

**NOTICE OF PRIVACY PRACTICES
FOR
JEFFERSON FEDERATION OF TEACHERS HEALTH & WELFARE PLAN
AND CAFETERIA PLAN**

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.

Effective Date of this Notice: July 1, 2010.

The Jefferson Federation of Teachers Health & Welfare Fund sponsors two group health plans, the Jefferson Federation of Teachers Health & Welfare Plan (“**Welfare Plan**”) and a medical expense reimbursement flexible spending account offered through the Jefferson Federation of Teachers Cafeteria Plan (“**Health FSA**”), and issues this joint Notice of Privacy Practices to the individuals who are covered by either plan. Each plan will abide by the terms of this joint notice with respect to PHI created or received by it. Whenever we refer to “Plan” in this notice, we mean both plans.

This Notice of Privacy Practices (“**Notice**”) is required by the Health Insurance Portability and Accountability Act of 1996 (**▲HIPAA▲**) and the related privacy regulations (“**Privacy Rule**”). The privacy of your personal and health information, known as “protected health information” (“**PHI**”), is important to us. We have safeguards in place to protect your PHI and limit how we use and disclose it. This Notice explains our privacy practices, our legal responsibilities and your individual rights, as they all pertain to your PHI. We follow the privacy practices described in this Notice and will notify you of any material changes.

We reserve the right to change our privacy practices and this Notice at any time as permitted or required by law and to apply such changes to all information maintained by us, even if created or received prior to the change. If we make any material change to this Notice, we will provide all covered individuals with a copy of the revised Notice by mailing it to all covered employees by first class mail to their last-known address on file with the Plan and post it on our website at www.jfthw.org, where you can download a copy.

The HIPAA Privacy Rule protects only certain medical information known as protected health information (“**PHI**”). Generally, PHI is individually identifiable health information, including demographic information, that is created or received by the Plan in any form (oral, written or electronic) and relates to:

- Your past, present or future physical or mental health or condition;
- The provision of health care to you; or
- The past, present or future payment for the provision of health care to you.

If you have questions about this Notice or our privacy practices, need further information or wish to obtain a request form to exercise your individual rights, you should contact the Privacy Officer for the Plan as follows:

Privacy Officer: Mickey Graham, 2540 Severn Avenue, Suite 302, Metairie, LA 70002, (504) 455-7261, (504) 455-7267 (fax).

Whenever we refer to “HHS” in this Notice, we mean the U.S. Department of Health & Human Services.

HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION

We may use or disclose your PHI under certain circumstances without your permission as described in the following categories. For each category, we explain what we mean and give some examples. Not every use or disclosure in a category is listed, but all of the ways we are permitted to use and disclose PHI falls within one of the categories listed.

For Treatment. We may use or disclose PHI to facilitate, coordinate or manage your medical treatment or services by providers. For example, the Welfare Plan may tell your treating dentist or orthodontist that you are eligible for coverage or provide information about other dental services you have received. The Welfare Plan may also contact you to provide information about treatment alternatives or other health-related benefits and services that may be of interest to you.

We may also disclose to your family and friends or any other person identified by you, PHI that is directly related to their involvement with or payment for your health care if, prior to disclosure, you have had an opportunity to object and fail to do so OR if it is reasonable for us to infer from the circumstances that you do not object. However, if you are incapacitated or cannot be contacted due to an emergency circumstance, we may disclose to a family member or friend PHI that is directly relevant to their involvement with your health care if we determine that it is in your best interest. The Plan will mail to the covered employee all verification of Dependent status requests and written explanation of benefits for handicapped Dependents unless otherwise requested in writing by the Dependent, provided the Dependent is not an unemancipated minor child or incapacitated.

For Payment. We may use or disclose PHI to determine your eligibility for Plan benefits or make coverage determinations, to facilitate payment for your health care treatment and services, to determine our benefit responsibility, coordinate coverage or assist with claims management, subrogation, assignment, collections, medical necessity or utilization reviews. For example, we may receive a doctor’s bill for medical services provided to you and use that information to process your claim and generate a check for payment or reimbursement under the terms of the Plan. We may also disclose to your family and friends or other person identified by you, PHI that is directly related to their involvement with payment of your health care.

