

NORTH JERSEY MUNICIPAL EMPLOYEE BENEFITS FUND*
NOTICE OF PRIVACY PRACTICES

Effective April 14, 2003

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 North Jersey Municipal Employee Benefits Fund (the “Plan”) respects the confidentiality of your personal health information. The Plan is required by law to take reasonable steps to ensure the privacy of your personally identifiable health information. This notice describes how the Plan may use or disclose your protected health information and your rights to access and amend your protected health information.

The term “Protected Health Information” (PHI) includes all individually identifiable health information transmitted or maintained by the Plan regardless of form (oral, written, electronic).

The Plan is required by law to:

- Keep your PHI private
- Provide this notice of the Plan's responsibilities and privacy practices with respect to the use and disclosure of your PHI
- Provide notice to you of your rights with respect to your PHI

The Plan reserves the right to change this notice. Its effective date is set forth at the top of this page. If we do make changes to this notice, the revised notice will apply to PHI about you that we already have as well as any PHI we receive in the future. You may obtain copy of our Notice of Privacy Practices by accessing our website at NJMEBF.com, or writing to the Fund at its administrative offices at Park 80 West, Plaza One, Saddle Brook, NJ 07663 and requesting that a copy be sent to you.

Section 1. Notice of PHI Uses and Disclosures

Required PHI Uses and Disclosures

Upon your request, the Plan is required to give you access to certain PHI in order to inspect and copy it.

Use and disclosure of your PHI may be required by the Secretary of the Department of Health and Human Services to investigate or determine the Plan’s compliance with the privacy regulations.

Uses and disclosure to carry out treatment payment and health care operations

The Plan and its business associates may use PHI without your consent, authorization or opportunity to agree or object to carry out treatment, payment and health care operations.

Treatment is the provision, coordination or management of your health care and related services. It also includes but is not limited to consultation and referrals between one or more of your health care providers.

For example, the Plan may disclose to a treating physician (for example a heart specialist) the name of your primary doctor so that the treating physician may request your health records from your primary doctor in order to assist with your health care diagnosis or treatment. We may also use PHI in providing mail order prescription drug services or to contact doctors for patient treatment or safety reasons.

Payment includes but is not limited to actions to make eligibility and coverage determinations, collecting health insurance premiums, (including billing, claims management, subrogation, plan reimbursement, reviews for medical necessity and appropriateness of care and utilization review and preauthorization's) and reviewing services provided to you.

For example, the Plan may tell a doctor whether you are eligible for coverage or what percentage of a bill will be paid by the Plan.

Health care operations include but are not limited to quality assessment and improvement, reviewing competence or qualifications of health care professionals, underwriting, premium rating and other insurance activities relating to creating or renewing insurance contracts. It also includes disease management, case management, conducting or arranging for medical review, legal services and auditing functions including fraud and abuse compliance programs, business planning and development, business management and general administrative activities.

For example, the Plan may use information about your claims to refer you to a disease management program, project future benefit costs or audit the accuracy of our claim processing functions.

Uses and disclosures that do not require your written authorization

The Plan may also use or disclose your PHI under the following circumstances without your consent or authorization.

Identification Purposes: To a coroner or medical examiner to identify the deceased person, determine the cause of death or other duties authorized by law and to funeral directors, as necessary, and consistent with applicable law;

Industry Regulation: To state and federal regulatory agencies that monitor the health care system, local government activities and employment, health and welfare programs,

Legal Matters: When required by law or regulation or as required by court order;

Other Covered Entities: To other covered entities or business associates of covered entities for treatment, payment and certain health care operations purposes;

Parental Access: To parents or guardians as permitted pursuant to applicable state law;

Public Health: To public health authorities for prevention and control of disease, injury or disability and to report births and deaths;

Public Welfare: To appropriate governmental authorities to report child abuse, neglect or domestic violence;

Research: To researchers subject to requirements to protect your privacy;

Uses and disclosures that require your written authorization

Your written authorization is required before the Plan may use or disclose PHI for marketing purposes or for the use or disclosure of psychotherapy notes, except for disclosure related to treatment, payment or health care operations, or for use by the originator of the notes. If you have given us an authorization, you may revoke it at any time, if we have not already acted in reliance of your authorization.

