

Pressmen's-Publishers' Benefit Funds

NOTICE OF PRIVACY PRACTICES

This Notice is effective as revised September 23, 2013.

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, AND SHARE IT WITH YOUR SPOUSE AND OTHER DEPENDENTS WHO ARE COVERED UNDER THE PUBLISHERS' – PRESSMEN'S WELFARE FUND (THE "FUND").

THIS NOTICE APPLIES TO THE FUND OFFICES AND TO THE SERVICES THAT THE FUND PROVIDES THROUGH BUSINESS ASSOCIATES OF THE FUND.

INTRODUCTION

During the course of providing you with health coverage, the Fund will have access to information about you that has been deemed to be "protected health information" by the Health Insurance Portability and Accountability Act of 1996, commonly known as "HIPAA." This Notice describes the medical information privacy practices of the Fund, and explains the Fund's obligations and your rights regarding the use and disclosure of your protected health information. From time to time the Fund contracts with individuals or companies to perform various functions on our behalf. HIPAA refers to these persons as "business associates," and this Notice also applies to the Fund's business associates. Your personal physician or health care provider, and also HMOs and health insurers, may have different policies or notices regarding their use and disclosure of your protected health information.

If you have any questions about this Notice, please contact the Fund's Privacy Official, at the address and phone number listed at the end of this Notice.

OUR PLEDGE REGARDING HEALTH INFORMATION

The Fund understands that medical information about you and your health is personal information. The Fund is committed to protecting your medical information. Under HIPAA, your protected health information ("Health Information") includes any individually identifiable information (including your name, address, date of birth, employee ID number, and Social Security number) that is linked to your past, present or future physical or mental health, the health care that you have received or payment for your health care. This Notice covers any such Health Information that is maintained by or on behalf of the Fund.

The Fund is required by law to:

- Make sure that your Health Information is kept private;
- Provide you with this Notice of the Fund’s legal duties and privacy practices with respect to your Health Information;
- Notify affected individuals following a breach of unsecured Health Information; and
- Follow the terms of this Notice (as currently in effect or subsequently amended).

HOW THE FUND MAY USE AND DISCLOSE YOUR HEALTH INFORMATION:

1. Uses and Disclosures for Treatment, Payment and Health Care Operations

The Fund may use or disclose your Health Information in connection with your receiving treatment from a health care provider, the Fund’s payment for such treatment and for Fund health care operations.

For Treatment: Although the Fund does not provide treatment, the Fund may use or disclose your Health Information to support the provision, coordination or management of your health care treatment. For example, the Fund or its business associate may disclose the name of your treating physician to a treating orthopedist so that the orthopedist can obtain your x-rays from your physician.

For Payment: The Fund may use or disclose your Health Information for the Fund’s payment activities or those payment activities of another health plan or provider. “Payment” includes all activities in connection with processing claims for your health care (including billing, claims management, eligibility, coordination of benefits, adjudication of claims, subrogation, reviews for medical necessity and appropriateness of care and utilization review and preauthorizations). For example, the Fund may disclose your Health Information to your health care provider to determine whether a particular surgery is medically necessary, or to determine whether the Fund will cover that surgery.

For Health Care Operations: The Fund may use or disclose your Health Information as part of the general administrative or business functions of the Fund that the Fund must perform in order to function as a health plan, and for certain health care operations of other health plans or providers. Additionally, the Fund may use your Health Information in connection with conducting quality assessment and improvement activities and other activities relating to Fund coverage, submitting claims for stop-loss (or excess loss) coverage, conducting or arranging for medical review, legal services, or audit services. For example, the Fund may need to review your Health Information as part of the Fund’s efforts to uncover instances of health care provider abuse and fraud.

Business Associates: In any circumstance where the Fund discloses Health Information to a business associate, the Fund will have a written contract with that business associate that requires the business associate to also protect the privacy of your Health Information.

