

BAC LOCAL 15 WELFARE AND PENSION FUND

6405 Metcalf, Suite 200 • Overland Park, Kansas 66202
(913) 236-5490 • Fax: (913) 236-5499

PRIVACY NOTICE

BAC LOCAL UNION 15 WELFARE FUND

Effective April 14, 2003

New federal regulations, called The Privacy Rule, require the BAC Local Union 15 Welfare Fund to follow new procedures to protect the privacy of your personal health information maintained by the Welfare Fund. The Privacy Rule allows the Welfare Fund to use and disclose your health information for general claims payment and Fund administration. A Notice summarizing the Welfare Fund's privacy policy is attached, for you to review at your convenience.

One restriction imposed by the new Privacy Rule is a limitation on oral communications by the Fund Office about an individual's claims with someone other than the individual for whom the claim applies. In other words, the Fund Office may only discuss an employee's claim over the telephone with an employee, not the employee's spouse; and may only talk to the spouse about the spouse's claims; and may only talk to an adult eligible child about the child's claims. All parents or guardians will continue to have access to information regarding their minor children.

We know that you or your spouse often may call the Fund Office to check on each other's claims, or on claims of your adult children away at college. To continue this practice, each adult family member that is eligible for benefits must complete a **Family Privacy Form**. You may each authorize as few or as many people as you desire to discuss your claims with the Fund Office. Two sample forms are enclosed. If you need additional forms, either make a photocopy or call the Fund Office. **Remember** without this form, the Fund Office only will give information over the telephone to the individual for whom the claim applies, not to a spouse or parent. ***Please complete this form and return it to the Fund Office as soon as possible.***
Please call the Fund Office if you have any questions.

Sincerely,

Board of Trustees

Enclosures

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FAMILY PRIVACY FORM

I _____ hereby authorize the following named individual(s)
(PRINT NAME)

to act on my behalf to:

- ❖ Receive Protected Health Information from the BAC Local Union 15 Welfare Fund, and
- ❖ Enforce any individual rights I have regarding Protected Health Information under the Privacy Rule.

1. _____
NAME SOCIAL SECURITY NUMBER
2. _____
NAME SOCIAL SECURITY NUMBER
3. _____
NAME SOCIAL SECURITY NUMBER

I understand (1) that this designation is subject to approval by the BAC Local Union Welfare Fund; (2) this designation will remain in effect unless I revoke it in writing; (3) that I have the right to revoke this designation at any time by submitting a signed statement to that effect to the Fund Office.

SIGNATURE DATE SOCIAL SECURITY NUMBER

I am: (Please check the appropriate box)

- Eligible Member
- Eligible Spouse
- Eligible Adult Child
- Other—Please explain: _____