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NORTH CENTRAL STATES REGIONAL COUNCIL OF CARPENTERS' HEALTH FUND

PRIVACY PRACTICES NOTICE October 2016

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. THE PRIVACY OF YOUR MEDICAL INFORMATION IS IMPORTANT TO US.

Summary of Our Privacy Practices

The Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and Health Information Technology for Economic and Clinical Health Act ("HITECH") and their Privacy Rules grant certain rights to participants and beneficiaries of the North Central States Regional Council of Carpenters' Health Fund (the "Plan") in relation to their protected health information (called "medical information"). This Privacy Practices Notice discusses those rights and obligations.

The Plan may use and disclose your medical information without your permission for treatment, payment, and health care operations activities and, when required or authorized by law, for public health activities, law enforcement, judicial and administrative proceedings, research, and certain other public benefit functions.

The Plan may disclose your medical information to your family members, friends,

and others you involve in your health care or payment for your health care, and to appropriate public and private agencies in disaster relief situations.

IMPORTANT NOTE: The Plan reserves the right to provide your medical information to any person identified by you (such as a Business Agent), or whom the Plan in good faith believes was identified by you, or to a family member, other relative, or close personal friend. For example, the Plan may disclose your medical information to your spouse if the spouse contacts the Plan to help resolve a payment issue on your behalf. The Plan only will provide medical information in such a situation if it is directly relevant to such person's involvement with your care or payment related to your health care. If you object to such disclosures, please express your written objection to the contact person listed at the end of this notice.

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The Plan may disclose to the sponsor of the Plan, the Board of Trustees of the North Central States Regional Council of Carpenters' Health Fund (the "Board of Trustees"), whether you are enrolled or disenrolled in the Plan, summary health information for certain limited purposes, and your medical information for the Board of Trustees to administer the Plan if the Board of Trustees explains the limitations on its use and disclosure of your medical information in the Plan Document.

Except for certain legally-approved uses and disclosures, the Plan otherwise will not use or disclose your medical information without your written authorization.

You have the right to examine and receive a copy of your medical information, to receive

an accounting of certain disclosures the Plan may make of your medical information, and to request that the Plan amend, further restrict use and disclosure of, or communicate in confidence with you about your medical information.

You have the right to receive notice of breaches of your unsecured medical information.

Please review this entire notice for details about the uses and disclosures the Plan may make of your medical information, about your rights and how to exercise them, and about complaints regarding or additional information about our privacy practices.

The Plan's Legal Duties

The Plan is required by applicable federal and state law to maintain the privacy of your medical information. The Plan also is required to give you this notice about its privacy practices, its legal duties, and your rights concerning your medical information. The Plan must follow the privacy practices that are described in this notice while it is in effect. This notice takes effect September 23, 2016, and will remain in effect unless the Plan replaces it.

The Plan reserves the right to change its privacy practices and the terms of this notice at any time, provided such changes are permitted by applicable law. The Plan reserves the right to make any change in its privacy practices and the new terms of its notice applicable to all medical information that the Plan maintains, including medical information the Plan created or received before the Plan made the change.

Uses and Disclosures of Your Medical Information

Treatment: The Plan may disclose your medical information, without your permission, to a physician or other health care provider to treat you.

Payment: The Plan may use and disclose your medical information, without your permission, to pay claims from physicians, hospitals, and other health care providers for services delivered to you that are covered by the Plan, to determine your eligibility for benefits, to coordinate your benefits with other payers, to determine the medical necessity of care delivered to you,

to obtain premiums for your health coverage, to issue explanations of benefits to the participant of the Plan in which you participate and the like. The Plan may disclose your medical information to a health care provider or another health plan for that provider or plan to obtain payment or engage in other payment activities.

Health Care Operations: The Plan may use and disclose your medical information, without your permission, for health care operations. Health care operations include:

- health care quality assessment and improvement activities;
- reviewing and evaluating health care provider and health plan performance, qualifications and competence, health care training programs, health care provider and health plan accreditation, certification, licensing, and credentialing activities;
- conducting or arranging for medical reviews, audits, and legal services, including fraud and abuse detection and prevention;
- rating the risk and determining the necessary funding levels for the Plan, and obtaining stop-loss and similar reinsurance for the Plan's health coverage obligations; and
- business planning, development, management, and general administration, including customer service, grievance resolution, claims payment and health coverage improvement activities, de-identifying medical information, and creating limited data sets for health care operations, public health activities, and research.

