

**THE JOINT INDUSTRY BOARD OF
THE ELECTRICAL INDUSTRY
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.

THIS NOTICE IS ADDRESSED TO YOU, THE PARTICIPANT, AND YOUR ELIGIBLE DEPENDENTS. PLEASE SHOW IT TO THEM.

INTRODUCTION

As group health plans, the Hospitalization Plan of the Electrical Industry, the Dental Benefit Fund of the Electrical Industry, the Dental Benefit Plan of the Elevator Division, the Employees' Security Fund of the Electrical Products Industries Health and Welfare Plan, the Health Reimbursement Account Plan of the Electrical Industry, and the Additional Security Benefits Plan of the Electrical Industry (collectively, "the Plans") are covered entities within the meaning of the Health Insurance Portability and Accountability Act of 1996, commonly known as "HIPAA". The Medical Department of the Joint Industry Board of the Electrical Industry (the "Joint Board") is a health care provider, and, as such, is also a covered entity for purposes of HIPAA. Under HIPAA, the Plans and the Medical Department are legally required to maintain the privacy of your Protected Health Information ("PHI"). PHI includes any individually identifiable information that relates to your physical or mental health, the health care that you have received, or payment for your health care, including your name, address, date of birth and Social Security number.

We are legally required to maintain the privacy of your PHI. The primary purpose of this notice is to describe the legally permitted uses and disclosures of PHI. This notice also describes your rights to privacy with respect to your PHI, and your right to file a complaint with the Plan and the Secretary of the United States Department of Health and Human Services.

The Plans are administered by the Joint Board pursuant to a written agreement with the Trustees of the Plans. The agreement requires the Joint Board to safeguard the privacy of your PHI and to facilitate your exercise of the new individual rights provided under HIPAA, as described below. When this Notice refers to "we" and "us", it is referring to the Joint Board and its employees in their capacity as the Plan Administrator.

We are required to abide by the terms of this Notice of Privacy Practices ("Notice"), unless changed by law. However, we reserve the right to change the terms of this or any subsequent Notice at any time. If we elect to make a change, the revised Notice will be effective for all PHI that we maintain at that time. Within 60 days of any material revision of our privacy practices we will distribute a new Notice. Additionally, you may contact the Joint Board directly at any time to obtain a copy of the most recent Notice or visit our website at <http://www.jibe.org/forms.asp> to view or download the current Notice.

This Notice is effective September 23, 2013.

I. PERMITTED USES AND DISCLOSURES

We may use and disclose your PHI in connection with your treatment, or payment for your treatment and for health care operations without an authorization, except with respect to psychotherapy notes in which case we will require an authorization to use or disclose such notes except in the case of a lawsuit against us. Generally, we will make every effort to disclose only the minimum necessary amount of PHI to achieve the purpose of the use or disclosure.

Treatment: means the provision, coordination or management of your health care.

Example: We may disclose the fact that you are eligible for benefits to a provider who contacts us to verify your eligibility under the Plan, or to an individual responsible for coordinating your health care, such as your spouse or your adult child.

Payment: means activities in connection with process claims for your health care. We may need to use or disclose your PHI to determine eligibility for coverage, medical necessity and

for utilization review activities.

Example: We could disclose your PHI to physicians engaged by the Plan for their medical expertise in order to help us determine medical necessity and eligibility for coverage under the Plan.

We may also disclose your PHI, and your dependents' PHI, on explanation of benefit forms ("EOBs") and other payment-related correspondence, such as pre-certification, which are sent to you. If you appeal a benefit determination and you designate an authorized representative to act on your behalf, we will disclose PHI related to that appeal to that designated representative.

Health Care Operations: means general administrative and business functions that the Plan must perform in order to function as a health plan.

Example: We may need to review your PHI as part of the Plan's effort to uncover instances of provider abuse and fraud. In addition, we may combine the PHI of many participants or their eligible dependents to help us decide on services for which we should provide coverage.

We may also disclose your PHI to third parties who, like the Joint Board, are known as "Business Associates" of the Plans and who perform various activities (*e.g.*, hospital pre-authorization, case management) for the Plans. In such circumstances, we will have a written contract with the Business Associate, which requires the Business Associate to protect the privacy of your PHI.

Reminders: We may use your PHI to provide you with reminders.

Example: We may use your child's date of birth to remind you that you may purchase continuation coverage for your child who would otherwise lose coverage under the Plan because of reaching a certain age.

Treatment Alternatives: We may use your PHI to inform you about treatment alternatives.

Health-Related Benefits and Services: We may use or disclose your PHI to inform you about other health-related benefits and services that may be of interest to you.

Disclosure To Trustees Of The Plan: We may disclose your PHI to Trustees of the Plans in connection with appeals that you file following a denial of a benefit claim or a partial payment. Trustees may also receive PHI if necessary for them to fulfill their fiduciary or other duties with respect to the Plans. Such disclosures will be the minimum necessary to achieve the purpose of the use or disclosure. In accordance with the Plan documents, the Trustees must agree not to use or disclose PHI other than as permitted in this Notice or as required by law, not to use or disclose the PHI with respect to any employment-related actions or decisions.

