

**PRIVACY NOTICE
FOR
JEFFERSON FEDERATION OF TEACHERS HEALTH AND WELFARE PLAN
AND CAFETERIA PLAN**

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.

Effective Date of This Privacy Notice: April 14, 2004.

The Jefferson Federation of Teachers Health and Welfare Fund (“**Fund**”) maintains two group health plans, the Jefferson Federation of Teachers Health and Welfare Plan (“**Welfare Plan**”), and a medical expense reimbursement flexible spending account offered through the Jefferson Federation of Teachers Cafeteria Plan (“**Cafeteria Plan**”). Whenever the term “**Plan**” is used in this notice, it means both the Welfare Plan and the Cafeteria Plan.

The Plan is sending you this Privacy Notice in order to comply with federal privacy regulations recently issued for the law known as “HIPAA”. The privacy regulations require the Plan to take reasonable steps to protect the privacy of protected health information known as “**PHI**”, and to inform you about certain privacy rights and duties under the new law. The new federal privacy requirements are referred to in this notice as the “**Privacy Rule**”.

The Welfare Plan and Cafeteria Plan qualify as an “organized health care arrangement” under the Privacy Rule because they are both sponsored by the Fund. As such, they are permitted to issue a joint Privacy Notice to the individuals covered by either plan. Each plan will abide by the terms of this joint notice with respect to any PHI created or received by it or as part of its participation in the organized health care arrangement.

You should be familiar with the following terms that are used throughout this notice. “**PHI**” means individually identifiable information that is created or received by the Welfare or Cafeteria Plan in any form (oral, written or electronic), and that relates to your past, present or future physical or mental health or condition. “**You**” refers to individual participants and beneficiaries in either or both plans. “**HHS**” means the Secretary of the U. S. Department of Health and Human Services.

SECTION 1. HOW THE PLAN WILL USE AND DISCLOSE PHI

Uses and Disclosures by Plan To Carry Out Treatment, Payment and Health Care Operations: The Plan may use and disclose PHI without your consent or authorization in order to process and pay health care claims and for the Plan’s health care operations. The Welfare Plan may also use and disclose PHI without your consent or authorization for purposes of your health care treatment. A description and example of these purposes follow.

Treatment: Treatment means providing, coordinating or managing your health care treatment and services. For example, the Welfare Plan may tell your treating dentist or orthodontist that you are eligible for coverage or provide information about other dental services you have received. The Welfare Plan may also contact you to provide information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Payment: Payment means actions taken to ensure that your health care treatment and services are properly billed and paid for or reimbursed under the terms of the Plan. It may also include, as appropriate, actions related to coverage determinations, coordination of benefits, claims management, subrogation, assignment, collections, obtaining payment under reinsurance, medical necessity reviews and utilization review. For example, the Plan may receive a doctor's bill for medical services provided to you and use that information to process your claim and generate a check for payment or reimbursement under the terms of the Plan.

Health Care Operations: Health care operations means the Plan's activities that are related to its functioning as a health plan and to providing health benefits to you, including, as appropriate, conducting quality assessment and improvement activities, coordinating or managing care, evaluating health care provider and health plan performance, insurance activities related to the creation, renewal or replacement of health insurance or reinsurance contracts, conducting or arranging for medical review, legal services and compliance programs, auditing functions, business planning and development, business management and general administrative activities. For example, the Plan may need PHI to audit the accuracy of its claims processing functions.

The Welfare Plan and Cafeteria Plan may share PHI to the extent needed to carry out their payment and/or health care operations. For example, the Welfare Plan may share PHI with the Cafeteria Plan so that the Cafeteria Plan can process and pay claims from an individual's medical expense reimbursement flexible spending account for out-of-pocket medical expenses that are not covered under the Welfare Plan or reimbursable from any other source.

Business associates are persons who assist the Plan in performing services that involve PHI, such as claims eligibility and payment, legal, actuarial, accounting and computer consulting services. The Plan may disclose PHI about you to its business associates without your authorization. All disclosures will be the minimum necessary for the business associate to perform its services. Before making disclosures, the Plan will obtain satisfactory assurances from the business associate that it will take appropriate steps to safeguard any PHI received from the Plan.

The Plan has been amended to permit the disclosure of PHI to the Plan Sponsor and to permit a health insurance issuer for the Welfare Plan to disclose PHI to the Plan Sponsor, for any of the purposes listed above, and to require the Plan Sponsor to protect the privacy of PHI received from the Plan. The Trustees are the Plan Sponsor.

The Plan may also disclose to your family member, relative, close friend or other person identified by you, PHI that is directly related to their involvement with or payment for your health care. You must be informed in advance of the disclosure and be given an opportunity to object, unless it is not possible to do so because of your incapacity or emergency circumstances and the Plan determines that disclosure is in your best interest. The Plan will mail to the covered employee all verification of Dependent status requests and written explanations of benefits for handicapped Dependent children unless otherwise requested in writing by the Dependent, provided the Dependent is not an unemancipated minor child or incapacitated.

