

**UNITED UNIVERSITY PROFESSIONS
BENEFIT TRUST FUND**

(Plan No.: 501; EIN: 14-1742655)

PRIVACY NOTICE

(As required at 45 Code of Federal Regulations
Parts 160 & 164)

The date on which this notice is first in effect: April 14, 2003

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.

ABOUT THIS NOTICE

This notice updates and amends your Benefit Booklet. **If you have any questions about this notice, please contact the United University Professions Benefit Trust Fund's ("Plan") Privacy Official, Doreen M. Bango, P.O. Box 15143, Albany, New York 12212-5143, Tel. (800) 887-3863.**

During the course of providing you with health coverage, the Plan will have access to medical information about you that may be considered to be protected health information ("PHI") by applicable Health Insurance Portability and Accountability Act of 1996 ("HIPAA") regulations. In order for your medical information to be considered PHI, it must satisfy the following conditions: (a) your medical information must be "health information." Health information is broadly defined in the applicable HIPAA regulations as meaning any oral or recorded information relating to your past, present, or future physical or mental health, the provision of health care for you, or the payment of health care for you; (b) your medical information must be "individually identifiable." Individually identifiable health information is broadly defined in the applicable HIPAA regulations as health information that identifies or reasonably can be used to identify you (we may de-identify your individually identifiable health information by removing specific identifiers including, but not limited to your name, social security number, and address); and (c) your medical information must be "created or received" by a covered entity (this Plan and your doctor are covered entities under the applicable HIPAA regulations). Individually identifiable health information that is created or received by a covered entity is protected. If your medical information satisfies all three of these criteria, it is considered PHI and is covered by the applicable HIPAA regulations regardless of the media or form in which it is maintained or transmitted. Consequently, oral, written, and electronic information is protected.

We will protect your PHI in accordance with the applicable HIPAA regulations. We are required by the applicable HIPAA regulations to: (a) make sure that medical information that identifies you is kept private; (b) inform you through this notice of the Plan's uses and disclosures of PHI; (c) inform you through this notice of your privacy rights with respect to PHI; (d) inform you through this notice of your right to file a complaint with the Plan and the Secretary of the U.S. Department of Health and Human Services ("HHS"); (e) inform you through this notice of the person to contact for further information about the Plan's privacy practices; (f) give you this notice of our legal duties and privacy

practices with respect to PHI about you; and (g) follow the terms of the notice that is currently in effect.

HOW WE MAY USE AND DISCLOSE YOUR PHI

The following categories describe different ways that we may use and disclose your PHI. For each category of uses or disclosures, we explain what we mean and give some examples. Not every use or disclosure in a category is listed. However, all of the ways we are permitted to use and disclose your PHI will fall within one of the categories below. The Plan may use your PHI without your consent, authorization, or opportunity to agree or object to carry out “Treatment,” “Payment,” and “Health Care Operations,” as defined and explained below.

Treatment (as described in the applicable HIPAA regulations): We may use and disclose PHI about you for the provision, coordination, or management of health care and related services. Treatment also includes but is not limited to consultations and referrals between one or more of your health care providers. For example, we may disclose to a treating orthodontist the name of your treating dentist so that the orthodontist may ask for your dental X-rays from the treating dentist.

Payment (as described in the applicable HIPAA regulations): We may use and disclose PHI about you to: (a) determine eligibility for Plan benefits; (b) facilitate payment for the treatment and services you receive from health care providers; (c) determine benefit responsibility under the Plan; or (d) coordinate Plan coverage. For example, we may disclose PHI about you to insurance carriers in order to coordinate benefits in accordance with the Plan.

Health Care Operations (as described in the applicable HIPAA regulations): We may use and disclose PHI about you for other Plan operations. We may use your PHI in connection with: (a) case management and care coordination; (b) conducting quality assessment and improvement activities; (c) underwriting and soliciting bids from potential carriers, premium rating , and other activities relating to Plan coverage; (d) conducting or arranging for medical review, legal services, audit services, and fraud and abuse detection programs; (e) business planning and development; and (f) business management and general Plan administrative activities. For example, we may use PHI about you to audit the accuracy of claims processing.