Uses and disclosures that require that you be given an opportunity to agree or disagree prior to use or disclosure

In most situations other than those described above, you will have the opportunity to agree to or object to the use or disclosure of your PHI.

Unless you object, we may disclose to a member of your family, a relative, a friend or another person you identify, your PHI if the information is directly relevant to such person's involvement with your care or payment for that care. We may use or disclose PHI to notify or assist in notifying a family member, personal representative, or other person responsible for your care of your location, general condition or death.

We may also use or disclose your PHI to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your health care.

Unless you object, your name, where you are receiving care, your condition (in general terms) and your religious affiliation, may be listed in a health care facility's patient directory. All such information, with the exception of your religious affiliation, may be disclosed to people who ask for you by name. Members of the clergy will have access to your religious affiliation.

Except as otherwise indicated in this notice, uses and disclosures will be made only with your written authorization subject to your right to revoke such authorization.

Section 2. Rights of Individuals

Right to Request Restrictions on PHI Uses and Disclosures

You may request the Plan to restrict uses and disclosure of your PHI to carry out

treatment, payment or health care operations, or to restrict uses and disclosures to family members, relatives, friends or other persons identified by you who are involved in your care or payment for your care. However, the Plan is not required to agree to your request.

The Plan will accommodate reasonable requests to receive communications of PHI by alternative means or at alternative locations. As an example, you may request that we send health information to an address other than your listed billing address.

You or your personal representative will be required to complete a form to request restrictions on uses and disclosure of your PHI.

Such requests should be made to the following address: North Jersey Municipal Employee Benefits Fund, Park 80 West, Plaza One, Saddle Brook, NJ 07663, (201) 587-0555.

Right to Inspect and Copy PHI

You have a right to inspect and obtain a copy of your PHI contained in a “designated record set,” for as long as the Plan maintains the PHI.

“Protected Health Information”

PHI includes all individually identifiable health information transmitted or maintained by the Plan, regardless of form.

“Designated Record Set”

Includes the medical records and billing records about individuals maintained by or for a covered health care provider; enrollment, payment, billing, claims adjudication and case or medical management records systems maintained by or for a health plan; or other information used in whole or in part by or for the covered entity to make decisions about individuals. Information used for quality control or peer review analysis and not used to make decisions about individuals is not in the designated record set.

The requested information will be provided within 30 days if the information is maintained on site or within 60 days if the information is maintained offsite. A single 30-day extension is allowed if the Plan is unable to comply with the deadline.

You or your personal representative will be required to complete a form to request access to the PHI in your designated record set. Requests for access to PHI should be made to the following address: North Jersey Municipal Employee Benefits Fund, Park 80 West, Plaza One, Saddle Brook, NJ 07663, (201) 587-0555.

If access is denied, you or your personal representative will be provided with a written denial setting forth the basis for the denial, a description of how you may exercise those review rights and a description of how you may complain to the Secretary of the U.S. Department of Health and Human Services.

Right to Amend PHI

You have the right to request the Plan to amend your PHI or a record about you in a designated record set for as long as the PHI is maintained in the designated record set.

The Plan has 60 days after the request is made to act on the request. A single 30-day extension is allowed if the Plan is unable to comply with the deadline. If the request is denied in whole or part, the Plan must provide you with a written denial that explains the basis for the denial. You or your personal representative may then submit a written statement disagreeing with the denial and have that statement included with any future disclosure of your PHI.

Requests for amendment of PHI in a designated record set should be made to the following address: North Jersey Municipal Employee Benefits Fund, Park 80 West, Plaza One, Saddle Brook, NJ 07663, (201) 587-0555.

You or your personal representative will be required to complete a form to request amendment of the PHI in your designated record set.

The Right to Receive an Accounting of PHI Disclosures

At your request, the Plan will also provide you with an accounting of disclosures by the Plan of your PHI during the six years prior to the date of your request. However, such accounting need not include PHI disclosures made: (1) to carry out treatment, payment or health care operations; (2) to individuals about their own PHI; or (3) prior to April 14, 2003.

