201 or by calling 1-877-696-6775. You can obtain more information about filing a complaint with the OCR at the OCR's web site:

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

There will be no retaliation for filing a complaint.

Changes To This Notice

The Plan reserves the right to change its privacy practices and to apply the changes to PHI that the Plan already has about you and any new information that the Plan may receive in the future. If a privacy practice is changed, a revised version of this Notice will be available upon request.

Plan's Privacy Official

If you have any questions about this Notice, please contact the Plan's Privacy Official at:

Risk Program Administrators
333 East Osborn Road, Suite 300
Phoenix, AZ 85012

Toll-Free: 1-833-648-2089

E-mail: CSMT@riskprogramadministrators.com