Writers’ Guild-Industry Health Fund
Notice of Privacy Practices

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 Writers’ Guild-Industry Health Fund (the “Fund”) is required by law, including the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Standards for Privacy of Individually Identifiable Health Information, known as the “Privacy Rule,” to maintain the privacy of protected health information (“PHI”) maintained by the health care components of the Fund, and to notify affected individuals following a breach of unsecured PHI. All references to the “Fund” in this notice regarding privacy apply only to such health care components. The Fund must provide participants with notice of its legal duties and privacy practices with respect to PHI.

This Notice of Privacy Practices (“Notice”) describes the Fund’s privacy practices regarding PHI. Any insurers or HMOs that provide or fund benefits under the Fund should provide you with a separate description of their own privacy practices. Similarly, your personal doctor or any other health care provider may have different policies or notices regarding the use and disclosure of the PHI they create or receive.

This Notice describes how the Fund may use and disclose PHI about you and it explains your legal rights regarding PHI.

The term “PHI” means information created or received by the Fund that identifies you and relates to your past, present or future health, treatment or payment for health care services. This may include information regarding enrollment and eligibility.

This Notice is effective as revised as of March 1, 2013.

How the Fund May Use and Disclose PHI

In order to provide you with health coverage, the Fund needs PHI about you. The Fund obtains that information from many different sources. In administering your health benefits, the Fund may use and disclose PHI in various ways, as described in this Notice.
Uses and Disclosures for Treatment, Payment and Health Care Operations - Without Your Authorization

The Fund may use or disclose PHI for health care operations, payment functions, and treatment, without your authorization:

Health Care Operations: The Fund may use and disclose PHI as part of the general administrative or business functions that the Fund performs in order to function as a health plan. This includes that the Fund may use PHI in connection with operational activities such as quality assessment and improvement; performance measurement and outcomes assessment; and preventive health, disease management, case management and care coordination. Also, for example, the Fund may use the PHI in the administration of detection and investigation of fraud; evaluating provider performance; enrollment, premium rating and similar activities; submitting claims for stop-loss (or excess loss) coverage; legal services, audit services, and other general administrative activities, including data and information systems management and participant services.

Payment: To help pay for your covered services, the Fund may use and disclose PHI in a number of ways – including conducting utilization and medical necessity reviews; coordination of benefits, subrogation; determining eligibility; collecting premiums; calculating cost sharing amounts; and responding to complaints, claims, and appeals. For example, the Fund may use your medical history and other PHI about you to decide whether a particular treatment is medically necessary and what the payment should be – and during the process, the Fund may disclose PHI to your provider. The Fund also mails Explanation of Benefits forms and other information to the address we have on record for the participant (i.e., the primary insured). The Fund may also disclose your PHI to another health plan or a health care provider for its payment activities.

Treatment: Although the Fund does not provide treatment, the Fund may use or disclose your PHI in connection with the provision, coordination or management of your health care treatment, including disclosing PHI to doctors, dentists, pharmacies, hospitals and other health care providers who take care of you. For example, doctors may request PHI from the Fund to supplement their own records, and the Fund may send certain information to doctors for patient safety or other treatment-related reasons.

Disclosure to Business Associates: In any circumstance where the Fund discloses PHI to a third party that performs a service on behalf of the Fund (for example, in connection with Fund health care operations, payment activities or treatment-related activities), the Fund will have a written contract with that entity requiring the entity to protect the privacy of your PHI.
Disclosures to the Plan Sponsor

Without your authorization, the Fund may disclose PHI to the Fund’s Board of Trustees as Plan Sponsor, but only for the purposes of activities performed by the Plan Sponsor on behalf of the Fund. The Plan Sponsor may not use such PHI for any other purpose and is required to safeguard the privacy of your PHI. In addition, the Fund may disclose “summary health information” to the Fund’s Board of Trustees to obtain premium bids or to make changes to the Fund’s benefits. Summary health information summarizes the claims history, claims expenses or type of claims experienced under a group health plan, and does not include information that would identify any individual.

Disclosure to Your Representatives

Individuals Involved in Your Care or Payment For Your Care: Unless you object in writing, the Fund may disclose PHI 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 the claim has been received and paid.

Personal Representatives: The Fund may disclose your PHI to your personal representative in accordance with applicable state law (e.g., to parents if you are an emancipated child under 18, to those with unlimited powers of attorney, etc.).

Other Permitted Uses and Disclosures of PHI

The Fund may also use or disclose your PHI without your authorization for any of the following purposes:

Required By Law: The Fund may use or disclose your PHI to the extent that the Fund is required to do so by federal, state or local law. For example, the Fund must respond to a request for disclosure of PHI if the Secretary of the U.S. Department of Health and Human Services is investigating or determining the Fund’s compliance with the federal privacy rules.

Public Health: The Fund may disclose your PHI for public health and safety purposes to a public health authority that is permitted by law to collect or receive the information. For example, your PHI may be used or disclosed for the purpose of preventing or controlling disease (including communicable diseases), injury or disability, and, with your permission, may disclose certain immunization records to schools.
Health Oversight: The Fund may disclose your PHI 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 PHI 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 PHI when reasonably 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 PHI 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 PHI 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 PHI to notify you and give you an opportunity to object to the disclosure.

