

# plan update

Update to Your Summary Plan Description



## HIPAA Privacy Notice

Protection of your private health information has always been an extremely important aspect of the comprehensive services provided to Participants by the Motion Picture Industry Health Plan (MPI Health Plan). We are pleased to provide you with an updated HIPAA Privacy Notice that describes your rights regarding your individually identifiable health information, effective September 23, 2013.

**T**his HIPAA Privacy Notice details our practices and will govern our actions to guard you against unnecessary use and disclosure of your personal information. The new policy and practices have been written to comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the Health Information Technology for Economic and Clinical Health Act of 2009, the Genetic Information Nondiscrimination Act and regulations issued under these statutes.

This very detailed policy clearly defines acceptable circumstances for disclosure of personal Participant health information, while still allowing us necessary access for business operations. Obviously, in order to provide your coverage and services, MPI Health Plan staff must have day-to-day access to your health information. Without it, we could not

complete quality-assessment and improvement activities or develop clinical guidelines and protocols, for example. Third parties must have operational access to your information as well, or we could not make payments to providers and other health plans.

Other than those specifically identified operational situations listed in this HIPAA Privacy Notice, however, we will not disclose your health information without your written authorization. Necessary forms may be requested by phone or mail or may be obtained at [www.mpiphp.org](http://www.mpiphp.org).

In addition to confidentiality practices, this policy also spells out your rights to access and restrict use of your health information. It identifies steps you can take to review your personal information and to request amendments, as well as receive an accounting

or copies of certain disclosures of your health information that MPI Health Plan is required to keep. We hope you will take the time to carefully review all the details included in this HIPAA Privacy Notice. It is important for you to understand how your information is being used and protected.

If you have any questions regarding patient privacy and your privacy rights, please contact our HIPAA Compliance Officer Terry Walker. Mr. Walker can be reached by mail at MPI Pension & Health Plans, P.O. Box 1999, Studio City, CA 91614-0999, or by e-mail at [twalker@mpiphp.org](mailto:twalker@mpiphp.org). You may reach him by phone at 818 or 310.769.0007, ext. 321.

**Forms for use or restriction of your health information are available at [www.mpiphp.org](http://www.mpiphp.org).**

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# Use and Disclosure Of Health Information

## HIPAA Privacy Notice

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At MPI Health Plan, we value our Participants' trust and are committed to responsible management, use and protection of your personal information. Of course, all health plans must, by nature of the business, collect a certain amount of personal information to service their customers and administer business for them. This notice of our current policy and practices regarding use and disclosure of your confidential information is meant to assure you of the safekeeping of that information. It also spells out your rights with respect to your own health information. We encourage you to read this information thoroughly and keep it with your *Summary Plan Description* for future reference. Contact our office if you have any questions or concerns. We offer many communication options for your convenience, including mail, e-mail, phone and fax. Contact information is listed on page 4 of this document.

MPI Health Plan may use your "health information" for purposes of making or obtaining payment for your care and conducting health care operations.

"Health information" refers to protected, personally identifiable information as defined in the Privacy Rule of the Administrative Simplification provision of the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

This policy is established to guard against unnecessary disclosure of your personal health information.

***The following is a summary of the circumstances under which and purposes for which your health information may be used and disclosed...***

### To Make or Obtain Payment

MPI Health Plan may use or disclose your health information to make payment to or collect payment from third parties, such as other health plans or providers, for the care you receive. *For example, MPI Health Plan may provide information regarding your coverage or health care treatment to other health plans in order to coordinate payment of benefits.*

### To Conduct Health Care Operations

MPI Health Plan may use or disclose health information for its own operations to facilitate the administration of MPI Health Plan, and as necessary to provide coverage and services to all of its Participants. Health care operations include such activities as:

- Quality-assessment and improvement activities.

- Activities designed to improve health or reduce health care costs.
- Clinical-guideline and protocol development, case management and care coordination.
- Contacting health care providers and Participants with information about treatment alternatives and other related functions.
- Health care professional competence or qualifications reviews and performance evaluations.
- Accreditation, certification, licensing or credentialing activities.
- Underwriting, premium rating or related functions to create, renew or replace health insurance or health benefits, provided, however, that MPI Health Plan is prohibited from using or disclosing protected health information that is genetic information about an individual for underwriting purposes.
- Review and auditing, including compliance reviews, medical reviews, legal services and compliance programs.
- Business planning and development, including cost-management and planning-related analyses and formulary development.
- Business management and general administrative activities of MPI Health Plan, including customer service and resolution of internal grievances.

*For example, MPI Health Plan may use your health information to conduct case management, quality improvement and utilization review, and provider credentialing activities, or to engage in customer service and grievance resolution activities.*

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# Use and Disclosure Of Health Information

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## For Distribution of Health-Related Benefits and Services

MPI Health Plan may use or disclose your health information to provide to you information on health-related benefits and services that may be of interest to you.

