

SEAFARERS HEALTH AND BENEFITS PLAN 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.***

USE AND DISCLOSURE OF HEALTH INFORMATION

The Seafarers Health and Benefits Plan ("Plan") may use your health information, defined as "protected health information" under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), for purposes of treatment, making or obtaining payment for your care, and conducting health care operations. The Plan has established a policy to guard against unnecessary disclosure of your health information effective April 14, 2003. This policy has been updated effective February 17, 2010.

THE FOLLOWING IS A SUMMARY OF THE CIRCUMSTANCES UNDER WHICH AND PURPOSES FOR WHICH YOUR HEALTH INFORMATION MAY BE USED AND DISCLOSED:

To Make or Obtain Payment. The Plan may use or disclose your health information to make payment to doctors, hospitals or other healthcare providers, or coordinate payment with third parties, such as other health plans. For example, the Plan may provide information regarding your coverage or treatment to your spouse's health plan to coordinate payment of benefits. However, upon your request, the Plan will not share your health information with another health plan if the information relates to a service that you have already paid for out of pocket in full.

The Plan may disclose your health information to the legal representative of or agent for a provider. The Plan may use or disclose your health information to facilitate the recovery of payments from a third party that is responsible for such payments.

The Plan may disclose your health information to the Seafarers Vacation Plan if you assign payment from your vacation benefits for certain health care services you receive. The Plan may disclose your health information to the Seafarers Pension Plan to establish your eligibility for benefits.

To Conduct Health Care Operations. The Plan may use or disclose health information for its own operations to facilitate the administration of the Plan and as necessary to provide coverage and services to all of the Plan's participants. Health care operations include such activities as:

- Quality assessment and improvement activities.
- Activities designed to improve health or reduce health care costs.
- Monitoring occupational injury and disease including exposure to benzene.
- Facilitating post employment physical examinations and substance abuse screening.
- Providing residential substance abuse treatment at the Plan's facility.
- Providing information to the Plan's actuary to evaluate the Plan's benefits and contribution rates.
- Review and auditing, including compliance reviews and medical reviews.
- General administrative activities of the Plan, including customer service and complaint resolution.

For Disclosure to the Plan's Board of Trustees. The Plan may disclose your health information to the Plan's Board of Trustees for plan administration functions. The Plan also may provide summary health information to the Board of Trustees so that they may modify, amend or terminate benefits, or obtain reinsurance.

To Conduct Health Oversight Activities. The Plan may disclose your health information to a health oversight agency for authorized activities including audits, civil, administrative or criminal investigations, inspections, licensure or disciplinary action. However, the Plan may not disclose your health information if you are the subject of an investigation and the investigation does not arise out of, or is not directly related to, your receipt of health care or public benefits.

In Connection With Judicial and Administrative Proceedings. As permitted or required by state law, the Seafarers Health and Benefits Plan may disclose your health information in the course of any judicial or administrative proceeding in response to an order of a court or administrative tribunal as expressly authorized by such order or in response to a subpoena, discovery request or other lawful process. However, the requesting party must make reasonable efforts to either notify you about the request, or to obtain an order protecting your health information.

For Law Enforcement Purposes. As permitted or required by state law, the Seafarers Health and Benefits Plan may disclose your health information to a law enforcement official for certain law enforcement purposes.

In the Event of a Serious Threat to Health or Safety. The Plan may disclose your health information if the Plan, in good faith, believes that such disclosure is necessary to prevent or lessen a serious and imminent threat to your health or safety, or to the health and safety of the public.

For Compliance. The Plan may disclose your health information to the Department of Health & Human Services when requested for the purpose of monitoring whether the Plan is in compliance with HIPAA.

AUTHORIZATION TO USE OR DISCLOSE HEALTH INFORMATION

Unless previously noted, the Plan will not disclose your health information without your written authorization. If you authorize the Plan to use or disclose your health information, you may revoke that authorization in writing at any time.

YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION

With respect to your protected health information maintained by the Plan, you have the following rights:

Right to Request Restrictions. You may request restrictions on certain uses and disclosures of your protected health information. You may request that the Plan restrict uses and disclosures 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. Your request for restrictions on uses and disclosures must be made in writing.

