

**OFFICE AND PROFESSIONAL EMPLOYEES INTERNATIONAL UNION
LOCALS 30 & 537 HEALTH AND WELFARE FUND**

AMENDMENT TO SUMMARY PLAN DESCRIPTION

The Board of Trustees of the Office and Professional Employees International Union Locals 30 & 537 Health and Welfare Fund ("Fund") adopted the following amendment in order to comply with HIPAA and its corresponding regulations known as the Privacy Rule promulgated by the U.S. Department of Health and Human Services. The Privacy Rule is set forth at 45 CFR Parts 160 and 164, subparts A and E. This amendment is effective April 14, 2003.

PRIVACY OF PROTECTED HEALTH INFORMATION UNDER HIPAA

The Fund will use and disclosure protected health information ("PHI") in accordance with the uses and disclosures permitted by the Health Insurance Portability and Accountability Act of 1996 ("HIPAA").

PHI is defined as individually identifiable health information that is maintained or transmitted by the Fund in any form or medium (oral, written, or electronic). Individually identifiable health information is health information, including demographic information, that is created or received by a health care provider, employer, health care clearinghouse or this Fund and relates to the past, present or future physical or mental health condition of you or your eligible dependents, including payment information for the provision of health care. When held by this Fund, it also means information that either identifies you or your eligible dependents directly or indirectly, in that one has a reasonable belief that you or your eligible dependents can be identified using the information. For example, your name, address, birth date, marital status, Social Security Number, choice of health plan would be considered PHI. Other examples are the amount of contributions paid by your employer for your coverage, or whether you are an active employee, retiree, or Medicare enrollee.

THE FOLLOWING USES AND DISCLOSURES OF PHI, AND CORRESPONDING RIGHTS AND DUTIES, APPLY TO YOU AND YOUR ELIGIBLE DEPENDENTS

PERMITTED USES AND DISCLOSURES OF PHI

The Fund and its Business Associates will use and disclose PHI without your authorization for purposes of treatment, payment and health care operations, but only the minimum amount of PHI necessary to accomplish these activities. Treatment includes but is not limited to the provision, coordination or management of health care among health care providers or the referral of a patient from one health care provider to another. Payment includes but is not limited to actions concerning eligibility, coverage determinations, coordination of benefits, adjudication of health benefit claims (including appeals), determinations of cost-sharing amounts, utilization reviews, medical necessity reviews, preauthorization reviews, and billing and collection activities. Health care operations include but are not limited to performing quality assessment reviews, implementing disease management programs, reviewing the competence or qualifications of health care professionals, underwriting, premium rating and other insurance activities relating to creating or renewing insurance contracts. It also includes legal services and auditing functions for the purpose of creating and maintaining fraud and abuse programs, compliance programs, business planning programs, and other related administrative activities.

REQUIRED USES AND DISCLOSURES OF PHI

The Fund must disclose PHI to you upon request to access your own PHI, with limited exceptions, or to request an accounting of PHI disclosures. Use and disclosure of PHI may be required by the Secretary of the U.S. Department of Health and Human Services ("HHS") and its Office of Civil Rights ("OCR") or other authorized government organizations to investigate or determine the Fund's compliance with the Privacy Rule.

AGREED TO USES AND DISCLOSURES OF PHI BY YOU AFTER AN OPPORTUNITY TO AGREE OR DISAGREE TO THE USE OR DISCLOSURE

The Fund will disclose PHI to family members, other relatives or close personal friends if the information is directly relevant to the family or friend's involvement with your health care or payment for such care and you have either agreed to the disclosure or been given an opportunity to object and have not objected.

ALLOWED USES AND DISCLOSURES OF PHI FOR WHICH AUTHORIZATION OR OPPORTUNITY TO OBJECT IS NOT REQUIRED

The Fund will use or disclose PHI without your authorization or opportunity to object when required by law, or to law enforcement officials, public health agencies, research facilities, coroners, funeral directors and organ procurement organizations, judicial and administrative agencies, military and national security agencies, worker's compensation programs and correctional facilities. These uses and disclosures are more fully described in the Fund's Privacy Policy Statement and Notice of Privacy Practices for Protected Health Information. Additional copies of these documents may be obtained from the Administrative Office.