Disclosure to Others Involved In Your Care or Payment of Your Care: We may disclose to your spouse, or other members of your immediate family and the individuals you designate or have designated on the "Designation Form" your PHI that is directly relevant to such individual's involvement in your health care or payment of your health care, unless you request us in writing not to do so.

If you want us to disclose your PHI to any other third party, you must authorize us to do so as described in the section "Authorization for Other Uses and Disclosures of Your PHI".

We will recognize your previous designation of such individuals and will continue to send EOBs and other communications from the Fund to such parties. If you do not want us to continue such communications, you must notify us in writing to such effect and give us an alternate address or third party, if any, to whom you would like us to send your information. In addition, we may disclose to your spouse, or other members of your immediate family and the individuals you designate or have designated, as provided above, your PHI that is directly relevant to such individual's involvement in your health care or payment of your health care, unless you request us in writing not to do so.

For disclosures of your minor children's PHI, please refer below to the section "Legal Personal Representatives".

Disaster Relief: We may disclose your PHI to any authorized public or private entities assisting in disaster relief efforts.

Legal Personal Representatives: We may disclose your PHI to your Legal Personal Representative in accordance with applicable state law or the HIPAA Privacy Rule. A Legal Personal Representative is someone authorized by court-order, power of attorney, or a parent of a child, in most cases. In addition, a Legal Personal Representative can exercise your personal rights with respect to PHI. While generally a parent is the Legal Personal Representative of an unemancipated minor, we will not disclose PHI, other than payment information, to a parent of a child age 12 or older, unless we receive a written request for such information from that child's parent. In that case, we may still not be able to disclose the PHI of an unemancipated child in order to comply with the privacy laws.

Required By Law: We may use or disclose your PHI to the extent that we are required to do so by federal, state or local law. You will be notified, if required by law, of any such uses or disclosures.

Public Health: We may disclose your PHI for public health purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose of preventing *or* controlling disease (including communicable diseases), injury or disability. If directed by the public health authority, we may also disclose your PHI to a foreign government agency that is collaborating with the public health authority.

Health Oversight: We may disclose your PHI to a health oversight agency for activities authorized by law, such as audits, investigations, inspections and legal actions. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws.

Abuse or Neglect: We may disclose your PHI to any public health authority authorized by law to receive reports of child abuse or neglect. In addition, if we reasonably believe that you have been a victim of abuse, neglect or domestic violence, we may disclose your PHI to the governmental entity or agency authorized to receive such information.

We will promptly inform you that such a disclosure has been or will be made, unless we

reasonably believe that informing you would place you at risk of serious harm, or we'd be informing a Personal Representative of yours who we reasonably believe is responsible for the abuse, neglect, or injury.

Food and Drug Administration: Our Prescription Benefits Manager or doctors in our Medical Department may disclose your PHI to a person or company subject to the jurisdiction of the Food and Drug Administration ("FDA") with respect to an FDA-regulated product or activity for which that person has responsibility, for the purpose of activities related to the quality, safety or effectiveness of such FDA-regulated product or activity.

Legal Proceedings: We may disclose your PHI in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal. In addition, in response to a subpoena, discovery request or other lawful process that is not accompanied by a court order, we will disclose your PHI only upon receipt of satisfactory assurances that reasonable efforts were made to ensure that you or the individual whose PHI is the subject of the discovery request has been given notice of the request for his or her PHI.

Law Enforcement: We may also disclose your PHI, if requested by a law enforcement official as part of certain law enforcement activities.

Criminal Activity: Consistent with applicable federal and state laws, we may disclose your PHI, if we believe that 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. We may also disclose PHI if it is necessary for law enforcement authorities to identify or apprehend an individual.

Workers' Compensation: We may disclose your PHI to comply with workers' compensation laws and other similar legally established programs.

Required Uses and Disclosures: We must make disclosures to you and to the Secretary of the U.S. Department of Health and Human Services to investigate or determine our compliance with the federal regulations regarding privacy.

Authorization For Other Uses And Disclosures Of Your PHI: Most uses and

disclosures of psychotherapy notes relating to you, uses and disclosures of your PHI for marketing purposes, and disclosures that constitute sales of your PHI require your authorization. Other uses and disclosures of your PHI not described in this Notice will be made only with your written authorization, unless otherwise permitted by law as described above. If you authorize us to use or disclose your PHI for purposes other than set forth in the Notice, you may revoke that authorization, in writing, at any time, except to the extent that we have already taken action based upon the authorization. Thereafter, we will no longer use or disclose your PHI for the reasons covered by your written authorization. Contact the Privacy Officer to obtain an Authorization Form.

The Fund will not use or disclose your PHI that is “genetic information” for “underwriting” purposes, as defined by the Genetic Information Nondiscrimination Act of 2008.

