SOUTH BAY HOTEL EMPLOYEES, RESTAURANT EMPLOYEES WELFARE FUND
NOTICE OF PRIVACY PRACTICES

THIS NOTICE OF PRIVACY PRACTICES DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

This Notice of Privacy Practices (the "Notice") describes the legal obligations of the South Bay Hotel Employees, Restaurant Employees Welfare Trust (the "Fund") and your legal rights regarding your protected health information held by or on behalf of the Fund's group health plan ("Plan") under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"). Among other things, this Notice describes how your PHI may be used or disclosed to carry out treatment, payment, or health care operations, or for any other purposes that are permitted or required by law.

The Fund is required to provide this Notice of Privacy Practices to you pursuant to HIPAA.

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, collected from you or created or received by a health care provider, a health care clearinghouse, a health Fund, or your employer on behalf of a group health plan, that relates to:

(1) Your past, present or future physical or mental health or condition;
(2) The provision of health care to you; or
(3) The past, present or future payment for the provision of health care to you.

This Notice does not apply to information that has been de-identified. De-identified information is information that does not identify you, and with respect to which there is no reasonable basis to believe that the information can be used to identify you.

If you have any questions about this Notice or about the Fund's privacy practices, please contact the Fund's Privacy Officer. The Fund's Privacy Officer's contact information is listed at the end of this Notice.

Effective Date

This Notice originally became effective April 14, 2003. This Notice was revised on September 16, 2013

Fund's Responsibilities

The Fund is required by law to:

- maintain the privacy of your PHI;
- provide you with certain rights with respect to your PHI;
- provide you with a copy of this Notice of the Fund's legal duties and privacy practices with respect to your PHI; and
- follow the terms of the Notice that are currently in effect.

The Fund reserves the right to change the terms of this Notice and to make new provisions regarding your PHI that the Plan maintains, as allowed or required by law. If the Fund makes any material change to this Notice, the Fund will provide a revised version of this notice to you. The revised notice will be mailed to you at the last known address. 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 Fund or other privacy practices stated in this notice.

How The Fund May Use and Disclose Your PHI

Under the law, the Fund may use or disclose your PHI under certain circumstances without your permission. The following categories describe the different ways that the Fund may use and disclose your

PHI. Not every use or disclosure in a category will be listed. However, all of the ways the Fund is permitted to use and disclose information will fall within one of the categories.

For Treatment. The Fund may use or disclose your PHI to facilitate medical treatment or services by providers. The Fund may disclose PHI about you to providers, including doctors, nurses, technicians, medical students, or other hospital personnel who are involved in taking care of you. For example, if the Plan requires precertification for hospitalization or certain procedures or diagnostic services, the Fund may use or disclose PHI to health care providers to assist in determining an appropriate course of treatment.

For Payment. The Fund may use or disclose your PHI to determine your eligibility for Plan benefits, to facilitate payment for the treatment and services you receive from health care providers, to determine benefit responsibility under the Fund, or to coordinate Plan coverage. For example, the Fund may tell your health care provider about your medical history to determine whether a particular treatment is experimental, investigational, or medically necessary, or to determine whether the Plan will cover the treatment. The Fund may also share your PHI with a utilization review or precertification service provider. Likewise, the Fund may share your PHI with another entity to assist with the adjudication or subrogation of health claims or to another health plan to coordinate benefit payments.

For Health Care Operations. The Fund may use and disclose your PHI for other Fund operations. These uses and disclosures are necessary to run the Fund. For example, the Fund may use PHI in connection with conducting quality assessment and improvement activities; underwriting, 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 Fund administrative activities.

The Fund will not request, use or disclose "genetic information" subject to GINA, including family medical histories for underwriting purposes.

To Business Associates. The Fund may contract with individuals or entities known as Business Associates to perform various functions on behalf of the Fund or to provide certain types of services. In order to perform these functions or to provide these services, Business Associates will receive, create, maintain, use and/or disclose your PHI, but only after they agree in writing with the Fund to implement appropriate safeguards regarding your PHI. For example, the Fund may disclose your PHI to a Business Associate to administer claims or to provide support services, such as utilization management, pharmacy benefit management or subrogation, but only after the Business Associate enters into a Business Associate contract with the Fund.

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

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

To Fund Sponsors. The Fund may disclose PHI to the Board of Trustees of the Fund, or its designees, for purposes of performing administrative functions relating to the Plan, including, but not limited to, the review and determination of appeals. However, no such PHI disclosed by the Fund for the purpose set forth above may be used to take any action against you in regard to your employment.

Special Situations

In addition to the above, the following categories describe other possible ways that the Fund may use and disclose your PHI. Not every use or disclosure in a category will be listed. However, all of the ways the Fund is permitted to use and disclose information will fall within one of the categories.

Organ and Tissue Donation. If you are an organ donor, the Fund 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, the Fund may release your PHI as required by military command authorities. The Fund may also release PHI about foreign military personnel to the appropriate foreign military authority.