2. Disclosures to the Fund Sponsor and to Your Representatives

Disclosure to the Fund Sponsor: The Fund may disclose your Health Information to the Fund's Board of Trustees, which serves as the plan sponsor for the Fund, for purposes related to payment of benefits, Fund operations, and other matters pertaining to Fund administration that involve the Board of Trustees, for example in connection with appeals that you file following a denial of a benefit claim. This includes that the Trustees may receive your Health Information if necessary for them to fulfill their fiduciary duties with respect to the Fund. When disclosing Health Information to the Board of Trustees, the Fund will make reasonable efforts not to disclose more than the minimum necessary amount of Health Information to achieve the particular purpose of the disclosure. In accordance with the plan documents, the Board of Trustees has agreed not to use or disclose your Health Information: (1) other than as permitted in this Notice or as required by law, (2) with respect to any employment-related actions or decisions, or (3) with respect to any other benefit plan sponsored by or maintained by the Board of Trustees.

In addition, the Fund may disclose "summary health information" to the Board of Trustees for obtaining premium bids or modifying, amending or terminating the benefits provided under the Fund. Summary health information summarizes the claims history, claims expenses or type of claims experienced by individuals for whom a plan sponsor (such as the Board of Trustees) has provided health benefits under a group health plan. Identifying information will be deleted from summary health information, in accordance with federal privacy rules.

Disclosure to Your Personal Representatives: The Fund may disclose your Health Information to your personal representative in accordance with applicable state law and HIPAA (e.g., to parents if you are an unemancipated child under 18, to those with unlimited powers of attorney, etc.). In addition, you may authorize a personal representative to receive your Health Information and act on your behalf. Contact the Privacy Official to obtain a copy of the appropriate form to authorize the people who may receive this information.

Individuals Involved in Your Care or Payment For Your Care: Unless you object in writing, the Fund may disclose Health Information to a close friend or family member involved in or who helps pay for your health care, but only to the extent relevant to that friend or family member's involvement in your care or payment for your care. For example, if a family member or a caregiver calls the Fund with prior knowledge of a claim, the Fund may confirm whether or not the claim has been received and paid. The Fund may also disclose your Health Information to any authorized public or private entities assisting in disaster relief efforts.

3. Other Permitted Uses and Disclosures of Your Health Information

The Fund may also use or disclose your Health Information for any of the following purposes:

Required By Law: The Fund may use or disclose your Health Information to the extent that the Fund is required to do so by applicable law. You will be notified, if required by law, of any such uses or disclosures.

Public Health: The Fund may disclose your Health Information for public health and safety purposes to a public health authority that is permitted by law to collect or receive the information. Your Health Information may be used or disclosed for the purpose of preventing or controlling disease (including communicable diseases), injury or disability. If directed by the public health authority, the Fund may also disclose your Health Information to a foreign government agency that is collaborating with the public health authority.

Health Oversight: The Fund may disclose your Health Information 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: The Fund may disclose your Health Information to any public health authority authorized by law to receive information about abuse, neglect or domestic violence if the Fund reasonably believes that you have been a victim of abuse, neglect or domestic violence. In this case, the Fund will inform you that such a disclosure has been or will be made unless that notice will cause a risk of serious harm.

To Avert A Serious Threat to Health or Safety: The Fund may use or disclose your Health Information 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 reasonably able to help prevent or lessen the threat.

Legal Proceedings: The Fund may disclose your Health Information in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal. In addition, the Fund may disclose your Health Information under certain conditions in response to a subpoena, court-ordered discovery request or other lawful process, in which case reasonable efforts must be undertaken by the party seeking the Health Information to notify you and give you an opportunity to object to the disclosure.

Law Enforcement: The Fund may disclose your Health Information if requested by a law enforcement official as part of certain law enforcement activities.

Coroners, Funeral Directors, and Organ Donation: The Fund may disclose your Health Information to a coroner or medical examiner for identification purposes, or other duties authorized by law. The Fund may also disclose your Health Information to a funeral director, as authorized by law, in order to permit the funeral director to carry out his/her duties. The Fund may disclose such information in reasonable anticipation of death. The Fund may also disclose Health Information for cadaveric organ, eye or tissue donation purposes.

