

**Writers' Guild-Industry Health Fund  
Notice of Privacy Practices**

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*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 Standards for Privacy of Individually Identifiable Health Information (the "Privacy Rule")) to maintain the privacy of protected health information ("PHI") maintained by the health care components of the Fund. 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 February 17, 2010.

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**How the Fund Uses and Discloses 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, including those described below. 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 during the course of plan administration – that is, during operational activities such as quality assessment and improvement; performance measurement and outcomes assessment; and preventive health, disease management, case management and care coordination. For example, the Fund may use the PHI in the administration of detection and investigation of fraud; evaluating provider performance; premium rating and similar activities; and other general administrative activities, including data and information systems management and participant services. The Fund may use summary or de-identified health information for plan design activities. In addition, the Fund's employees and administrators may use information about your enrollment or disenrollment in the plan in order to collect contributions that pay for your participation in such plan.

**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; coordinating care; 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:** The Fund may disclose 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. The Fund may send certain information to doctors for patient safety or other treatment-related reasons. The Fund may also use PHI to contact you or your health care provider regarding treatment alternatives or other health-related benefits and services.

### **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.

### **Disclosure to Others Involved in Your Health Care**

The Fund may disclose PHI about you to a relative, a friend, the Fund participant or any person involved in your health care if you identify them, if you are present and you do not object to the sharing of your PHI, if it can reasonably be inferred that you do not object, or in the event of an emergency, provided the PHI is directly relevant to that person’s involvement with your health care. For example, if a family member or a caregiver calls the Fund with prior knowledge of a claim, the Fund may confirm whether or not the claim has been received and paid. You have the right to stop or limit this kind of disclosure by contacting the Fund’s Privacy Official.

### **Additional Reasons for Disclosure**

Without your authorization, the Fund may use or disclose PHI about you in providing you with treatment alternatives, treatment reminders, or other health-related benefits and services. The Fund also may disclose PHI in support of:

- **Research** – to researchers, subject to certain legal restrictions.
- **Business Associates** – to persons and businesses which provide services to the Fund and which need the PHI to perform those services.
- **Health Oversight Activities** – to government agencies responsible for oversight of the health care system or for ensuring compliance with the rules of government benefit programs, such as Medicare or Medicaid, or other regulatory programs that need PHI to determine compliance, state insurance departments, U.S. Department of Labor and other government agencies.
- **Law Enforcement** – to federal, state and local law enforcement officials.
- **Legal Proceedings** – in response to a court order or other lawful process.
- **Public Health and Welfare** – to address matters of public interest as required or permitted by law (*e.g.*, child abuse and neglect, threats to public health and safety (such as drug recall notifications, reporting drug reactions, and notifying persons who may have been exposed to a disease or may be at risk for contracting or spreading a disease), and national security).

- **Workers' Compensation** – to the extent required or permitted by law, the Fund may release PHI about you for workers' compensation or similar programs.
- **Other** – as necessary to comply with or as otherwise permitted by applicable law.

### **Uses and Disclosures Requiring Your Written Authorization**

In situations other than those described above, the Fund will ask for 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.

In addition, in no event will the Fund use or disclose your PHI that is "genetic information" for "underwriting" purposes, as such terms are defined by the Genetic Information Nondiscrimination Act of 2008.

### **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 the health care provider involved has been paid out of pocket in full.
- 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 a list of certain disclosures the Fund has made about you, such as disclosures of PHI to government agencies. The accounting will not include disclosures made before April 14, 2003; disclosures made for treatment, payment or health care operations; disclosures made earlier than 6 years before the date of the request; and certain other disclosures excepted by law. Your request must be in writing. If you request such an accounting more than once in a 12-month period, the

Fund may charge a reasonable fee. Your written request must be for a stated time period, which may not be longer than six years and may not include dates before April 14, 2003.

- Notify you if your unsecured PHI is acquired, used or disclosed in a manner that is impermissible under the Privacy Rule and that poses a significant risk of financial, reputational or other harm to you. Such notice must be given within 60 days of discovery of such breach.

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 file a complaint with the U.S. Department of Health and Human Services:

Region IX, Office for Civil Rights  
U.S. Department of Health and Human Services  
90 7<sup>th</sup> Street, Suite 4-100  
San Francisco, CA 94103  
Phone: (415) 437-8310  
FAX: (415) 437-8329  
TDD: (415) 437-8311  
<http://www.hhs.gov/ocr/privacy/hipaa/complaints/index.htm>

The Fund will not retaliate against you for making a complaint.

### **The Fund's Legal Obligations**

The Privacy Rule requires the Fund to keep PHI about you private (to the extent provided by the Privacy Rule), to give you notice of its legal duties and privacy practices, 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"). Thus, this Notice is not a document governing the Fund under ERISA and you may not bring a private cause of action based on this Notice or the Fund's obligations under the Privacy Rule.

### **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  
1015 North Hollywood Way  
Burbank, California 91505  
(818) 846-1015