Workers' Compensation. The Fund may release your PHI for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Public Health Risks. The Fund 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 the Fund believes that a patient has been the victim of abuse, neglect, or domestic violence. The Fund will only make this disclosure if you agree, or when required or authorized by law.

Health Oversight Activities. The Fund may disclose your PHI to a health oversight agency for activities authorized by law. These oversight activities include, for example, 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 a dispute, the Fund may disclose your PHI in response to a court or administrative order. The Fund 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. The Fund may disclose your PHI if asked to do so by a law enforcement official as follows:

- 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, the Fund is unable to obtain the victim's agreement;
- about a death that the Fund believes may be the result of criminal conduct; and
- about criminal conduct.

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

National Security and Intelligence Activities. The Fund 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, the Fund 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. The Fund may disclose your PHI to researchers when (1) the individual identifiers have been removed; or (2) 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 approves the research.

Required Disclosures

The following is a description of disclosures of your PHI the Fund is required to make.

Government Audits. The Fund is required to disclose your PHI to the Secretary of the United States Department of Health and Human Services when the Secretary is investigating or determining the Fund's compliance with the HIPAA privacy rule.

Disclosures to You. When you request, the Fund is required to disclose to you the portion of your PHI that contains medical records, billing records, and any other records used to make decisions regarding your health care benefits. The Fund is also required, when requested, to provide you with an accounting of most disclosures of your PHI if the disclosure was for reasons other than for payment, treatment, or health care operations, and if the PHI was not disclosed pursuant to your individual authorization.

Other Disclosures

Personal Representatives. The Fund will disclose your PHI to individuals authorized by you, or to an individual designated as your personal representative, attorney-in-fact, etc., so long as you provide the Fund with a written notice/authorization and any supporting documents (i.e., power of attorney). Note: Under the HIPAA privacy rule, the Fund does not have to disclose information to a personal representative if the Fund has a reasonable belief that:

(1) you have been, or may be, subjected to domestic violence, abuse or neglect by such person; or
(2) treating such person as your personal representative could endanger you; and
(3) in the exercise of professional judgment, it is not in your best interest to treat the person as your personal representative.

Spouses and Other Family Members. With only limited exceptions, the Fund will send all mail to the employee. This includes mail relating to the employee's spouse and other family members who are covered under the Fund, and includes mail with information on the use of Fund benefits by the employee's spouse and other family members and information on the denial of any Fund benefits to the employee's spouse and other family members. If a person covered under the Fund has requested Restrictions or Confidential Communications (see below under "Your Rights"), and if the Fund has agreed to the request, the Fund will send mail as provided by the request for Restrictions or Confidential Communications.

Disclosure of PHI for Marketing and Sale Purposes. Except in the limited circumstances permitted by HIPAA or other applicable law, the Fund cannot use or disclose your PHI to market services or products to you, cannot provide your PHI to anyone else for marketing purposes, or sell your PHI, without your written authorization.

Use or Disclosure of Psychotherapy Notes. It is not the Fund's standard practice to access any psychotherapy notes kept by behavioral health providers. However, in the event the Fund needs access to these notes, they cannot be used or disclosed without your written authorization. If you elect not to provide written authorization, the notes will not be used or disclosed.

Use or Disclosure for Fundraising Purposes. Except as permitted under the HIPAA Rules, the Fund cannot use or disclose your PHI for fundraising purposes. It is not the Fund's standard practice to use or disclose your PHI for fundraising purposes. However, in the event the Fund uses or discloses your PHI for fundraising purposes, it must inform you of your right to opt out of receiving any fundraising communication (whether received in writing or over the phone).

Authorizations. Other uses or disclosures of your PHI not described above will only be made with your written authorization. You may revoke written authorization at any time, so long as the revocation is in writing. Once the Fund receives your written revocation, it will only be effective for future uses and disclosures. It will not be effective for any information that may have been used or disclosed in reliance upon the written authorization and prior to receiving your written revocation.

Your Rights

You have the following rights with respect to your PHI:

Right to Inspect and Copy. You have the right to inspect and copy certain PHI that may be used to make decisions about your health care benefits. To inspect and copy your PHI, you must submit your request in writing to the Fund's Privacy Officer. For PHI in a designated record set that is maintained in an electronic format, you can request an electronic copy of such information and request that such PHI be sent to another person or entity (Personal Representative). If you request a copy of the information, the Fund may charge a reasonable fee for the costs of copying, mailing, or other supplies associated with your request.

The Fund may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to your PHI, you may request that the denial be reviewed by submitting a written request to the Fund.

Right to Amend. If you feel that the PHI the Fund has about you is incorrect or incomplete, you may ask the Fund to amend the information. You have the right to request an amendment for as long as the information is kept by or on behalf of the Fund.

To request an amendment, your request must be made in writing and submitted to the Fund's Privacy Officer. In addition, you must provide a reason that supports your request.