II. YOUR RIGHTS

Right To Inspect And Copy: As long as we maintain your PHI, you may inspect and obtain a copy of your PHI that is contained in a Designated Record Set except psychotherapy notes or information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding. “Designated Record Set” means a group of records that comprise the enrollment, payment, claims adjudication, care or medical management record systems maintained by or for the Plan.

“Designated Record Set” means a group of records that comprise the enrollment, payment, claims adjudication, case or medical management record systems maintained by or for the Fund. If the Fund uses or maintains an electronic health record with respect to your PHI, you may request such PHI in an electronic format, and direct (in a signed written request) that such PHI be sent to another person or entity.

We may decide to deny you access to your PHI if it is determined that the requested access is reasonably likely to endanger the life or physical safety of you or another individual or to cause substantial harm to you or another individual, or if the records make reference to another person (other than a health care provider) and the

requested access would likely cause substantial harm to the other person. Depending on the circumstances, that decision to deny access may be reviewable by a licensed health professional who was not involved in the initial denial of access and who has been designated by the Plan to act as a reviewing official.

To request access to inspect and/or obtain a copy of any of your PHI, contact our Privacy Officer to obtain the appropriate form. We shall impose a fee to cover the costs of copying the requested PHI, supplies for creating the paper copy or electronic media, the cost of preparing a summary of your PHI, and postage.

Right To Request A Restriction Of Your PHI:

You may ask us in writing on the appropriate form not to use or disclose any part of your PHI for any of the purposes previously described in Section I above.

It is our policy not to honor any requests to restrict the use or disclosure of your PHI for treatment, payment or health care operations. However, we may honor requests to restrict disclosures of your PHI to spouses, other members of your immediate family or any other person designated by you as an individual involved in your health care or payment of health care.

We are not required to agree to a restriction that you may request. However, if we do agree to the request, we will not use or disclose your PHI in violation of that restriction unless it is needed to provide emergency treatment or we terminate the restriction with or without your agreement. If you do not agree to the termination, the restriction will continue to apply to PHI created or received prior to our notice to you of our termination of the restriction. To request a restriction you must write to our Privacy Officer at the address below indicating what information you want to restrict, whether you want to restrict use, disclosure or both, and to whom you want the restriction to apply.

Right To Request To Receive Confidential Communications From Us By Alternative Means Or At An Alternative Location:

You may request in writing and we must accommodate your reasonable request to receive notices, such as an Explanation of Benefits (“EOB”), from us by alternative means or at an alternative location. For example, you can ask that we only contact you at work or by mail or at

another address. Contact our Privacy Officer to obtain the appropriate form.

Right To Amend Your PHI: If you believe that PHI that we have about you is incorrect or incomplete, you may request that it be amended. To make a request, contact our Privacy Officer to obtain the form.

We may deny your request if you ask us to amend information that:

Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;

Is accurate and complete;

And in certain other situations.

If we deny your request for amendment, you have the right to file a written statement of disagreement with us, or you can request us to include your request for amendment along with the information sought to be amended if and when we disclose it in the future. We may prepare a rebuttal to your statement of disagreement, and will provide you with a copy of any such rebuttal.

Right To An Accounting Of Disclosures: You have the right to request an accounting or list of disclosures made by the Plans or its Business Associates of your PHI. We are required to comply with your request except with respect to disclosures:

Made in connection with your receiving treatment, our payment for such treatment and for health care operations;

Made to you, or your personal representative regarding your own PHI;

Pursuant to your written authorization;

To a person involved in your care or for other permitted notification purposes;

and other limited situations.

To request an accounting of disclosures, contact our Privacy Officer to obtain the appropriate form. You have the right to receive an accounting

of disclosures of PHI made within six years (or less) of the date on which the accounting is requested, but not prior to April 14, 2003. The first request within a 12-month period will be free of charge. For additional requests within the 12-month period, we will charge you for the costs of providing the accounting. We 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 Receive Notice of Certain Breaches of PHI: If your “unsecured” PHI is accessed, acquired, used or disclosed in a manner that is considered a breach and not permitted under the HIPAA privacy rules we will notify you. Unsecured PHI is PHI that is not rendered unusable, unreadable, or indecipherable to unauthorized persons through certain specified technologies and methodologies.

Right To Obtain A Paper Copy Of This Notice: You may contact the Privacy Officer at anytime to request a copy of this Notice. Additionally, you may visit our website at <http://www.jibe.org/forms.asp> to view or download the current Notice.

III. COMPLAINTS

If you believe that your privacy rights have been violated, you may file a complaint with us or with the Secretary of the U.S. Department of Health and Human Services at Hubert H. Humphrey Building, 200 Independence Avenue S.W., Washington, D.C. 20201. To file a complaint with us, you must submit your complaint in writing to our Privacy Officer at the address below. We will not retaliate against you for filing a complaint.

FOR QUESTIONS OR REQUESTS

Contact:

Laura Taylor-O’Boyle
Privacy Officer
The Joint Industry Board
158-11 Harry Van Arsdale Jr. Avenue
Flushing, NY 11365
(718) 591-2000 ext. 1405