

# Day Care Council–Local 205, D.C. 1707 Welfare Fund

## *Employee Benefits Trust*

### NOTICE OF INFORMATION PRACTICES 2015

As required under the Federal Health Insurance Portability and Accountability Act of 1996 (HIPAA), the following notice of information practices is being provided to you.

#### **Uses and Disclosures of Health Information:**

The Fund uses Health Information about you to pay for treatment, to obtain payment for treatment, for administrative purposes, and to evaluate the quality of care that you receive.

We may use or disclose identifiable health information about you without your authorization for several other reasons. Subject to certain requirements, we may give out health information without your authorization for public health purposes, for auditing purposes, for research studies, and for emergencies. We provide information when otherwise required by law, such as for law enforcement in specific circumstances.

In any other situation, we will ask for your written authorization before using or disclosing any identifiable health information about you. If you choose to sign an authorization to disclose such information, you can later revoke that authorization to stop any future uses and disclosures.

We may change our policies at any time. Before we make a significant change in our policies we will change our notice and send a copy to each of our Participants. You can also request a copy of our notice at any time. For more information about our privacy practices, please contact the person listed below.

#### **Individual Rights:**

In most cases, you have the right to look at or receive a copy of health information about you that we use to make decisions about you. If you request copies, we will charge you \$0.05 (five cents) for each page. You also have the right to receive a list of instances where we have disclosed health information about you for reasons other than treatment, payment or related administrative purposes. If you believe that information in your record is incorrect or if important information about you is missing, you have the right to request that we correct the existing information or add the missing information.

You may request, in writing that we not use or disclose your information for treatment, payment, or administrative purposes except when specifically authorized by you, when required by law.

#### **Complaints:**

If you are concerned that we have violated your privacy rights, or disagree with a decision we made about access to your records, you may contact the person listed below. You may also send a written complaint to the U. S. Department of Health and Human Services. The person listed below can provide you with the appropriate address upon request.

#### **Our Legal Duty:**

We are required by law to protect the privacy of your information, provide this notice about our information practices, and follow the information practices that are described in this notice.

If you have any questions or complaints contact:

Iris N Jusino  
DCC- Local 205, DC 1707 Welfare Fund  
420 West 45<sup>th</sup> Street 3<sup>rd</sup> Floor  
New York NY 10036-3501  
212 925 0005

Rev 3/2015