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

Deceased Individuals: The Fund may disclose your PHI to a coroner or medical examiner for identification purposes, or other duties authorized by law. The Fund may also disclose your PHI to a funeral director, as authorized by law, and 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 PHI for cadaveric organ, eye or tissue donation purposes, if you are an organ donor. The Fund may PHI is protected for 50 years after death.

Research: The Fund is permitted to disclose your PHI 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 PHI.

Military Activity and National Security: When the appropriate conditions apply, the Fund may use or disclose PHI 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 PHI to authorized federal officials conducting national security and intelligence activities.

**Workers’ Compensation:** The Fund may disclose your PHI 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 PHI to the institution or official if the PHI 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.

**Uses and Disclosures of PHI That Require Your Written Authorization:**

The Fund will not use or disclose your PHI 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 us), the Fund will not use or disclose any mental health professional’s psychotherapy notes (discrete notes that document the contents of conversation during counseling sessions) without your prior authorization.

**Marketing or Sales:** The Fund will not use or disclose your PHI for any paid marketing activities or sell your PHI without your prior authorization.

**Uses and Disclosures Not Described in This Notice:**

Other uses and disclosures of PHI not described in this Notice will be made only with your written authorization before using or disclosing your PHI. If you have given the Fund an authorization, you may revoke it at any time, if the Fund has not already acted on it. The Fund is unable to take back any disclosures already made with your authorization. If you have questions regarding authorizations, please contact the Fund’s Privacy Official.

**No Use or Disclosure of Genetic Information for Underwriting:**

The Fund is prohibited by law from using or disclosing PHI 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 Fund’s Privacy Official.

Your Legal Rights

The Privacy Rule gives you the right to make certain requests regarding PHI about you. You may ask the Fund to:

- Communicate with you in a certain way or at a certain location. The Fund will honor reasonable requests if the communication could endanger you.

- Restrict the way the Fund uses or discloses PHI about you in connection with health care operations, payment and treatment. You also have the right to ask the Fund to restrict disclosures to persons involved in your health care. While the Fund will consider reasonable requests, the Fund is (except as set forth below) not required to agree to your request. Except as otherwise required by law (and excluding disclosures for treatment purposes), the Fund is obligated, upon your request, to refrain from sharing your PHI with another health plan for purposes of payment or carrying out health care operations if the PHI pertains solely to a health care item or service for which you or someone on your behalf (other than the Fund), has fully paid the health care provider “out- of-pocket.”

- Provide you with access to or a copy of PHI that is contained in a “designated record set” – records used in making enrollment, payment, claims adjudication, medical management and other decisions. If the Fund uses or maintains an electronic health record with respect to your PHI, you may request such PHI in an electronic format, and direct that such PHI be sent to another person or entity. The Fund may ask you to make your request in writing, may charge a reasonable fee for producing and mailing the copies and, in certain cases, may deny the request.

- Amend PHI that is in a “designated record set.” Your request must be in writing and must include the reason for the request. If the Fund denies the request, you may file a written statement of disagreement. If your doctor or another person created the PHI that you want to change, you should ask that person to amend the information.

- Provide you with a list (an “accounting”) of certain non-routine disclosures of your PHI maintained by the Fund made within six years (or less) of the date on which the accounting is requested. In general, the list will not include disclosures made (a) in connection with your receiving treatment, payment for such treatment, and
for the Fund’s health care operations; (b) to you regarding your own PHI; (c) pursuant to your written authorization; (d) to a person involved in your care; or other similar authorized person; or (e) for national security. If you request such an accounting more than once in a 12-month period, the Fund may charge a reasonable fee.

You may make any of the requests described above, or may request a paper copy of this Notice, by contacting the Fund’s Privacy Official.

You also have the right to file a complaint if you think your privacy rights have been violated. To do so, please contact the Fund’s Privacy Official. You also may write to the Secretary of the U.S. Department of Health and Human Services. The Fund will not retaliate against you for making a complaint.

**The Fund’s Legal Obligations**

The Fund is required by law to keep PHI about you private (to the extent provided by the Privacy Rule and other applicable laws), to give you notice of its legal duties and privacy practices with respect to your PHI, and to follow the terms of the Notice currently in effect. This Notice is provided to you based solely on the Privacy Rule requirements and serves no purpose under the Employee Retirement Income Security Act of 1974 (“ERISA”), and accordingly is not a document governing the Fund under ERISA.

**This Notice is Subject to Change**

The Fund may change the terms of this Notice and its privacy policies at any time. If the Fund does, the new terms and policies may then be applied to all PHI previously received and then maintained by the Fund, as well as PHI created or received in the future. If the Fund makes any material changes to this Notice, the Fund will distribute a new notice to its participants.

**Contact Information**

If you have questions, requests or complaints regarding this Notice, please write to the Fund’s Privacy Official:

Writers’ Guild-Industry Health Fund  
Attn: Privacy Official  
2900 W. Alameda Ave. Suite 1100  
Burbank, California 91505  
(818) 846-1015