Other Purposes For Which Your PHI May Be Used and Disclosed Without Your Consent or Authorization:

The Plan may also use and disclose PHI without your consent or authorization if requested by HHS to investigate or determine the Plan's compliance with the Privacy Rule, if required by law, or if permitted under the Privacy Rule in the following public health or public interest situations:

1. Responding to a disclosure request in a judicial or administrative proceeding, such as a subpoena, discovery request or court order;
2. Responding to public health authorities authorized to collect or receive information to help prevent or control disease, injury or disability, to report problems with products or to notify you of recalls of products you may be using;
3. Responding to public health, social service or protective service agencies to report child abuse, neglect, or domestic violence;
4. Responding to requests for medical information as authorized by and to the extent necessary to comply with laws relating to workers' compensation or similar programs;
5. Responding to a coroner, medical examiner or funeral director to identify a deceased person, determine the cause of death or assist them in carrying out their duties;
6. Responding to a public health oversight agency for certain oversight activities such as audits, investigations, inspections, licensure and disciplinary actions against providers. These activities are necessary for the government to protect the health care system;
7. Responding to law enforcement officials in connection with law enforcement activities, such as investigating criminal conduct or victims of crime or in emergency circumstances;
8. Responding to inquiries from correctional institutions or lawful officials having custody of an inmate if necessary to protect the health of the inmate or other inmates and employees at the correctional institution;
9. Responding to requests from health research agencies under certain circumstances;
10. When necessary to prevent or lessen a serious and imminent threat to the health and safety of you or another person;
11. Responding when authorized by law in connection with military matters or matters of national security and intelligence; and
12. Responding to organ procurement organizations for cadaveric organ, eye or tissue donation purposes.

Uses and Disclosures of PHI Requiring Your Written Authorization:

Except for the permitted and required uses and disclosures described above, the Plan may NOT use or disclose your PHI without your written authorization. The Plan will not accept an authorization unless it is on the Plan's authorization form. A copy is available from the Privacy Officer. The form will ask you what PHI may be disclosed, who may receive it, when the authorization expires, and affirm your right to revoke the authorization in writing at any time except to the extent the Plan has already acted in reliance on it. A copy of any disclosure authorization form that you sign will be given to you.

SECTION 2. YOUR INDIVIDUAL PRIVACY RIGHTS WITH RESPECT TO PHI

Right to Request Restrictions on Use and Disclosure of PHI:

You may request the Plan to restrict or limit the PHI that it discloses for your health care treatment, payment or health care operations. The Plan is NOT, however, required to agree to your request. If the Plan agrees, it will comply with your request unless the information is needed to provide you with emergency treatment or for one of the purposes for which your consent or authorization is not needed as listed above. If you wish to restrict the use and/or disclosure of your PHI, you must make a written request to the Privacy Officer and specify what information you want to limit, and how and to whom the limits apply. You may terminate a restriction at any time, either orally or in writing.

Right to Inspect and Copy PHI:

You have the right to inspect and obtain a copy of your PHI that is contained in a "designated record set" for as long as it is maintained, other than psychotherapy notes, information that is compiled in reasonable anticipation of or for use in a civil, criminal or administrative action, and information obtained from someone other than a provider under a promise of confidentiality if access is reasonably likely to reveal the source. A "designated record set" is a group of records maintained by or for the Plan that includes (i) the medical records and billing records about individuals maintained by or for a health care provider; (ii) the enrollment, payment, billing, claims adjudication and case or medical management record systems; and (iii) other information used by or for the Plan to make decisions about participants and beneficiaries. Generally, the Plan will not have detailed medical records.

If you wish to inspect or copy PHI, you must make a written request to the Privacy Officer using the Plan's request form. The Plan will arrange a convenient time and place, and will discuss with you in advance the scope, format, and other aspects necessary to facilitate your request. The Plan will act on your request within 30 days after receipt, or 60 days after receipt if the requested information is not readily accessible, subject to a 30-day extension if needed. If a 30-day extension is necessary, you must be told in writing why and the extended response date. Any copies that are provided to you are subject to a fee for copying and postage if mailed. The Plan will tell you what these charges are before copying begins.

Your request to inspect and copy PHI may be denied in certain limited circumstances. If

it is denied, you will receive a written denial explaining the reason(s) for the denial, an explanation of your review rights and a description of how you may complain to the Plan or HHS.

Right to Amend PHI:

You may request the Plan to amend your PHI or a record about you in a designated record set maintained by the Plan if you believe it is inaccurate or incomplete. The Plan may deny your request for amendment if (i) it didn't create the information (unless the originator is no longer available to amend it); or (ii) the information is not part of information that you would be permitted to inspect and copy; or (iii) it determines that the information is accurate and complete.

In order to exercise this right, you must make a written request to the Privacy Officer and explain why you want your PHI amended. The Plan must act on your request within 60 days after receipt, subject to a 30-day extension if needed. If a 30-day extension is necessary, you must be notified in writing of the reasons for the extension and the new response date. If your request is approved, the Plan will provide the amended information to you and to any persons identified by you or the Plan as needing the amended information.