Research: The Fund is permitted to disclose your Health Information to researchers when their research has been approved by an institutional review board or privacy board that has established protocols to ensure the privacy of your Health Information.

Military Activity and National Security: When the appropriate conditions apply, the Fund may use or disclose Health Information of individuals who are Armed Forces personnel: (1) for activities deemed necessary by military command authorities; or (2) to a foreign military authority if you are a member of that foreign military service. The Fund may also disclose your Health Information to authorized federal officials conducting national security and intelligence activities.

Workers' Compensation: The Fund may disclose your Health Information to comply with workers' compensation laws and other similar legally established programs.

Inmates: If you are an inmate of a correctional institution or under the custody of a law enforcement official, the Fund may disclose your Health Information to the institution or official if the Health Information is necessary for the institution to provide you with health care; to protect the health and safety of you or others; or for the security of the correctional institution.

Required Uses and Disclosures: The Fund must make disclosures of Health Information to the Secretary of the U.S. Department of Health and Human Services ("HHS") to investigate or determine the Fund's compliance with the federal regulations regarding privacy.

USES AND DISCLOSURES OF YOUR HEALTH INFORMATION THAT REQUIRE YOUR WRITTEN AUTHORIZATION

The Fund will not use or disclose your Health Information for the following purposes without your prior written authorization:

Psychotherapy Notes: Except for certain narrow exceptions permitted by law (such as legal defense in a proceeding you bring against the Fund), the Fund will not use or disclose any mental health professional's psychotherapy notes (discrete notes that document the contents of conversations during counseling sessions) without your prior written authorization.

Marketing or Sales: Unless you give the Fund your prior written authorization, the Fund will not use or disclose your Health Information for any paid marketing activities or sell your Health Information.

Other Uses and Disclosures Of Health Information: Other uses and disclosures of your Health Information not described in this Notice will only be made with your prior written authorization. For example, a written authorization from you would be necessary to disclose your Health Information to a disability insurance company for purposes of obtaining disability benefits, or to a law firm in connection with litigation, unless otherwise permitted or required as outlined above. If you provide the Fund with written authorization to use or disclose your Health Information for purposes other than those set forth in this Notice, you may revoke that authorization in writing at any time. If you revoke your authorization, the Fund will no longer use or disclose your Health Information for the reasons covered by your written authorization. However, you understand that the Fund is unable to take back any disclosures the Fund has

already made with your authorization, and that the Fund is required to retain records of the services the Fund provided to you.

NO USE OR DISCLOSURE OF GENETIC INFORMATION FOR UNDERWRITING

The Fund is prohibited by law from using or disclosing Health Information that is genetic information of an individual for underwriting purposes. Generally, genetic information involves information about differences in a person's DNA that could increase or decrease his or her chance of getting a disease (for example, diabetes, heart disease, cancer or Alzheimer's disease).

ADDITIONAL SPECIAL PROTECTIONS

Additional special privacy protections, under federal or state law, may apply to certain sensitive information, such as genetic information, HIV-related information, alcohol and substance abuse treatment information, and mental health information. If you have questions please contact the Privacy Official at the address below.

YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION

You have the following rights regarding the Health Information that the Fund maintains:

Right to Request a Restriction on the Use and Disclosure of Your Health Information: You may ask the Fund to restrict the uses and disclosures of your Health Information to carry out treatment, payment or health care operations. You may also request that the Fund restrict uses and disclosures of your Health Information to family members, relatives, friends or other persons identified by you who are involved in your care. However, the Fund is not required to agree to a restriction that you request. If the Fund does agree to the request, the Fund will not use or disclose your Health Information in violation of that restriction unless it is needed to provide emergency treatment or the Fund terminates the restriction with or without your agreement. If you do not agree to the termination, the restriction will continue to apply to Health Information created or received prior to the Fund's notice to you of the Fund's termination of the restriction. To request a restriction, you must write to the Privacy Official at the address below indicating (1) what information you want to restrict, (2) whether you want to restrict use, disclosure or both, and (3) to whom you want the restriction to apply.