For Health Care Operations. We may use and disclose PHI for other Plan operations. These uses and disclosures are necessary to run the Plan. For example, we may use medical information to audit the accuracy of claims processing functions or in conducting quality assessment and improvement activities; underwriting (however, we will not use any results of genetic testing), premium rating and other activities relating to Plan coverage; submitting claims for stop-loss (or excess-loss) coverage; conducting or arranging for medical review, legal services, audit services and fraud & abuse detection programs; business planning and development such as cost management; and

business management and general Plan administrative activities.

The Welfare Plan and Health FSA may share PHI to the extent needed to carry out their payment or health care operations. For example, the Welfare Plan may share PHI with the Health FSA for the processing and payment of claims from an individual's medical expense reimbursement flexible spending account for out-of-pocket medical expenses that are not covered under the Welfare Plan or reimbursable from any other source.

To Business Associates. We may contract with individuals or entities known as "business associates" to perform various functions on our behalf or to provide certain types of services. In order to perform these functions or to provide these services, our business associates may receive, create, maintain, use and/or disclose PHI, but only after they agree in writing with us to implement appropriate safeguards for the privacy and security of the PHI. For example, we may disclose PHI to a business associate to administer claims or provide support services, such as legal, actuarial, accounting and computer consulting, but only after the business associate enters into a business associate agreement with us.

As Required by Law. We will disclose PHI when required to do so by federal, state or local law. For example, we may disclose PHI when required by national security laws or public health disclosure laws.

To Avert a Serious Threat to Health or Safety. We may use and disclose PHI 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. For example, we may disclose your PHI in a proceeding regarding the licensure of a physician.

To Plan Sponsor. The Board of Trustees is the Plan sponsor. For purposes of administering the Plan, we may disclose PHI to certain Trustees or employees who work at the Fund Office as necessary to perform Plan administration functions or as otherwise required by HIPAA, unless you have authorized further disclosures. Your PHI cannot be used for employment purposes without your specific authorization.

Special Situations

In addition to the uses and disclosures described above, the following categories describe other possible ways that we may use and disclose PHI without your authorization or opportunity to object. For each category, we will explain what we mean and present some examples. Again, not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose PHI will fall within one of the categories.

Organ and Tissue Donation. If you are an organ donor, we may release your PHI 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 release your PHI 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 release your PHI for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Public Health Risks. We may disclose your PHI for public health actions. These actions generally include the following:

- To prevent or control disease, injury or disability;
- To report births and 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 we believe that a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree, or when required or authorized by law.

Health Oversight Activities and Disaster Relief. We may disclose your PHI to a disaster relief organization to assist with disaster relief efforts consistent with what HHS has indicated would be permissible, or to a health oversight agency for activities authorized by law. These oversight activities include such things as 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.

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

Law Enforcement. We may disclose your PHI if asked to do so 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 certain limited circumstances, we are unable to obtain the victim's agreement;
- About a death that we believe may be the result of criminal conduct; and
- About criminal conduct.

Coroners, Medical Examiners and Funeral Directors. We may release PHI to a coroner or medical examiner. This may be necessary to identify a deceased person or determine the cause of death. We may also release medical information about patients to funeral directors, as necessary to carry out their duties.

National Security and Intelligence Activities. We may release your PHI 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 are in the custody of a law enforcement official, we may disclose your PHI to the correctional institution or law enforcement official if necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

Research. We may disclose your PHI to researchers when the individual identifiers have been removed or when an institutional review board or privacy board has reviewed the research proposal and established protocols to ensure the privacy of the requested information and approved the research.

Government Audits. We are required to disclose PHI to the Secretary of HHS when requested to investigate or determine our compliance with the Privacy Rule.