YOUR INDIVIDUAL RIGHTS

HIPAA and the Privacy Rule afford you the following rights:

1. You (or your personal representative) have the right to request restrictions on how the Fund will use and/or disclose PHI for treatment, payment or health care operations, or to restrict uses and disclosures to family members, relatives, friends or other persons identified who are involved in your health care or payment for such care. However, the Fund is not required to agree to such a request. If the Fund agrees, it is bound by the restriction except when otherwise required by law, in emergencies, or when the restricted information is necessary for treatment. You (or your personal representative) will be required to complete a form requesting any restriction.
2. You (or your personal representative) have the right to request to receive communications of PHI from the Fund either by alternative means or at alternative locations. The Fund may agree to accommodate any such request if it is reasonable. The Fund, however, must accommodate such requests if you clearly state that the disclosure of all or a part of the PHI could endanger you.
3. You (or your personal representative) have the right to request access to your PHI contained in a Designated Record Set, for inspection and copying, for as long as the Fund maintains the PHI. A Designated Record Set includes the medical billing records about you maintained by or for a covered health care provider, enrollment, payment, billing, claims adjudication, and case or medical management record systems maintained by or for the Fund, or other information used in whole or in part by or for the Fund to make decisions about you. Information used for quality control or peer review analyses and not used to make decisions about you are not in the Designated Record Set and therefore not subject to access. The right to access does not apply to psychotherapy notes or information compiled in anticipation of litigation. You must complete a request form to access PHI in a Designated Record Set. If access to inspect and copy PHI is granted, the requested information will be provided within 30 days if the information is maintained onsite or within 60 days if the information is maintained offsite. A single 30-day extension is allowed if the Fund is unable to comply with the deadline. The Fund may charge a reasonable fee for the costs of copying. If access to inspect and copy your PHI is denied, a written denial will be provided setting forth the basis for the denial, a description of how you may have the denial reviewed, if applicable, and a description of how you may file a complaint with the Fund or the HHS or its OCR.
4. You (or your personal representative) have the right to request an amendment to your PHI in a Designated Record Set for as long as the PHI is maintained in a Designated Record Set. You will be required to complete a request form to amend PHI in a Designated Record Set. The Fund has 60 days after the request is made to act on the request. A single 30 day extension is allowed if the Fund is unable to comply with the deadline. If the request is denied in whole or part, the Plan must provide a written denial that explains the basis for the denial. You may then submit a written statement disagreeing with the denial and have that statement included with any future disclosures of his or her PHI.

5. You (or your personal representative) have the right to request an accounting of disclosures of PHI by the Fund. The Fund will provide such an accounting only for a six-year period starting from the date of the request. However, such accounting will not include PHI disclosures made to carry out treatment, payment or health care operations or made to you about your own PHI. Also, the Fund is not required to provide an accounting of disclosures pursuant to an authorization request or disclosures made prior to the compliance date of the Privacy Rule. You will be required to complete a request form to obtain an accounting of PHI disclosures by the Fund. The Fund will provide an accounting of disclosures within 60 days of the request. If the accounting cannot be provided within 60 days, an additional 30 days is allowed if you are given a written statement of the reasons for the delay and the date by which the accounting will be provided. If more than one request for an accounting is made within a 12-month period, the Fund will charge a reasonable, cost-based fee for each subsequent accounting.

ACCESS BY PERSONAL REPRESENTATIVES TO PHI

The Fund will treat your personal representative as you with respect to uses and disclosures of PHI, and all the rights afforded you by the Privacy Rule, under certain circumstances, but only to the extent such PHI is relevant to their representation. For example, a personal representative with a limited health care power of attorney regarding a specific treatment, such as use of artificial life support, is the representative only with respect to PHI that relates to decisions concerning this treatment. The personal representative will be required to produce evidence of authority to act on your behalf before the personal representative will be given access to PHI or allowed to take any action.

Proof of such authority may take the form of a notarized power of attorney for health care purposes (general, durable or health care power of attorney), a court order of appointment as your conservator or guardian, an individual who is the parent, guardian or other person acting in loco parentis with legal authority to make health care decisions on behalf of a minor child, or an executor of the estate, next of kin, or other family member on behalf of a decedent.

