

PROFESSIONAL MUSICIANS, LOCAL 47 AND EMPLOYERS' HEALTH AND WELFARE FUND

NOTICE OF PARTICIPANT PRIVACY RIGHTS

April 14, 2003

This notice describes how PHI about you may be used and disclosed and how you can get access to this information. Please review this document carefully.

This notice describes the PHI practices of Professional Musicians, Local 47 and Employer's Health and Welfare Fund ("Trust Fund"), which sponsors the Local 47 and Employers' Health and The Welfare Plan ("Plan"), and that of any third party that assists in the administration of Plan claims. Your PHI - also known as Protected Health Information or "PHI" - is defined as individually identifiable health information related to your past, present or future physical or mental health condition or payment for health care. PHI includes information maintained by the Plan in oral, written or electronic form.

The Plan understands that PHI about you and your health is personal. The Plan is committed to protecting PHI about you. The Plan may receive PHI about you, or a family member, for the purpose of helping you obtain treatment or claims payment.

This notice will tell you about the ways in which the Plan may use and disclose PHI about you. It also describes our obligations and your rights regarding the use and disclosure of PHI.

Law requires us to:

- Make sure that PHI that identifies you is kept private;
- Give you this notice of our legal duties and privacy practices with respect to PHI about you; and
- Follow the terms of the notice that is currently in effect.

The following categories describe different ways that the Plan uses and discloses PHI. For each category of use or disclosures the Plan will explain what is meant and present some examples. Not every use or disclosure in a category will be listed. However, all of the ways the Plan is permitted to use and disclose information will fall within one of these categories.

Treatment (as described in applicable regulations): The Plan may use or disclose PHI about you to facilitate medical treatment or services by providers. The Plan may disclose PHI about you to a physician, hospital personnel, or the insurance company to obtain treatment. For example: You may require services provided by a Specialist. A pre-authorization must be obtained prior to services. This may require PHI being sent to medical carrier to obtain the pre-authorization.

Payment (as described in applicable regulations): The Plan may use and disclose 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: You may require assistance in resolving claims payment issues for authorized services.

Health Care Operations (as described in applicable regulations): The Plan may use and 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: conducting quality assessment and improvements activities; underwriting, premium rating and other activities relating to Plan coverage; submitting claims for stop-loss coverage; conducting or arranging for medical review, legal services, audit services, and fraud and abuse detection programs; business planning and development such as cost management; and business management and general Plan administrative activities.

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 litigation proceedings such as a malpractice action.

To Avert a Serious Threat to Health or Safety. The Plan may use and 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.

Special Situations

Disclosure to Another Health Plan. Information may be disclosed to another health plan maintained by the Trust Fund for the purposes of facilitating claims payment under that plan. In addition, PHI may be disclosed to Trust Fund personnel solely for purposes of administering benefits under the Plan.

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.

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 a person who may have been exposed to disease or may be at risk for contracting or spreading a disease or condition;
- To notify the appropriate government authority if the Plan believes a patient has been the victim of abuse, neglect or domestic violent. The Plan will only make this disclosure if you agree or when required or authorized by law.

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 and compliance with civil rights laws.

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 a dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

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 reasonably believes may be the result of criminal conduct;
- about criminal conduct at the hospital; and
- 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.

Coroners, Medical Examiners and Funeral Directors. The Plan may release PHI to coroner or medical examiner. This 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.

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.

Your Rights Regarding PHI About You

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

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 Trust Fund's Privacy Officer. 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 in certain very limited circumstances. If you are denied access to PHI, you may request that the denial be reviewed.

Right to Amend. If you feel that PHI the Plan has about you is incorrect or incomplete, you may ask us 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 an amendment, your request must be made in writing and submitted to the Plan Privacy Officer. In addition, 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 us to amend information that:

- is not part of the PHI kept by or for the Plan;
- was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- is not part of the information which you would be permitted to inspect and copy;
or
- is accurate and complete.

Right to an Accounting of Disclosures. You have the right to request an “accounting of disclosures” where such disclosure was made for any purpose other than treatment, payment, or health care operations.

To request this list or accounting of disclosures, you must submit your request in writing to Trust Fund Contact. Your request must state a time period, which may not be longer than six years and may not include dates before April 2003. Your request should indicate in what form you want the list (for example, paper or electronic). The first list you request within a 12-month period will be free. For additional lists, the Plan may charge you for the cost of providing the list. 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 Request Restrictions. You have the right to request a restriction or limitation on the PHI 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 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.

The Plan is not required to agree to your request.

To request restrictions, you must make your request in writing to the Trust Fund Privacy Officer. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosure to your spouse.

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 may ask that the Plan only contact you at work or by mail.

To request confidential communication, you must make your request in writing to the Trust Fund Privacy Officer. The Plan will not ask you for the reason for your request.

The Plan will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

Right to a Paper Copy of This Notice. You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

To obtain a paper or electronic copy of this notice, call the administrative office at (818) 243-0222.

Changes to This Notice

The Plan reserves the right to change this notice. The Plan reserves the right to make the revised or changed notice effective for PHI the Plan already has about you as well as any information the Plan receives in the future.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with the Secretary of the Department of Health and Human Services. To file a complaint with the Plan, contact Ann Elkin, the Plan Privacy Officer, at (800) 753-0222. All complaints must be submitted in writing.

You will not be penalized for filing a complaint.

Other Uses of PHI

Other uses and disclosures of PHI not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose PHI about you, you may revoke that permission, in writing, at any time. If you revoke your permission, the Plan will no longer use or disclose PHI about you for the reasons covered by your written authorization. You understand that the Plan are unable to take back any disclosures the Plan have already made with your permission, and that the Plan are required to retain our records of the services the Plan provided you.