The Fund may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, the Fund may deny your request if you ask the Fund to amend information that:

- is not part of the medical information kept by or for the Fund;
- was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- is not part of the information that you would be permitted to inspect and copy; or
- is already accurate and complete.

If the Fund denies your request, you have the right to file a statement of disagreement with the Fund and any future disclosures of the disputed information will include your statement.

Right to an Accounting of Disclosures. You have the right to request an "accounting" of certain disclosures of your PHI. The accounting will not include (1) disclosures for purposes of treatment, payment, or health care operations; (2) disclosures made to you; (3) disclosures made pursuant to your authorization; (4) disclosures made to friends or family in your presence or because of an emergency; (5) disclosures for national security purposes; and (6) disclosures incidental to otherwise permissible disclosures.

If the Fund uses or maintains an electronic health record with respect to your PHI, you have the right to request an accounting of disclosure of such records for up to three (3) years previous to your request.

You may request the information in an electronic format, and direct that such PHI be sent to another person or entity (Personal Representative).

To request this list or accounting of disclosures, you must submit your request in writing to the Fund's Privacy Officer. Your request must state a time period of not longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, paper or electronic). The first list you request within a 12-month period will be provided free of charge. For additional lists, the Fund may charge you for the costs of providing the list. The Fund will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to Request Restrictions. You have the right to request a restriction or limitation on your PHI that the Fund uses or discloses for treatment, payment, or health care operations. You also have the right to request a limit on your PHI that the Fund discloses to someone who is involved in your care or the payment for your care, such as a family member or friend. For example, you could ask that the Fund not use or disclose information about a surgery that you had.

Except as provided in the next paragraph, the Fund is not required to agree to your request. However, if the Fund does agree to the request, the Fund will honor the restriction until you revoke it or the Fund notifies you.

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 the health care provider involved has been paid out of pocket in full.

To request restrictions, you must make your request in writing to the Fund's Privacy Officer. In your request, you must tell the Fund (1) what information you want to limit; (2) whether you want to limit the Fund's use, disclosure, or both; and (3) to whom you want the limits to apply; for example, disclosures to your spouse.

Right to Request Confidential Communications. You have the right to request that the Fund communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that the Fund only contact you at work or by mail.

To request confidential communications, you must make your request in writing to the Fund's Privacy Officer. The Fund will not ask you the reason for your request. Your request must specify how or where you wish to be contacted. The Fund will accommodate all reasonable requests if you clearly provide information that the disclosure of all or part of your protected information could endanger you.

Right to Be Notified of a Breach. You have the right to be notified in the event that the Fund (or a Business Associate or its Subcontractors and Agents) discovers a breach of unsecured PHI. The Fund must notify you as soon as reasonably possible, but no later than 60 days of the Breach. The Fund has implemented a policy to require the performance of a breach risk assessment in all cases of impermissible uses or discloses of PHI to ensure your PHI will not be compromised and intends on complying with any future guidance on risk assessments.

In the event of a breach, the Fund will send you a Notice which will contain the following:

- Brief description of what happened including the date of the breach and date of discovery, if known.
- Identify the Protected Health Information that was subject to the non-permitted use or disclosure or Breach.
- Identify who made the non-permitted use or disclosure and who received the non-permitted disclosure.
- Any steps you should take to protect yourself from potential harm resulting from the Breach.

- Brief description of what the Fund is doing to investigate or correct the breach, to mitigate harmful effects, and to protect against further breaches.
- Contact procedures for you to ask questions or learn additional information.

Right to a Paper Copy of This Notice. You have the right to a paper copy of this notice. You may ask the Fund to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. You may obtain a copy of this notice at the Fund's Website, **www.southbayheretrust.com**

To obtain a paper copy of this notice, submit your request in writing to the Fund's Privacy Contact person listed below:

Privacy Contact Person
~~Assistant~~ Claims Manager
c/o Welfare & Pension Administration Service, Inc.
P.O. Box 34203
Seattle, WA 98124-1203
Toll Free: (800) 544-5085
Fax: (206) 441-9110

Complaints

If you believe that your privacy rights have been violated, you may file a complaint with the Fund or with the Office for Civil Rights of the United States Department of Health and Human Services (HHS) by visiting the HHS website at www.hhs.gov/ocr/privacy/hipaa/complaints/index.html. To file a complaint with the Fund, contact the Fund's Privacy officer. All complaints must be submitted in writing.

You will not be penalized, or in any other way retaliated against, for filing a complaint with the Office for Civil Rights or with us. The Fund's Privacy Officer's contact information is listed below:

Privacy Official
~~Heidi Campbell~~Chief People Officer
c/o Welfare & Pension Administration Service, Inc.,
P.O. Box 34203
Seattle, WA 98124.
Toll Free: (800) 544-5085
Fax: (206) ~~441-9110~~505-9727