



# NOTICE OF PRIVACY PRACTICES

Effective April 1, 2005

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**This notice describes how medical information about you may be used and disclosed and how you can get access to this information. It is important that you review this notice carefully. If you have questions, please contact the Plan Administrator at 4700 Elmore Rd., P.O. Box 106650, Anchorage, AK 99519-6650, Phone - (907) 343-8203 or (877) 343-8203.**

The Police and Fire Retiree Medical Funding Program understands that medical information about you and your health is personal, and we are committed to protecting your privacy by protecting that information. This notice describes the medical information practices of the Trust and those of any third party that assists in the administration of the Plan. We (that is, the Trust and the Plan it offers) keep a record of all health care claims paid under the Plan. This notice applies to all of the medical records we maintain. It also applies to any organization that assists in the administration of the Plan. Your personal doctor or health care provider may have different policies or notices regarding their use and disclosure of medical information created by the doctor's office, the clinic, or the hospital.

We are required by law to:

- ensure that medical information that identifies you is kept confidential;
- give you this notice of the legal duties and privacy practices related to medical information that we maintain about you; and
- follow the terms of the notice that is currently in effect.

## **How the Trust and Plan May Use and Disclose Medical Information**

The following categories describe methods that the Trust and Plan use and disclose medical information. All of the methods we use will fall into one of these categories; however, the examples listed are fairly broad, and every possible use or disclosure in a category cannot be listed here.

- **For Payment Purposes** - We may use and disclose medical information about you to determine eligibility for Plan benefits, to facilitate payment and/or reimbursement for the out of pocket costs of the treatment and services that you receive from health care providers, to determine benefit responsibility under the Plan, or to coordinate Plan coverage.

- **For Health Care Operations** - We may use and disclose medical information about you for other Plan operations. These uses and disclosures are necessary to run the Plan. For example, your medical information may be used when we conduct quality assessment and improvement activities and general Plan administrative activities.
- **As Required By Law** - We will disclose medical information about you when we are required to do so by federal, state, or local law. For instance, we may disclose medical information when required by a court order in a litigation action such as medical malpractice.
- **To Avert a Serious Threat to Health or Safety** - We may use and disclose medical information about you when necessary to prevent a serious threat to your health or safety or to the health or safety of another or the public. Any such disclosure would only be allowed to someone able to help prevent the threat. For example, in the case of an inquest into the licensure of a physician.
- **Organ and Tissue Donation** - If you are an organ or tissue donor, we may release medical information about you to organizations that handle the organ procurement; or organ, eye, or tissue transplantation; or to an organ 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 release medical information about you as required by military command authorities.
- **Workers' Compensation** - We may release medical information about you to workers' compensation or similar programs.
- **Public Health Risks** - Medical information about you may be released for public health activities, which generally include:
  - to prevent or control disease, injury, or disability;
  - to report births or deaths;
  - to report child abuse or neglect;
  - to report reactions to medications or problems with products;
  - to notify people of recalls of products they may be using;
  - to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
  - to notify the appropriate government authority if there is reasonable cause to believe that you have been the victim of abuse, neglect, or domestic violence.

We will make these disclosures only if you agree or if they are required or authorized by law.

- **Health Oversight Activities** - We may disclose medical information to a health oversight agency for activities authorized by law, such as audits, investigations, inspections, and licensure. The government uses these activities to monitor the health care system, for government programs, and for compliance with civil rights.
- **Lawsuits and Disputes** - If you are involved in a lawsuit or dispute, we may disclose medical information about you in response to a court or administrative order, subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if reasonable efforts have been made to tell you about the request or to obtain an order protecting the information.
- **Law Enforcement** - We may release medical information if requested 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 limited circumstances, the Plan is unable to obtain the person's agreement;
  - about a death the Plan believes may be the result of criminal conduct;
  - about criminal conduct at a hospital; or
  - 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 release medical information about you to a coroner or medical examiner, or to a funeral director, as may be necessary for them to carry out their duties.
- **National Security and Intelligence Activities** - We may release medical information 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 in the custody of a law enforcement official, we may release medical information about you to the correctional institution or the law enforcement official, if necessary for (1) the institution to provide you with health care, (2) to protect your health or safety or the health or safety of others, or (3) for the safety and security of the correctional institution.