The Fund retains discretion to deny a personal representative access to PHI if the Fund reasonably believes that you have been or may be subjected to domestic violence, abuse, or neglect by the personal representative or that treating a person as your personal representative could endanger you. This also applies to personal representatives of minors. Also, there are limited circumstances under state and other applicable laws when the parent is not the personal representative with respect to a minor child's health care information.

THE FUND'S DUTIES

In accordance with the Privacy Rule, only certain employees may be given access to your PHI. The Administrative Office has designated this group of employees to include Claims Adjusters, Claims File Clerks, Mail Clerks, Eligibility Certifiers, Supervisors and Managers. The employees described above may only have access to and use and disclose PHI for plan administration functions. A mechanism shall be provided for resolving issues of noncompliance, including disciplinary sanctions or termination, to any person who does not comply with the Privacy Rule.

The Fund is required by law to provide you with its Notice of Privacy Practices ("Notice") by April 14, 2003 and thereafter, upon request. Also, the Notice must be distributed by the Fund to new employees and dependents upon enrollment. You will be advised at least once every three years of the availability of the Notice and how to obtain a copy of it. The Fund is required to comply with the terms of the Notice as currently written. However, the Fund reserves the right to change its privacy practices and to apply the changes to any PHI received or maintained by the Fund prior to the date of the change. The Fund will promptly revise and distribute the Notice within 60 days if there is a material change in its privacy policies and procedures.

The Fund will make reasonable efforts not to use, disclose or request more than the minimum amount of PHI necessary to accomplish the intended purpose of the use, disclosure or request, taking into consideration practical and technological limitations. This minimum necessary standard, however, will not apply to disclosures to or requests by a health care provider for treatment purposes, disclosures made to you, uses or disclosures pursuant to your authorization, disclosures made to HHS or its OCR for

enforcement purposes, uses or disclosures that are required by law, and uses or disclosures that are required for the Fund's compliance with HIPAA's Administration Simplification Rules.

MISCELLANEOUS

The Fund may disclose de-identified health information. Health information is considered de-identified if it does not identify you and there is no reasonable basis to believe the information can be used to identify you, such as your name and Social Security Number.

The Fund may disclose summary health information to the Board of Trustees or a Business Associate. Summary health information is PHI that includes claims history and claims experience, and from which identifying information has been deleted in accordance with the Privacy Rule.

The Fund will not use and/or disclose PHI for purposes of marketing. Marketing is defined as a communication that encourages the purchase or use of a product or service, such as sending a brochure detailing the benefits of a certain medication that encourages its use or purchase. However, the Fund may use PHI without authorization in certain situations, including but not limited to sending information describing the participating providers in its provider network(s), and the benefits provided under the Plan, providing information for the management of treatment, or recommending alternative treatment, providers, or health coverage.

THE BOARD OF TRUSTEES' DUTIES

The Fund will also disclose PHI to the Board of Trustees for Plan administration purposes. The Trustees have amended the Fund's Trust Agreement and signed a certification agreeing not to use or disclose your PHI other than as permitted by the Plan documents, the Privacy Rule, or as required by law. The Trustees' uses and disclosures are more fully described in the Fund's Privacy Policy Statement, Notice of Privacy Practices for Protected Health Information, and Board of Trustees' Certificate. Additional copies of these documents can be obtained from the Administrative Office.

COMPLAINTS

If you wish to file a complaint with the Fund or have any questions regarding the uses or disclosures of your PHI (i.e. access, amendment or accounting of PHI), you may contact the Privacy Officer at the following address:

Dave Chapman, Privacy Officer
Benefit Programs Administration
13191 Crossroads Parkway North, Suite 205
City of Industry, California 91746-3434.

A complaint may also be filed with the HHS or its OCR, Hubert H. Humphrey Building, 200 Independence Avenue S.W., Washington, DC 20201.

All complaints must be in writing and filed within 180 days of the date you knew or should have known of the violation. This time limit can be waived if good cause is shown. The Fund will not retaliate against you for filing a complaint.