Other Disclosures

Disclosures to You or Your Personal Representative. At your request, we will disclose to you your medical records, billing records and any other records used to make decisions regarding your health care benefits. We will also disclose such PHI to individuals authorized by you or to individuals designated as your personal representative or attorney-in-fact, so long as you provide us with sufficient written notice and proof of authorization (for example, a power of attorney for health care purposes or a court order). A parent usually acts as the personal representative of an unemancipated minor child unless otherwise provided by state law or court order. Under the Privacy Rule, we do not have to disclose information to a personal representative if we have a reasonable belief that:

- You have been or may be subjected to domestic violence, abuse or neglect by such person; or
- Treating such person as your personal representative could endanger you; and
- In the exercise of professional judgment, it is not in your best interest to treat the person as your personal representative.

Authorizations. Other uses or disclosures of your PHI not described above will only be made with your written authorization. For example, if you go to a local business agent for assistance with a claim, we will not disclose your PHI to the business agent without your authorization. Also, if you are receiving treatment for a mental illness, we are NOT authorized to use or disclose psychotherapy notes related to your case without your written authorization.

Authorizations must be acceptable to us and state what PHI may be disclosed, who may receive it, when it expires, and affirm your right to revoke it in writing at any time. You are entitled to receive a copy of your authorization. Revocations are effective only upon receipt and only with respect to future uses and disclosures.

Your Individual Rights

You have the following rights, all of which must be exercised in writing on a form that is acceptable to us.

Right to Inspect and Copy. You may inspect and obtain a copy of your PHI that is maintained in a designated record set other than psychotherapy notes, information compiled in anticipation of or for use in a civil, criminal or administrative action, and information obtained from someone other than a provider, under a promise of confidentiality if access is reasonably likely to reveal the source. A "designated record set" is a group of records maintained by or for us that includes medical and billing records; enrollment, payment, billing, claims adjudication and case or medical management records; and other information used to make decisions about your health care benefits.

If we use or maintain an electronic health record with your PHI, you may request a copy in an electronic format or direct that a copy be provided to a person or entity designated by you in a clear and specific manner.

We will act on your request within 30 days following receipt, unless we notify you in writing that an extension of up to 30 days is needed and why. We may charge you a reasonable cost-based fee for copying and mailing or, if applicable, labor cost for providing a copy in an electronic format, provided you are told of the fee in advance.

We may deny your request in certain limited circumstances provided we give you a written explanation of the reason(s) for denial, your review rights and how to file a complaint with the Plan or HHS.

Right to Amend. If you feel that your PHI maintained by us in a designated record set is incorrect or incomplete, you may ask us to amend the information for as long as the information is kept by or for us. You must include a reason in support of your request.

We may deny your request for amendment if:

- It is not in writing or does not include a reason to support the request;
- The information you want amended was not created by us, unless the person or entity that created it is no longer available to amend it;
- The information is not part of the medical information kept by or for the Plan;
- The information is not part of the information you would be permitted to inspect and copy; or
- The information is already accurate and complete.

We will act on your request within 60 days following receipt, unless we notify you in writing that an extension of up to 30 days is needed and why. If your request is approved, we will notify you and use reasonable efforts to notify any persons identified by you as needing the amended information.

If your request is denied, you will be given a written explanation of: (1) the reasons for denial; (2) your right to file a statement of disagreement with us, notice of which will then be provided with any future disclosure of the PHI to which it relates; (3) your right to ask that your request for amendment and our denial be provided with any future disclosures of the disputed information if you do not file a statement of disagreement; and (4) how to file a complaint with the Plan or HHS.

Right to Receive an Accounting of Disclosures. You may request an "accounting" of the instances in which we or our business associates have disclosed your PHI for a period of up to six years (but not for any dates prior to April 14, 2004). Your request should specify the period for which an accounting is requested and how you want to receive the list (e.g., paper or electronic). We will not account for disclosures made for purposes of treatment, payment or health care operations, to you or pursuant to your authorization, to your family or friends in your presence, because of an emergency, for national security purposes or to correctional institutions or law enforcement officials, or for disclosures that are incidental to permissible disclosures.