Right to Request to Receive Confidential Communications by Alternative Means or at an Alternative Location: The Fund will accommodate your reasonable request to receive communications of PHI from the Fund by alternative means or at alternative locations if the request includes a statement that disclosure using the Fund’s regular communications procedures could endanger you. Please direct your written request to the Privacy Official at the address below.

Right to Inspect and Copy: As long as the Fund maintains it, you may inspect and obtain a copy of your Health Information that is contained in a “designated record set” – which are records used in making enrollment, payment, claims adjudication, medical management and other decisions. To request access to inspect and/or obtain a copy of any of your Health Information, you must submit your request in writing to the Privacy Official at the address below indicating the specific information requested, and you may also direct the Fund to transmit the copy of Health Information directly to another person that you designate in writing. If you request a copy of Health Information, please indicate in which form you want to receive it (i.e., paper or electronic). The Fund may impose a fee to cover the costs of producing, copying and mailing the requested Health Information. The Fund may deny your request to inspect and copy your Health Information in certain limited circumstances. For example, under federal law, you may not inspect or copy psychotherapy notes or information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding. If access is denied, you or your personal representative will be provided with a written denial setting forth the basis for the denial, a description of how you may exercise your review rights and a description of how you may complain to the Fund and to HHS.

Right to Amend Your Health Information: If you believe that Health Information that the Fund has about you is incorrect or incomplete, you may request that it be amended. Your request must be made in writing and submitted to the Privacy Official. In addition, you must provide a reason that supports your request. The Fund 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 Fund may deny your request if you ask the Fund to amend information that did not originate with the Fund (unless the person or entity that originated the Health Information is no longer available to make the amendment), is not contained in the records maintained by the Fund, is not part of the information that you would legally 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 (*i.e.*, a list) of certain non-routine disclosures of your Health Information. In general, the list will not include disclosures that were made: in connection with your receiving treatment, payment for such treatment and for certain health care operations; to you regarding your own Health Information; pursuant to your written authorization; to a person involved in your care or for other permitted notification purposes; for national security or intelligence purposes; or to correctional institutions or law enforcement officials. To request a list of disclosures, contact the Privacy Official at the address below. You have the right to receive an accounting of disclosures of Health Information made within six years (or less) of the date on which the accounting is requested. Your request should indicate the form in which you want the list (*e.g.*, paper or electronic). The first accounting you request within a 12-month period will be free of charge. For additional requests within the 12-month period, the Fund will charge you for the costs of providing the accounting. The Fund will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any cost is incurred.

Right to Obtain a Paper Copy of this Notice: You may request a paper copy of this Privacy Notice at any time, even if you have previously agreed to accept the Notice electronically. Requests should be made to the Privacy Official at the address below.

COMPLAINTS

If you believe that your privacy rights have been violated, you may file a written complaint with the Fund at the address below or with the Secretary of the U.S. Department of Health and Human Services, Hubert H. Humphrey Building, 200 Independence Avenue S.W., Washington, D.C. 20201. The Fund will not retaliate against you for filing a complaint.

CHANGES TO THIS NOTICE

The Fund reserves the right to change the terms of this or any subsequent Notice at any time. If the Fund elects to make a change, the revised Notice will be effective for all Health Information that the Fund maintains at that time. If the Fund makes a material change to this Notice, and if the Fund posts this Notice on its web site, the Fund will post the revised Notice by the effective date of the material change and also provide the revised Notice by mail. If the Fund does not post this Notice on its website, within 60 days of any material change of this Notice the Fund will provide the revised Notice to participants.

FOR QUESTIONS OR REQUESTS

If you have any questions regarding this Notice or the subjects addressed in it, or would like to submit a request as described above, please contact:

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