

How to receive an accounting of disclosures of protected health information

You may have a full accounting of disclosures of your own protected health information by requesting the accounting. Contact the "Privacy Officer".

To receive another copy of the latest privacy policy statement

Call or write to the OSA Welfare Fund and request that a copy be mailed to you, or stop at the OSA Welfare Fund office and request the latest statement. When changes are made to the privacy policy, a revised statement will be mailed to each "primary member" and to each additional "member" who has asked for separate notice.

How to restrict (or permit) disclosures

You may further restrict the disclosures made by the OSA Welfare Fund. In some cases, you may not want your specific health information known to another member of your family. You may wish to enable a person not in your immediate family to help you manage your claims.

To restrict the OSA Welfare Fund from releasing information that it would ordinarily provide to a family member seeking clarification on family claims, you must visit the OSA Welfare Fund Office, present proper identification, and request a Unique Identification Code ("UIC") which will allow you or your designee(s) access to information that would not be provided to anyone who did not know that UIC. To enable someone else to act as your agent, you may take the same steps. To make an appointment, contact the Fund, or the Privacy Officer. If you are incapacitated or need special help in making these arrangements, contact the Privacy Officer. If you DO choose to restrict information, you should also contact SIDS

and make the same restriction with them. You may choose to have your information addressed separately or even to a different address.

If a member chooses to restrict his/her information, the Fund employees will require the member's written consent in order to answer any inquiry made by other family members concerning his/her information. Note that use of benefits may affect deductibles and service limits. You may wish to discuss these consequences with the "Privacy Officer."

Complaints

Individuals may complain to the OSA Welfare Fund (or to the U. S. Secretary of Health and Human Services) if they believe their privacy rights have been violated. The complaint may be addressed to the Trustees or to the "Privacy Officer".

Contacts

**OSA Welfare Fund
220 East 23rd Street, Suite 707
New York, NY 10010
(212) 686-1229**

OSA Welfare Fund Board of Trustees: **write** to The OSA Welfare Fund Trustees at the Fund Address.

The "**Privacy Officer**" for the OSA Welfare Fund is appointed by the Trustees, and currently is Tom Anderson, a Trustee, who may be reached by mail or phone at the Fund office.

Organization of Staff Analysts Welfare Fund

This notice is required by administrative provisions of the HIPAA (Health Insurance Portability and Accountability Act of 1996).

**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.**

The OSA Welfare Fund (**OSAWF**) has always maintained the privacy of protected health information. It recognizes its legal obligation to do so, and also to provide individuals with this notice, as amended, of its legal duties and privacy practices with respect to protected health information. It is required to abide by the terms of this notice or the successor notice currently in effect, to make known how it will provide individuals with revised notices. **OSAWF** reserves the right to change the terms of this notice or its successor notice. If the Fund makes changes in how it treats the protected health information that it maintains, it will provide a new statement.

Who is a member of the OSA Welfare Fund?

For the sake of this document we use the term "member" to mean anyone that the Fund covers, and we use the term "primary member" to mean an employee, on whose behalf an employer contributes to the Fund. The spouse or dependent child of a "primary member", is therefore, a "member". This document describes the individual rights of members.

General Use and Disclosure Policy of the OSA Welfare Fund

The Organization of Staff Analysts Welfare Fund has a limited amount of medical information about the people it covers which is necessary to make and justify payment or reimbursement for the procedures it covers. This information consists of dates of service, identification of provider, diagnosis and treatment codes, the billing amount, and the amount which may be paid or reimbursed. The information is kept secure, and is not available to anyone but Fund personnel.

The Welfare Fund payment (check, notice of payment or denial) sent, by mail, contains sensitive medical information. Ordinarily it is addressed to the "primary member." The Fund assumes that you have provided a secure address for this mail. **Unless it receives a specific request from a member to treat that member's information differently**, the OSA Welfare Fund assumes that the "primary member" and the "members" who are covered on this account have mutual rights to each other's medical information, so that any family member may request assistance from the Fund employees when a claim problem arises, on behalf of any family member.

No medical information about any member(s) may be provided to **any** outside body for any commercial or any other purpose, and it will not be used by the Fund without asking specific permission from the insured except:

- i. As required to coordinate insurance benefits to assure that the members get fair and complete coverage. Information is exchanged with SIDS and Davis Vision, our clearinghouses and services, and other previous or current health insurers which might be responsible for the claim.

- ii. When disclosure is specifically requested by the member (or unless otherwise restricted, the member's family or representative).
- iii. When legal counsel advises that the release is necessary to comply with a lawful request of a governmental body.
- iv. When the Trustees need to investigate the possibility of a fraudulent claim.

In any other circumstances, should the release of information be considered advisable or beneficial to the member, the member's permission will be required prior to use.

Some examples of the use of individual information could therefore include: Advising a member of the actual procedures or services for which a provider submitted a medical bill, tracking a payment, or considering an appeal in which the member feels a specific variation of treatment should be allowed for reimbursement.

Aggregate information which does not identify individual members may be used by the Fund to perform necessary business, such as providing the basis for modification of benefits, negotiating rates with prospective business partners or providers, or analyzing office procedures. Aggregate information is, by current policy, not provided to any outside body.

Individual rights

You have the right to receive confidential communications of protected health information as provided by the federal HIPAA regulations (Sec. 164.522(b)), including:

- The right to inspect and copy protected health information.
- The right to amend protected health information.
- The right to receive an accounting of disclosures of protected health information.
- The right to a paper copy of this notice or similar notices from the covered entity upon request.
- The right to restrict disclosures.

How to inspect and copy protected health information

Please make an appointment with the **OSAWF**. If you wish, you may contact the "Privacy Officer" (see below) for assistance.

Effective date

Although most of the practices and policies are actually current practice, this notice must contain a specific date on which all aspects of the notice is first in effect. The chosen "official" date for all provisions in this notice is February 26, 2003.

How to amend protected health information

The information held by OSA Welfare Fund is basically financial, and reflects a claim made by a member. It lists a provider, date, a diagnosis code, amounts charged and/or covered by co-insurers and the fund, and the deductible(s) applicable. It also indicates how the **OSAWF** determined the amount for reimbursement to the member or provider. The member receives this same information in an Explanation of Benefits which follows from a claim. **OSAWF** has an interest in making sure this information is accurate. Should you feel that a correction is required, you may contact the fund and request it. The Fund will make note of your request, give it honest consideration, and notify you of its decision.