Disclosure to Health Plan Sponsor: We will disclose PHI about you to the Plan Sponsor only upon the receipt of a certification by the Plan Sponsor that the Plan documents have been amended to incorporate provisions relating to the Plan Sponsor’s agreement not to use or further disclose your PHI other than as permitted or required by the Plan documents or as required by the applicable HIPAA regulations or other applicable law. Also, a health insurance issuer may disclose PHI about you to the Plan Sponsor. For example, a health insurance issuer may disclose your claims information to the Plan Sponsor for its purposes of auditing claims.

As Required by Law: We may disclose PHI about you when required to do so by federal, state or local law. Use and disclosure of your PHI may be required by the Secretary of HHS to investigate or determine the Plan’s compliance with the applicable HIPAA regulations.

Disclosure upon Your Request: Upon your request, we are required to give you access to certain PHI in order for you to inspect and copy it.

To Avert a Serious Threat to Health or Safety: We may 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.

Public Health Activities: We may disclose PHI about you for public health activities. These activities generally include the following: (a) to prevent or control disease, injury or disability; (b) to report to a public health authority that is authorized by law to collect or receive information for the purpose of reporting births and deaths; (c) to report to a public health authority or other appropriate government authority authorized by law to receive reports of child abuse or neglect (for this purpose, we will not inform the child that such a disclosure has been made or will be made and we may make the disclosure to the child's parents or other representatives); (d) to report to a person subject to the jurisdiction of the Food and Drug Administration reactions to medications or problems with products; (e) to report to you or a public health authority as authorized by law, of the exposure to a disease or risk of contracting or spreading a disease or condition; and (f) to notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence (we may only make this disclosure if you agree or when required or authorized by law).

Health Oversight Activities: We may disclose PHI about you 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.

Organ and Tissue Donation: If you are an organ donor, we may disclose PHI about you to organizations that handle organ procurement or organ, eye, or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

Military and Veterans: If you are a member of the armed forces, we may disclose PHI about you as required by military command authorities. We may also release PHI about foreign military personnel to the appropriate foreign military authority.

Workers' Compensation: We may disclose PHI about you for workers' compensation or similar programs in accordance with applicable law.

Lawsuits and Disputes: If you are involved in a lawsuit or a dispute, we may disclose PHI about you in response to a court or administrative order. We may also disclose PHI about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if reasonable efforts have been made by the person requesting the information to tell you about the request or to obtain an order protecting the disclosure of the information requested.

Law Enforcement: We may disclose PHI about you if asked to do so by a law enforcement official in response to a court order, subpoena, warrant, summons or similar process. Also, we may disclose PHI: (a) to identify or locate a suspect, fugitive, material witness, or missing person; (b) about the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement; (c)

about a death we believe may be the result of criminal conduct; (d) about criminal conduct at the hospital; and (e) 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: We may disclose PHI about you to a coroner, medical examiner, or funeral director as necessary to carry out their duties.

National Security and Intelligence Activities: We may disclose PHI about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

Inmates: If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may disclose PHI about you to the correctional institution or law enforcement official. This disclosure would be necessary: (a) for the institution to provide you with health care; (b) to protect your health and safety or the health and safety of others; or (c) for the safety and security of the correctional institution.

Psychotherapy Notes: We will not use or disclose PHI about you contained in psychotherapy notes without your authorization except for limited circumstances to carry out the following Treatment, Payment, or Health Care Operations: (a) use by the originator of the psychotherapy notes for Treatment; (b) use or disclosure by a health care provider in training programs in which students, trainees, or practitioners in mental health learn under supervision to practice or improve their skills in group, joint, family, or individual counseling; (c) use or disclosure by the Plan to defend a legal action or other proceeding brought by you against the Plan; or (d) as permitted by the applicable HIPAA regulations.