The Plan may disclose your medical information to another health plan or to a health care provider subject to federal privacy protection laws, as long as the plan or provider has or had a relationship with you and the medical information is for that plan's or provider's health care quality assessment and improvement activities, competence and qualification evaluation and review activities, or fraud and abuse detection and prevention.

Your Authorization: You may give the Plan written authorization to use your medical information or to disclose it to anyone for any purpose. If you give the Plan an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosure permitted by your authorization while it was in effect. Unless you give the Plan a written authorization, the Plan will not use or disclose your medical information for any

purpose other than those described in this notice. The Plan generally may use or disclose any psychotherapy notes it holds only with your authorization.

Family, Friends, and Others Involved in Your Care or Payment for Care: The Plan may disclose your medical information to a family member, friend, or any other person you involve in your health care or payment for your health care. The Plan will disclose only the medical information that is relevant to the person's involvement.

The Plan may use or disclose your name, location, and general condition to notify, or to assist an appropriate public or private agency to locate and notify, a person responsible for your care in appropriate situations, such as a medical emergency or during disaster relief efforts.

The Plan will provide you with an opportunity to object to these disclosures, unless you are not present or are incapacitated or it is an emergency or disaster relief situation. In those situations, the Plan will use its professional judgment to determine whether disclosing medical information related to your care or payment is in your best interest under the circumstances.

Your medical information remains protected by the Plan at least 50 years after you die. After you die, the Plan may disclose to a family member, or other person involved in your health care prior to your death, the medical information that is relevant to that person's involvement, unless doing so is inconsistent with your preference and you have told the Plan so.

Disclosures to the Board of Trustees: The Plan may disclose to the Board of Trustees whether you are enrolled or disenrolled in the Plan.

The Plan may disclose summary health information to the Board of Trustees to obtain premium bids for the health

insurance coverage offered under the Plan or to decide whether to modify, amend, or terminate the Plan. Summary health information is aggregated claims history, claims expenses, or types of claims experienced by the enrollees in the Plan. Although summary health information will be stripped of all direct identifiers of these enrollees, it still may be possible to identify medical information contained in the summary health information as yours. The Plan is expressly prohibited from using or disclosing any health information containing your genetic information for underwriting purposes.

The Plan may disclose your medical information and the medical information of others enrolled in the Plan to the Board of Trustees to administer the Plan. Before the Plan may do that, the Board of Trustees must amend the Plan Document to establish the limited uses and disclosures the Board of Trustees may make of your medical information. Please see the Plan Document for a full explanation of those limitations.

Health-Related Products and Services:

The Plan may use your medical information to communicate with you about health-related products, benefits and services, and payment for those products, benefits, and services that the Plan provides or includes, and about treatment alternatives that may be of interest to you. These communications may include information about the health care providers in the Plan's network, if any, about replacement of or enhancements to the Plan, and about

health-related products or services that are available only to the Plan's enrollees that add value to, although they are not part of, the Plan.

Public Health and Benefit Activities: The Plan may use and disclose your medical information, without your permission, when required by law, and when authorized by law for the following kinds of public health and public benefit activities:

- for public health, including to report disease and vital statistics, child abuse, and adult abuse, neglect, or domestic violence;
- to avert a serious and imminent threat to health or safety;
- for health care oversight, such as activities of state insurance commissioners, licensing and peer review authorities, and fraud prevention agencies;
- for research;
- in response to court and administrative orders and other lawful process;
- to law enforcement officials with regard to crime victims and criminal activities;
- to coroners, medical examiners, funeral directors, and organ procurement organizations;
- to the military, to federal officials for lawful intelligence, counterintelligence, and national security activities, and to correctional institutions and law enforcement regarding persons in lawful custody; and
- as authorized by state Worker's Compensation laws.

Individual Rights

Access: You have the right to examine and to receive a copy of your medical information, with limited exceptions. You must make a written request to obtain access to your medical information. You should submit your request to the contact at the end of this notice.

The Plan may charge you reasonable, cost-based fees (including labor costs) for a copy of your medical information, for mailing the copy to you, and for preparing any summary or explanation of your medical information you request. Contact the Plan using the

information at the end of this notice for information about these fees.

Your medical information may be maintained electronically. If so, you can request an electronic copy of your medical information. If you do, the Plan will provide you with your medical information in the electronic form and format you requested, if it is readily producible in such form and format. If not, the Plan will produce it in a readable electronic form and format as the Plan and you mutually agree upon.

