

# Notice of Privacy Practices

## SECURITY BENEFIT FUND/RETIRED SECURITY BENEFIT FUND OF THE UNIFORMED FIREFIGHTERS ASSOCIATION

***THIS NOTICE EXPLAINS HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.  
THE PRACTICES OUTLINED IN THIS NOTICE ARE EFFECTIVE AS OF SEPTEMBER 23, 2013.***

This notice explains possible uses of certain personal medical information (called “protected health information”) by the Security Benefit Fund/Retired Security Benefit Fund Plan (called the “plan”) and how you can get access to it for your own review. The practices, rights and duties described in this notice apply only to the prescription drugs, dental, and vision portions of the plan.

The plan is required by law to maintain the privacy of your protected health information and to inform you about:

- The plan's practices regarding the use and disclosure of your protected health information
- Your rights with respect to your protected health information
- The plan's duties with respect to your protected health information
- A breach that may have compromised the privacy or security of your protected health information
- Your right to file a complaint with the plan and with the Secretary of the U.S. Department of Health and Human Services
- Whom you may contact for additional information about the plan's privacy practices

The plan will follow the terms of this notice, as it may be updated from time to time. Doctors’ offices, hospitals, and other health care providers may have different policies and procedures regarding the use and disclosure of the protected health information they maintain. For information about their policies and procedures, contact them directly.

Any person who assists in the administration of the plan will follow the privacy practices described in this notice.

If you are enrolled in an insured HMO option, you will receive a similar notice of privacy practices from the HMO that provides that coverage.

### **HOW THE PLAN MAY USE YOUR PROTECTED HEALTH INFORMATION**

The plan may use or disclose your protected health information for the reasons listed below. It will not use or disclose it for any other reasons without your prior written authorization, which you may revoke at any time (subject to certain limitations).

1. ***For treatment***—to provide, coordinate, and manage health care and related services you receive from your health care providers.  
*Example:* The plan administrator might inform your pharmacist about medications you are taking. This information enables your pharmacist to determine whether there may be an adverse interaction with a new prescription.
2. ***For payment***—to determine eligibility for benefits, to facilitate payment to health care providers, to determine benefit responsibility, to coordinate coverage, and to handle other related responsibilities including billing, claims management, and utilization or precertification review.  
*Example:* The plan may tell your doctor or hospital whether you are eligible for coverage or what percentage of your bill the plan will pay.

3. **For operation of the plan**—to assess and improve the quality of services, to estimate the cost of future coverage, and to carry out other activities relating to insurance contracts, disease management, case management, medical review, legal services, and audits. The plan will never use genetic PHI for underwriting purposes.  
*Example:* The plan may use information about your medical claims to refer you to a disease management program, to estimate future benefit costs, or to make sure that claims are accurately processed.
4. **As required by law**—to comply with federal, state, or local laws.
5. **For reporting public health risks**—to prevent a serious threat (disease, injury, or disability) to your health and safety or the health and safety of the public or another person.  
*Examples:*
  - Reporting child abuse or neglect
  - Reporting reactions to medication or problems with products under federal regulation
  - Notifying people who are exposed to a communicable disease or who may be at risk of contracting or spreading a disease
  - Notifying the appropriate government agency if the plan believes that a covered person is victim of abuse, neglect, or domestic violence (only if that person agrees to it or when it is required or authorized by law).
6. **For health care oversight activities authorized by law**—to support audits, investigations, inspections, licensure or disciplinary actions, and other governmental efforts to monitor the health care system, government programs such as Medicare and Medicaid, and compliance with civil rights laws.  
*Example:* The plan may provide medical information to a government health oversight agency investigating complaints against physicians or other health care providers.
7. **In connection with lawsuits or other disputes**—to respond to a court order, subpoena, discovery request, or other lawful proceeding in which you are involved. However, the plan will release the information only if it receives satisfactory assurances from the requesting party that it made a good faith attempt to give you written notice of the proceeding that included sufficient information to permit you to object to the disclosure before the court or tribunal, and you either did not file an objection or you filed an objection but the court or tribunal ruled against you.
8. **For law enforcement purposes**—
  - To respond to a court order, subpoena, warrant, summons or similar process
  - To help identify or locate a suspect, fugitive, material witness, or missing person
  - To assist in an investigation into criminal conduct at a health care facility
  - To assist in the investigation of a crime in which you are the victim or suspected victim
  - To assist in the investigation of a death suspected to be the result of criminal conduct.
9. **For national security and intelligence activities**—to respond to the requests of authorized federal officials for intelligence, counter-intelligence, and other national security activities authorized by law.
10. **For the duties of a coroner, medical examiner, or funeral director**—to identify the body of a deceased person, to determine a cause of death, or to perform other authorized duties.
11. **For facilitating organ donation and transplants**—to release necessary medical data to organizations engaged in the procuring, banking, or transplanting of human organs, eyes, or tissue.
12. **To comply with workers' compensation laws** or other similar programs to the extent necessary.
13. **To facilitate care you receive from a family member, relative, friend, or other person**—the plan may give your health information to a caregiver you designate to receive it, as long as the information directly relates to that person's involvement with your care or payment for that care. The plan will do this only if you have either agreed to that disclosure, or you have had the chance to object but did not do so. If you

are physically or mentally incapable of agreeing with or objecting to this use of your health information, the plan will act in what it believes to be your best interest.

14. **To advise you of treatment alternatives**—to provide information about treatment alternatives or other health-related benefits or services that may be of interest to you.

*Example:* The plan may contact you to provide information about treatment alternatives or other health-related benefits or services that may be of interest to you.

