

MICHIANA AREA ELECTRICAL WORKERS' FRINGE BENEFIT FUNDS

Michiana Area Electrical Workers' Health and Welfare Fund
Michiana Area Electrical Workers' Pension Fund
Michiana Area Electrical Workers' Money Purchase Plan

Managed for the Trustees by:
TIC INTERNATIONAL CORPORATION

September 2010

TO: ALL PARTICIPANTS OF THE MICHIANA AREA ELECTRICAL WORKERS'
HEALTH AND WELFARE FUND

RE: NOTICE OF PRIVACY PRACTICES

Dear Participant:

This Notice of Privacy Practices has been drafted to be consistent with what is known as the "Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule," the Health Information Technology for Economic and Clinical Health (HITECH) Act and Genetic Information Nondiscrimination Act (GINA), and any of the terms not defined in this Notice should have the same meaning as they have in the HIPAA Privacy Rule, HITECH Act and GINA.

Protected health information (or "PHI") is individually identifiable health information, including demographic information and genetic information, collected from you or created or received by a health care provider, a health plan, your employer (when functioning on behalf of the group health plan), or a health care clearinghouse and that relates to: (i) your past, present, or future physical or mental health or condition; (ii) the provision of health care to you; or (iii) the past, present, or future payment for the provision of health care to you.

"Health Care Operations" are certain administrative, financial, legal, and quality improvement activities of the Fund that are necessary to run its business and to support the core functions of treatment and payment (but may not include the disclosure of PHI that is genetic information for underwriting purposes as this is prohibited by GINA).

1. Right to Request a Restriction

You have the right to request a restriction on the PHI we use or disclose about you for payment or health care operations. We are not required to agree to any restriction that you may request. If we agree to the restriction, we will comply with the restriction unless the information is needed to provide emergency treatment to you. We are required to grant a requested restriction if (1) the disclosure is to a health plan for purposes of carrying out payment or health care operations and is not for purposes of carrying out treatment; and (2) the protected health information pertains solely to a health care item or service for which the health care provider involved has been paid out of pocket in full.

<over>

2. Right to an Accounting

You have a right to an accounting of certain disclosures of your PHI that are for reasons other than treatment, payment, or health care operations. No accounting of disclosures is required for disclosures made pursuant to a signed authorization by you or your personal representative. You should know that most disclosures of PHI will be for purposes of payment or health care operations, therefore, will not be subject to your right to an accounting. Electronic health records disclosed for purposes of payment or health care operations are subject to your right to an accounting. There are also other exceptions to this right.

Your request may be for disclosures made up to six (6) years before the date of your request, but not for disclosures made before April 14, 2003. For electronic health records, your request may be for disclosures made up to three (3) years before the date of your request

3. Right to Inspect and Copy

You have the right to inspect and copy your PHI that is contained in a “designated record set.” Generally, a “designated record set” contains medical and billing records, as well as other records that are used to make decisions about your health care benefits. However, you may not inspect or copy psychotherapy notes or certain other information that may be contained in a designated record set. If we use or maintain your PHI in an electronic health record, you have a right to obtain a copy of this information in an electronic format.

OTHER USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION

Other uses and disclosures of your PHI that are not described above will be made only with your written authorization. If you provide us with such an authorization, you may revoke the authorization in writing, and this revocation will be effective for future uses and disclosures of PHI. However, the revocation will not be effective for information that we already have used or disclosed, relying on the authorization.

Under certain circumstances, if your protected health information is improperly accessed, acquired, used, or disclosed, we will notify you. That notification may include a description of what happened, the information involved, and the steps you can take to protect yourself.

If you have any questions regarding this information or if you would like a more comprehensive description of your rights as a participant concerning PHI, please do not hesitate to contact the Fund Office.

Sincerely,

Michiana Area Electrical Workers
Health and Welfare Fund