Family Members or Other Relatives: We may disclose PHI about you to family members, other relatives, and your close personal friends if: (a) the information is directly relevant to the family or friend's involvement with your care or payment for that care; and (b) you have either agreed to the disclosure or have been given an opportunity to object and have not objected.

OTHER USES OF YOUR 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 authorization. If you provide us authorization to use or disclose PHI about you, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose PHI about you for the reasons covered by your authorization. We are unable to take back any disclosures we have already made with your authorization.

YOUR RIGHTS REGARDING YOUR PHI

You have the following rights regarding your PHI:

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. You have the right to inspect and obtain a copy of your PHI contained in a "designated record set." A designated record set includes: (a) medical records and billing records about individuals maintained by or for a covered health care provider; (b) enrollment,

payment, billing, claims adjudication, and case or medical management record systems maintained by or for a health plan; or (c) other information used in whole or in part by or for the covered entity to make decisions about individuals. To inspect and copy PHI that may be used to make decisions about you, you must submit your request in writing to Karen Dombrowski. If you request a copy of the information, we may charge a reasonable fee for the costs of copying, mailing or other supplies associated with your request.

Right to Amend: If you feel that PHI we have 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 must be submitted to Karen Dombrowski. In addition, you must provide a reason that supports your request.

Right to an Accounting of Disclosures: You have the right to request a written accounting of disclosures of your PHI (other than disclosures you authorized in writing) where such disclosures were made for any purpose other than to carry out Treatment, Payment, or Health Care Operations. To request this list or accounting of disclosures, you must submit your request in writing to Karen Dombrowski. Your request must state a time period which may not be longer than 6 years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper or electronically). The first list you request within a 12-month period will be free. For additional lists, we may charge you for the reasonable costs of providing the list. We will notify you of the costs 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: (a) request a restriction or limitation on the PHI we use or disclose about you for Treatment, Payment or Health Care Operations; (b) request a restriction or limitation on the PHI we disclose 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 we not use or disclose information about a surgery you had); (c) request a restriction or limitation on PHI we disclose to notify or assist in the notification of (including identifying or locating) a family member, personal representative, or another person responsible for your care of your location, general condition, or death; and (d) request a restriction or limitation on PHI we disclose to a public or private entity authorized by law or charter to assist in disaster relief efforts to assist in your location, general condition, or death. To request restrictions, you must make your request in writing to Karen Dombrowski. In your request, you must tell us: (a) what information you want to limit; (b) whether you want to limit our use, disclosure or both; and (c) to whom you want the limits to apply (for example, disclosures to your spouse). *We are not required to agree to your request.* However, if we agree to your request, we will document the restriction and retain the documentation for 6 years from the date of the agreement.

Right to Request Confidential Communications: You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing to Karen Dombrowski. We will not ask you the reason for your request, and will accommodate all requests we deem reasonable. 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 by e-mail, you are still entitled to a paper copy of this notice. To obtain a paper copy of this notice, please contact Karen Dombrowski.

CHANGES TO THIS NOTICE

We reserve the right to: (a) change this notice; and (b) make the revised or changed notice effective for PHI we already have about you as well as any information we receive in the future. If we make a material change to the uses or disclosures, your rights, our legal duties, or other privacy practices stated in this notice, we will redistribute a revised notice within 60 days of the material change.

YOUR RIGHT TO FILE A COMPLAINT

If you believe your privacy rights have been violated, you may file a complaint with the Plan or with the Secretary of HHS. To file a complaint with the Plan, contact the Plan's Privacy Official, Karen Dombrowski at the address listed on the first page of this notice. All complaints must be submitted in writing. To file a complaint with the Secretary of HHS, write to 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. You will not be penalized or in any way retaliated against for filing a complaint.

Sincerely,

The Board of Trustees of
the UUP Benefit Trust Fund