If we use or maintain an “electronic health record” with PHI on or after January 1, 2011 (or such later date as HHS may prescribe in regulations), you have a right to receive an accounting of disclosures of PHI made through any such electronic health records for treatment, payment or health care operation purposes, but only for a period of up to three years prior to your request and only as required by HHS. An electronic health record is an electronic record of your health-related information that is created, gathered, managed and consulted by authorized health care clinicians and staff. We may account for all such disclosures made by us and business associates acting on our behalf, or in lieu of accounting for disclosures made by our business associates, we may provide you with a list of our business associates and their contact information, and you may make an accounting request directly to them.

The accounting will be provided within 60 days following receipt of your request, unless we notify you in writing that an extension of up to 30 days is needed and why. We may temporarily suspend accounting for disclosures to a law enforcement official or health oversight agency if they have asked us to do so because they believe it would reasonably be likely to impede their activities. The first accounting provided within a 12-month period is free of charge. If you request an accounting more than once in a 12-month period, we may charge you a reasonable cost-based fee for responding provided we notify you of the cost in advance. You may withdraw or modify your request before costs are incurred.

Right to Request Restrictions. You may request a restriction or limitation on your PHI that we use or disclose for treatment, payment or health care operations. You may also request a limit on your PHI that we disclose to someone who is involved in your care or payment for your care, such as a family member or friend. We do not have to agree to your request except as provided in the following paragraph. If we agree, we will honor the restriction until you revoke it or we notify you.

Effective February 17, 2010 (or such other date specified as the effective date under applicable law), if you request us to restrict the disclosure of your PHI, we must comply if, except as otherwise required by law, the disclosure is to a health plan for purposes of carrying out payment or health care operations (but not treatment) and the PHI pertains solely to a health care item or service for which the health care provider involved has been paid out-of-pocket in full.

To request restrictions, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply (e.g., disclosures to your spouse). You may terminate a restriction at any time, either orally or in writing.

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 specify how or where you wish to be contacted. We will not ask you the reason for your request and will accommodate all reasonable requests if you clearly provide information that the disclosure of all or part of your PHI could endanger you.

Right to be Notified of a Breach. You have the right to be notified in the event that we or one of our business associates discovers a Breach of unsecured PHI as required by applicable law.

Right to Receive a Paper Copy of this Notice. You have the right to request and receive a paper copy of this Notice at any time.

Complaints

If you believe your privacy rights have been violated in any way, you may file a complaint with the Plan by contacting the Privacy Officer. You may also submit a complaint with the appropriate Regional Office of Civil Rights (OCR) of HHS. The address for the OCR regional office for Arkansas, Louisiana, New Mexico, Oklahoma, and Texas is: Region VI, Office for Civil Rights, U.S. Department of Health and Human Services, 1301 Young Street, Suite 1169, Dallas, TX 75202. Complaints must be in writing by mail, fax or email at the proper address.

You will not be penalized or in any other way retaliated against for filing a complaint with us or HHS.

FOR INTERNAL PURPOSES ONLY – NOT TO BE MAILED

Notes RE Privacy Notice:

- (1) Plan must provide the Privacy Notice (a) to all individuals covered by the Plan no later than the compliance date; (b) to new enrollees at the time of enrollment; (c) within 60 days of a material revision to individuals then covered by the Plan; and (d) at least once every three years, Plan must remind participants of availability of Privacy Notice and how to obtain it. If Plan maintains a website with information RE benefits/services, must post it on website and make it available electronically.**
- (2) Privacy Notice may be provided to the Employee and need not be provided separately to Dependent.**
- (3) Plan must retain copy of Privacy Notice for 6 years from the later of the creation date or effective date.**
- (4) Effective date of Privacy Notice must be the same as or later than the date of publication.**
- (5) Plan can continue to use/disclose PHI consistent with authorization/legal permission obtained prior to the compliance date with respect to PHI created or received prior to the compliance date.**
- (6) The Fund Office must provide a participant or beneficiary with an official complaint form and the appropriate address to send the form if s/he inquires. Complaints to OCR must be in writing, by mail, fax or email at the proper address and may, but need not, be filed on an official Complaint Form (Administrative Form # 11). If an individual contacts the Privacy Officer for a complaint form or the proper address, PO should take the opportunity to investigate and attempt to resolve the problem before a complaint is filed.**

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