Right to Receive Confidential Communications. You have the right to request that the Plan communicate with you by alternate means, or at an alternate location, if you believe the disclosure of your health information could endanger you. You may ask that the Plan communicate with you at a certain telephone number or address. For example, when a claim is processed, the Plan sends an Explanation of Benefits (“EOB”) to the employee rather than the patient. The EOB includes certain protected health information about the patient. If you are the spouse or adult child of an employee, you may request that the Plan send the EOB directly to you as the patient. The Plan will attempt to accommodate all reasonable requests for confidential communications. Your request to receive confidential communications must be made in writing.

Right to Inspect and Copy Your Health Information. You have the right to inspect and copy records maintained by the Plan, which contain your protected health information. In meeting your request for access, the Plan may charge a fee for photocopying and postage. Your request to inspect and copy your health information must be made in writing.

Right to Amend Your Health Information. If you believe that records containing your protected health information are inaccurate or incomplete, you may request that the Plan amend your records. The Plan may deny the request if after considering your request, it still believes that the records are correct. The request also may be denied if the records were not created by the Plan, or if the health information you are requesting to amend is not part of the Plan's records. Your request to amend your health information must be made in writing.

Right to an Accounting of Disclosures. You have the right to request a list of disclosures of your protected health information made by the Plan for any reason other than for treatment, payment, or health care operations. Your request must specify the time period for which you are requesting the information. However, accounting requests may not be made for periods of more than six (6) years. In addition, the Plan cannot provide you with an accounting of disclosures which took place before April 14, 2003. The Plan will provide the first accounting you request during any 12-month period without charge. Additional accounting requests may be subject to a reasonable cost-based fee. The Plan will inform you in advance of this fee. Your request for an accounting of disclosures must be made in writing.

Right to a Paper Copy of this Notice. You have the right to request and receive a paper copy of this Notice at any time, even if you have received this Notice previously or agreed to receive the Notice electronically. To obtain a paper copy of this Notice, you can contact the Plan's Privacy Officer. You also may obtain a copy of the current version of the Plan's Notice at its web site, www.seafarers.org.

Special Protections for Drug and Alcohol Treatment Records. In general, the Plan will not disclose records related to your treatment for alcohol or drug abuse including whether or not you attended the Seafarers Addiction Rehabilitation Center ("SARC"), unless at least one of the following conditions apply: (1) you have specifically consented to the disclosure in writing; (2) the disclosure is made to medical personnel as necessary in a medical emergency; (3) the disclosure is made for scientific research purposes and certain privacy and security protections have been met; (4) the disclosure is made to persons who are authorized to conduct audits or evaluations and who have agreed to certain confidentiality protections; (5) the disclosure is made under State law involving incidents of suspected child abuse of neglect or (6) the disclosure is made pursuant to a valid Court Order specifically mandating the disclosure.

DUTIES OF THE PLAN

The Plan is required by law to maintain the privacy of your health information as set forth in this Notice. The Plan also is obligated to follow the terms of this Notice. The Plan is required to notify you within 60 days of discovery of any unauthorized access, acquisition, use or disclosure of your health information that could be harmful to you. The Plan will never use your genetic information for any purpose. The Plan reserves the right to change the terms of this Notice and to make the new provisions effective for all protected health information that it maintains. If the Plan changes its policies and procedures, it will revise the Notice and will provide a copy of the revised Notice to you within 60 days of the change.

COMPLAINTS

You have the right to express complaints to the Plan and to the Secretary of the Department of Health and Human Services if you believe that your privacy rights have been violated. Complaints to the Plan should be made in writing to the Plan's Privacy Officer. The Plan encourages you to express any concerns you may have regarding the privacy of your information. You will not suffer retaliation for filing a complaint.

CONTACT PERSON

The Plan has designated the Privacy Officer as its contact person for all issues regarding patient privacy and your privacy rights. You may contact the Privacy Officer at the Seafarers Health and Benefits Plan, 5201 Auth Way, Camp Springs, MD 20746, (301) 899-0675.