15. **To Plan Sponsor**—for purposes of administering the plan. The plan may also disclose your health information to another health plan sponsored by the employer for purposes of treatment, payment or health care operations of that health plan.

## **YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION**

As a participant in the plan, you have the following rights regarding the protected health care information maintained by the plan. You may exercise these rights by submitting a written request to Privacy Officer, Security Benefit Fund/Retired Security Benefit Fund, 204 E. 23<sup>rd</sup> Street, New York, NY 10010.

1. **The right to inspect and copy your protected health information.** You may inspect or obtain a copy of your protected health information that is used by the Plan for enrollment, payment, claims adjudication, or case management, or that is used by the Plan to make decisions about you (the “Designated Record Set”). You will not be given access to information that was compiled in connection with a lawsuit, or psychotherapy notes. If the plan has on-site access to the information, you will receive it within 30 days. If it is maintained offsite, you will receive it within 60 days. One 30-day extension is permitted if, within the original 30- or 60-day period, the plan gives you the reason for the delay and tells you when you can expect to receive the information. In the rare situation where the plan must deny your request, you will be notified in writing. The plan may charge a reasonable fee for copying, mailing, and other services related to your request.
2. **Right to access electronic records:** You may request access to electronic copies of electronic health records or your PHI contained in the Designated Record Set, or you may request in writing or electronically that another person receive an electronic copy of these records. The electronic PHI will be provided in a mutually agreed-upon format, and you may be charged for the cost of any electronic media (such as a USB flash drive) used to provide a copy of the electronic PHI.
3. **The right to amend your protected health information.** If any of the health information that you have the right to inspect is incomplete or inaccurate, you may submit a written request for amendment of that information. Generally the plan will respond to your request within 60 days. One 30-day extension is permitted if, within the original 60-day period, the plan gives you the reason for the delay and tells you when the plan will act upon your request.
4. The plan may deny your request if it is not in writing or if it does not include a valid reason supporting the request. The plan may also deny the request if you ask it to amend information that was not created by the plan, unless you provide a reasonable basis to believe that the person or entity that created it is no longer available to make the amendment. Finally, your request may be denied if the health information you wish to amend is one of the data items that you are permitted to inspect and copy (see item 1, above), or is accurate and complete.

If the plan denies all or part of your amendment request, you will be notified of the denial and your related rights in writing.

5. **The right to receive an accounting of disclosures.** You may request an accounting of disclosures made by the plan during the six years prior to your request. However, the accounting will not include disclosures of health information that were made:
  - For purposes of treatment, payment, or health care operations
  - To you
  - Pursuant to an authorization

Generally the plan will respond within 60 days after your request is received. One 30-day extension is permitted if, within the original 60-day period, the plan gives you the reason for the delay and tells you when the plan will act upon your request.

If you request more than one accounting in a 12-month period, the plan will charge a reasonable fee for each additional accounting.

6. ***The right to request restrictions.*** You may ask the plan to restrict or limit the use or disclosure of your protected health information for purposes of payment, treatment, and health care plan operations or its disclosure to family members, friends, or others involved with your care or payment for your care. However, the plan is not required to honor this request.

The written request must describe the information you want to limit. It must also say whether you want to limit the plan's use, disclosure or both, and include the names of the individuals or organizations to which the limitations or restrictions should apply (your spouse, for example).

7. ***The right to request confidential communications related to your protected health information.*** You may request that confidential communications be sent to you in a certain way or to a certain location. The health plan will make every reasonable attempt to accommodate all reasonable requests and must accommodate that request if you state in writing that communication through normal processes could endanger you in some way.

*Example:* You may request that an Explanation of Benefits be mailed to your workplace rather than to your home.

8. ***The right to receive another paper copy of this notice at any time.*** You may also download a printable copy of this notice from the Sponsor's web site, at [www.ufanyc.org](http://www.ufanyc.org).

#### **YOUR PERSONAL REPRESENTATIVE**

Generally, your personal representative has the same rights regarding your protected health information as you have. The plan will afford your personal representative these rights only if he or she presents evidence of authority to act on your behalf. Evidence of authority means a notarized power of attorney for health care purposes or a court order that appoints the person to be your conservator or guardian. The plan considers the parent of a minor child to be the child's personal representative.

The plan may refuse to recognize someone as your personal representative if they believe there is good reason to believe that it is not in your best interest to give that person access to your protected health information.

#### **CHANGES TO THIS NOTICE**

The plan reserves the right to change the terms of this notice and to apply any new rules or procedures to all protected health information it maintains now or in the future. You will be notified within 60 days of the effective date of any material change to uses and disclosures, individual rights, legal duties, or other privacy practices. A copy of the current notice will also be posted at [www.ufanyc.org](http://www.ufanyc.org).

#### **IF YOU HAVE COMPLAINTS**

If you believe that your privacy rights have been violated, you may file a complaint with the plan by writing to Privacy Officer, Security Benefit Fund/Retired Security Benefit Fund, 204 E. 23<sup>rd</sup> Street, New York, NY 10010. You may also file a written complaint with the Secretary of the Department of Health and Human Services, Region II, Office for Civil Rights, US. Department of Health and Human Services, Jacob Javits Federal Building, 26 Federal Plaza, Suite 3312, New York, NY 10278. Complaints may also be sent by email to: [OCRComplaint@hhs.gov](mailto:OCRComplaint@hhs.gov). No one is allowed to retaliate against you for filing a complaint.

#### **IF YOU NEED MORE INFORMATION**

If you have any questions or need more information about this notice, contact Privacy Officer, Security Benefit Fund/Retired Security Benefit, 204 E. 23<sup>rd</sup> Street, New York, NY 10010.