You may request that the Plan transmit your medical information directly to another person you designate. If so, the Plan will provide the copy to the designated person. Your request must be in writing, signed by you and must clearly identify the designated person and where the Plan should send the copy of your medical information.

Disclosure Accounting: You have the right to a list of instances from the prior six years, in which the Plan disclosed your medical information for purposes other than treatment, payment, health care operations, as authorized by you, and for certain other activities.

You should submit your request to the contact at the end of this notice. The Plan will provide you with information about each accountable disclosure that the Plan made during the period for which you request the accounting, except the Plan is not obligated to account for a disclosure that occurred more than six years before the date of your request and never for a disclosure that occurred before the Plan's effective date (if the Plan was created less than six years ago).

Amendment: You have the right to request that the Plan amend your medical information. You should submit your request in writing to the contact at the end of this notice.

The Plan may deny your request only for certain reasons. If the Plan denies your request, the Plan will provide you a written explanation. If the Plan accepts your request, the Plan will make your amendment part of your medical information and use reasonable efforts to inform others of the amendment who the Plan knows may have relied on the unamended information to your detriment, as well as persons you want to receive the amendment.

Restriction: You have the right to request that the Plan restrict its use or disclosure of your medical information for treatment, payment, or health care operations, or with family, friends, or others you identify. The Plan is not required to agree to your request, except for certain required restrictions described as follows. If the Plan does agree, the Plan will abide by the agreement, except in a medical emergency or as required or authorized by law. You should submit your request to the contact at the end of this notice. Any agreement the Plan may make to a request for restriction must be in writing signed by a person authorized to bind the Plan to such an agreement. The Plan will agree to (and not terminate) a restriction request if:

- the disclosure is to a health plan for purposes of carrying out payment or health care operations and is not otherwise required by law; and
- the medical information pertains solely to a health care item or service for which the individual, or person other than the Plan on behalf of the individual, has paid the covered entity in full.

Confidential Communication: You have the right to request that the Plan communicate with you about your medical information in confidence by means or to locations that you specify. You must make your request in writing, and your request

must represent that the information could endanger you if it is not communicated in confidence as you request. You should submit your request to the contact at the end of this notice.

The Plan will accommodate your request if it is reasonable, specifies the means or location for communicating with you, and continues to permit the Plan to collect contributions and pay claims. Please note that an explanation of benefits and other information that the Plan issues to the participant about health care that you received for which you did not request confidential communications, or about health care received by the participant or by others covered by the Plan, may contain sufficient information to reveal that you obtained health care for which the Plan paid, even though you requested that the Plan communicate with you about that health care in confidence.

Breach Notification: You have the right to receive notice of a breach of your unsecured medical information. Notification may be delayed or not provided if so required by a law enforcement official. You

may request that notice be provided by electronic mail. If you are deceased and there is a breach of your medical information, the notice will be provided to your next of kin or personal representatives if the Plan knows the identity and address of such individual(s).

Electronic Notice: If you receive this notice on the Plan's website or by electronic mail (e-mail), you are entitled to receive this notice in written form. Please contact the Plan using the information at the end of this notice to obtain this notice in written form.

State Law: As a condition of Plan participation, the Board of Trustees requires that the privacy rights of you, your spouse, and dependents be governed only by HIPAA and the laws of the State of Wisconsin (but only to the extent such laws are not preempted by the Employee Retirement Income Security Act of 1974, as applicable), without regard to whether HIPAA incorporates privacy rights granted under the laws of other states and without regard to Wisconsin's choice of law provisions.

Questions and Complaints

For more information about the Plan's privacy practices, to discuss questions or concerns, or to get additional copies of this notice, please contact the Plan using the information at the end of this notice.

If you are concerned that the Plan may have violated your privacy rights, or you disagree with a decision the Plan made about access to your medical information, about amending your medical information, about restricting the Plan's use or disclosure of your medical information, or about how the Plan communicates with you about your medical information (including a breach notice communication), you may complain

to the Plan using the contact information at the end of this notice.

You also may submit a written complaint to the Office for Civil Rights of the United States Department of Health and Human Services, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, D.C. 20201. You may contact the Office of Civil Rights' Hotline at 1-800-368-1019.

The Plan supports your right to the privacy of your medical information. The Plan will not retaliate in any way if you choose to file a complaint with the Plan or with the U.S. Department of Health and Human Services.

Contact Person: Bridget Welke

Telephone: (715) 835-3174, local
1-800-424-3405, toll-free

Address: North Central States Regional
Council of Carpenters' Health Fund
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