If the accounting cannot be provided within 60 days, an additional 30 days is allowed if the individual is given a written statement of the reasons for the delay and the date by which the accounting will be provided.

If you request more than one accounting within a 12-month period, the Plan will charge a reasonable, cost-based fee for each subsequent accounting.

The Right to Receive a Paper Copy of This Notice Upon Request

To obtain a paper copy of this Notice contact the following address: North Jersey Municipal Employee Benefits Fund, Park 80 West, Plaza One, Saddle Brook, NJ 07663, (201) 587-0555.

A note About Personal Representatives

You may exercise your rights through a personal representative. Your personal representative will be required to produce evidence of his/her authority to act on your behalf before that person will be given access to your PHI or allowed to take any action for you. Proof of such authority may take one of the following forms:

- a power of attorney for health care purposes, notarized by a notary public;
- a court order of appointment of the person as the conservator or guardian of the individual; or

- an individual who is the parent of a minor child. The Plan retains discretion to deny access to your PHI to a personal representative to provide protection to those vulnerable people who depend on others to exercise their rights under these rules and who may be subject to abuse or neglect. This also applies to personal representatives of minors.

Section 3. The Plan's Duties

The Plan is required by law to maintain the privacy of PHI and to provide individuals (participants and beneficiaries) with notice of its legal duties and privacy practices.

This notice is effective beginning April 14, 2003 and the Plan is required to comply with the terms of this notice. However, the Plan reserves the right to change its privacy practices and to apply the changes to any PHI received or maintained by the Plan prior to that date. If a privacy practice is changed, a revised version of this notice will be provided (to all past and present participants and beneficiaries) for whom the Plan still maintains PHI.

Any revised version of this notice will be distributed within 60 days of the effective date of any material change to the uses or disclosures, the individual's rights, the duties of the Plan or other privacy practices stated in this notice.

This notice does not apply to information that has been de-identified. De-identified information is information that does not identify an individual and with respect to which there is no reasonable basis to believe that the information can be used to identify an individual is not individually identifiable health information.

In addition, the Plan may use or disclose "summary health information" to the plan sponsor for obtaining premium bids or modifying, amending or terminating the group health plan, which summarizes the claims history, claims expenses or type of claims history, claims expenses or type of claims experienced by individuals for whom plan sponsor has provided health benefits under a group health plan; and from which identifying information has been deleted in accordance with HIPAA.

Section 4. Your Right to File a Complaint With the Plan or the HHS Secretary

If you believe that your privacy rights have been violated, you may complain to the Plan at the following address: North Jersey Municipal Employee Benefits Fund, Park 80 West, Plaza One, Saddle Brook, NJ 07663, (201) 587-0555.

. You may file a complaint with the Secretary of the U.S. Department of Health and Human Services, Hubert H. Humphrey Building, 200 Independence Avenue SW., Washington, D.C. 20201.

The Plan will not retaliate against you for filing a complaint.

Section 5. Whom to Contact at the Plan for More Information

If you have any questions regarding this notice or the subjects addressed in it, you may contact the Plan at the following address: North Jersey Municipal Employee Benefits Fund, Park 80 West, Plaza One, Saddle Brook, NJ 07663, (201) 587-0555.

This notice is effective as of April 14, 2003.

Conclusion

PHI use and disclosure by the Plan is regulated by a federal law known as HIPAA (the Health Insurance Portability and Accountability Act) and the privacy rule promulgated thereunder. You may find these rules at *45 Code of Federal Regulations Parts 160 and 164*. This notice attempts to summarize the regulations. The regulations will supersede any discrepancy between the information in this notice and the regulations.

* This notice also applies to the Plan's affiliated Fund, the Municipal Reinsurance Health Insurance Fund (MRHIF). The MRHIF provides coverage for claims in excess of retentions maintained by the Plan. All procedures established by the Plan also will be followed by the MRHIF and all contact information is the same.