If your request is denied in whole or part, the Plan must provide you with a written denial that explains (i) the reasons for denial; (ii) your right to submit a written statement of disagreement, notice of which will be provided with any future disclosure of PHI to which the disagreement relates; (iii) an explanation that if you do not submit a statement of disagreement, you may request the Plan to provide your request for amendment and the denial with any future disclosures of the PHI that is the subject of amendment; and (iv) a description of how to file a complaint with the Plan or HHS.

Right to Receive an Accounting of Your PHI Disclosures:

You have the right to request an accounting of all disclosures of your PHI made by the Plan on or after April 14, 2004, other than those noted below. In order to exercise this right, you must submit a written request to the Privacy Officer and state the period of time for the disclosure, not to exceed six years from the date of request. The accounting will not include (i) disclosures to carry out treatment, payment and health care operations; (ii) disclosures to you; (iii) disclosures to a family member, relative, close personal friend or other person identified by you who is involved in your health care or payment for your health care; (iv) disclosures for national security or intelligence purposes; and (v) disclosures to correctional institutions or law enforcement officials.

For disclosures that are covered by an accounting, you will be told the date of disclosure, the name and address of the entity or person to whom your PHI was disclosed, a brief description of the PHI disclosed, and the reason for the disclosure or a copy of your authorization for the disclosure. The Plan will provide an accounting within 60 days after receipt of your request, subject to a 30-day extension if necessary, provided you are given a written statement of the reasons for the delay and the extended response date. If you request more than one accounting within a 12-month period, the Plan may charge a reasonable fee for each additional accounting.

Right to Receive Confidential Communications of PHI:

You have the right to request that the Plan communicate with you about your PHI in a certain way or at a certain location if you feel that disclosure by the normal means or at the normal location could endanger you. For example, you could request that your explanation of benefits be sent to an address other than the covered employee's home address. Your request should be made in writing to the Privacy Officer. You will not be asked the reason for your request, and your request will be accommodated if it is reasonable.

Right to Receive a Paper Copy of this Privacy Notice Upon Request:

If you receive this Privacy Notice electronically, you have the right to obtain a paper copy by contacting the Privacy Officer.

Personal Representatives:

You may exercise your rights through a personal representative provided the Plan receives sufficient proof of the individual's authority to act on your behalf such as, for example, a health care power of attorney that is valid under state law or a court order appointing the individual as your legal representative. A parent usually acts as the personal representative of an unemancipated minor child unless otherwise provided by state law or court order. The Plan reserves the right not to treat a person as your personal representative if it has reasonable belief that it is not in your best interest to do so for reasons related to domestic violence, abuse, neglect or other endangerment.

SECTION 3. THE PLAN'S LEGAL DUTIES WITH RESPECT TO PHI**Obligation to Maintain Privacy Practices/Notice and Right To Amend Same:**

The Plan is required by law to maintain the privacy of your PHI and to provide you with notice of its legal duties and privacy practices as set forth in this Privacy Notice. The Plan will comply with this Privacy Notice but reserves the right to amend it and/or its privacy practices at anytime, effective for all PHI maintained by the Plan even if created or received prior to amendment. Any material change to permitted or required uses or disclosures of PHI, your privacy rights, the Plan's legal duties, or any privacy practice described in this Privacy Notice, will not be implemented until a revised Privacy Notice has been provided to all individuals then covered by the Plan, via first class mail, within 60 days of the effective date of material change.

Minimum Necessary Standard:

Whenever the Plan uses or discloses PHI or requests PHI from another covered entity, it will make reasonable efforts not to use, disclose or request more than the minimum necessary to accomplish the intended purpose of its use, disclosure or request, taking into consideration practical and technological limitations. This "minimum necessary" standard will not apply to: (1) disclosures to or requests by a health care provider for treatment; (2) disclosures to you; (3) disclosures to HHS; (4) uses or disclosures required by law; and (5) uses or disclosures required for the Plan's compliance with the Privacy Rule.

De-Identified Information:

Information that is “de-identified” so that there is no reasonable basis to believe that it can be used to identify an individual is not subject to the Privacy Rule and can be freely used and disclosed by the Plan.

SECTION 4. YOUR RIGHT TO FILE A COMPLAINT WITH THE PLAN OR HHS

If you believe that your privacy rights have been violated or are not satisfied with any answers you have received regarding a privacy issue, you may complain to the Plan by filing a written complaint with the Privacy Officer and/or to HHS through the appropriate Regional Office of Civil Rights (“OCR”) of the U.S. Department of Health and Human Services. If you wish to file a complaint with OCR, you may obtain from the Privacy Officer a copy of the appropriate complaint form and the correct name and address for filing the complaint. You will not be retaliated against by the Plan or Fund for filing a complaint.

SECTION 5. PRIVACY OFFICER AS PLAN CONTACT FOR MORE PRIVACY INFORMATION

If you have any questions regarding this Privacy Notice or your privacy rights, you should contact the Privacy Officer for the Plan as follows:

Name: Valerie Savona
Address: 2540 Severn Avenue, Suite 302
Metairie, LA 70002
Telephone: (504) 455-7261
Fax: (504) 455-7267