## Your Rights Regarding Medical Information About You

You have the following rights regarding medical information that we maintain about you:

- **Right to Inspect and Copy Your Medical Records.** You may inspect and copy medical information that we may use to make decisions about your Plan benefits. To inspect and copy such information, you must submit your request in writing to the Plan Administrator. If you request a copy of the information, you may be charged a reasonable fee for the costs of copying, mailing, or other supplies associated with your request. In very limited circumstances, your request to inspect or copy your records may be denied. If you are denied access to your medical information, you may request that the denial be reviewed by the Board of Trustees.
- **Right to Amend Your Medical Records.** If you feel that medical information maintained by us is incorrect or incomplete, you may request that the information be amended. To request an amendment, your request must be made in writing to the Plan. Also, you must provide a reason to support your request. We 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, we may deny your request if you ask to amend information (1) that is not part of the medical information kept by us or for our use; (2) was not created by us, unless the person or entity that created the information is no longer available to make the amendment; (3) is not part of the information that you would be permitted to inspect or copy; or (4) is accurate and complete.
- **Right to an Accounting of Disclosures.** You have the right to request an accounting of disclosures if those disclosures were made for any purpose other than treatment, payment, or health care operations. To request a list or accounting of disclosures, you must submit your request in writing to the Plan Administrator. Your request must state the time period for which you require a list or accounting of disclosures, but the period may not exceed six years, and it may not include dates prior to April 2003. Your request should indicate in what form you want the accounting (paper or electronic). The first list that you request within a 12-month period will be provided without charge. However, we may charge you for the cost of providing additional requests. You will be notified of the approximate cost involved prior to providing you with a response to additional requests, and you may choose to withdraw or modify your request at that time, before costs are assessed.
- **Right to Request Restrictions.** You may request a restriction or limitation of the medical information we use or disclose about you for payment, or health care operations. You also may request a limit on the medical information that is disclosed about you to someone who is involved in your care or the payment for your care, such as a family member or caregiver. For instance, you may request that we not disclose information about a particular reimbursement. We are not required to agree to your request. To request restrictions, you must make your request in writing to the Plan Administrator.

The request must state (1) what information you want to limit; (2) whether you want to limit our use or disclosure or both; and (3) to whom you want the limits to apply.

- **Right to Request Confidential Communications.** You may request that we communicate with you about the health records maintained by the Plan in a certain way or at a certain location, such as only at your home address or only by mail. To request confidential communications, you must make your request in writing to the Plan Administrator. We will accommodate all reasonable requests. Your request must specify how and where you wish to be contacted.
- **Right to a Paper Copy of this Notice.** You may request a paper copy of this notice. You may also ask that you be given a copy of this notice at any time. Even if you have agreed to receive notices and communications electronically, you are still entitled to a paper copy of this notice. To obtain a paper copy of this notice, contact the Plan Administrator.

### **Changes to This Notice**

We reserve the right to change this notice. We also reserve the right to make the revised or changed notice effective for medical information that we already have about you as well as any information we receive in the future.

### **Complaints**

If you believe your privacy rights have been violated, you may file a complaint with the hospital, doctor or clinic, or with the Department of Health and Human Services. To file a complaint with the Trust or Plan, contact the Plan Administrator. All complaints must be submitted in writing.

### **Other Uses of Medical Information**

Other uses and disclosures of medical information not covered by this notice or the laws that apply to the Trust or Plan offered through the Trust will be made only with your written permission. If you provide us with permission to disclose medical information about you, you may revoke that permission at any time, in writing. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. Please note that we are unable to recover any disclosures that were already made with your permission, and that we are required to retain records of the benefits you have received.