## For Disclosure to the Plan Sponsor

MPI Health Plan may disclose your health information to the Plan Sponsor (Plan Directors) for plan administration functions performed by them on behalf of MPI Health Plan. In addition, MPI Health Plan may provide summary health information to the Plan Sponsor so that they may solicit premium bids from health insurers or modify, amend or terminate the Plan. MPI Health Plan also may disclose to the Plan Sponsor information on whether you are participating in MPI Health Plan.

## When Legally Required

MPI Health Plan will disclose your health information when it is required to do so by any federal, state or local law.

- **To Conduct Health Oversight Activities:** MPI Health Plan may disclose your health information to a health-oversight agency for authorized activities, including audits, civil administrative or criminal investigations, inspections, licensure or disciplinary action. MPI Health Plan, however, may not disclose your health information if you are the subject of an investigation and the investigation does not arise out of or is not directly related to your receipt of health care or public benefits.

- **In Connection With Judicial and Administrative Proceedings:** As permitted or required by state law, MPI Health Plan may disclose your health information in the course of any juridical or administrative proceeding in response to an order of a court or administrative tribunal as expressly authorized by such order, or in response to a subpoena, discovery request or other lawful process. This will be permitted when MPI Health Plan receives satisfactory assurance from the party seeking the information that reasonable efforts have been made either to notify you about the request or to obtain an order protecting your health information.
- **For Law Enforcement Purposes:** As permitted or required by state law, MPI Health Plan may disclose your health information to a law enforcement official for certain law enforcement purposes, including, but not limited to, circumstances where MPI Health Plan has a suspicion that your death was the result of criminal conduct, or in an emergency, to report a crime.
- **In the Event of a Serious Threat To Health or Safety:** MPI Health

Plan may, consistent with applicable law and ethical standards of conduct, disclose your health information if MPI Health Plan, in good faith, believes that such disclosure is necessary to prevent or lessen a serious and imminent threat to your health or safety, or to the health and safety of the public.

- **For Specified Government Functions:** In certain circumstances, federal regulations require MPI Health Plan to use or disclose your health information to facilitate specified government functions related to the military and veterans, national security and intelligence activities, protective services for the President of the United States and others, and correctional institutions and inmates.
- **For Worker's Compensation:** MPI Health Plan may release your health information to the extent necessary to comply with laws related to Worker's Compensation or similar programs.

**We hope you will take the time to carefully review this HIPAA Privacy Notice. It is important for you to understand how your information is being used and protected.**

## Authorization to Use or Disclose Health Information

Other than as stated above, MPI Health Plan will not disclose your health information other than with your written authorization. Most uses and disclosures of psychotherapy notes (where appropriate), uses and disclosures of protected health information for marketing purposes, and disclosures that constitute a sale of protected health information require authorization. If you authorize MPI Health Plan to use or disclose your health information, you may revoke that authorization in writing at any time. (For your convenience, these forms are available for your use on our website and by phone or e-mail request.)

# Your Rights Regarding Your Health Information

The information in this section defines your rights regarding your personal health information maintained by MPI Health Plan. Please review this information carefully and note the forms available to help you with your requests. To obtain those forms or any additional information, contact MPI Health Plan in one of the following ways.

## Contact Us at our Participant Services Center

### E-Mail

service@mpiphp.org

### Phone

Call toll-free  
(855) ASK-4MPI

### Fax

(818) 766-1229 (CA)

### Website

www.mpiphp.org

### By Mail

MPIPHP  
P.O. Box 1999  
Studio City, CA 91614-0999

## Right to Request Restrictions

You may request restrictions on certain uses and disclosures of your health information. You have the right to request a limit on MPI Health Plan's disclosure of your health information to someone involved in the payment of your care. However, MPI Health Plan is not required to agree to your request. If you wish to make a request for restrictions, you must do so in writing. We strongly recommend you use the form *"Request for Restrictions on Use and/or Disclosure of Protected Health Information."*

## Right to Receive Confidential Communications

You have the right to request that MPI Health Plan communicate with you by a certain method if you feel the disclosure of your

health information by some other method could endanger you. For example, you may ask that MPI Health Plan communicate with you only at a certain telephone number or only by E-mail. If you wish to receive confidential communications, you must submit a written request. We strongly recommend you use the form *"Participant Request for Confidential Communications."*

## Right to Inspect and Copy Your Health Information

You have the right to inspect and copy your health information. A request to inspect and copy records containing your health information must be made in writing. We strongly recommend you use the form *"Request for Access to Protected Health Information."*

If you request a copy of your health information, MPI Health Plan may charge a reasonable fee for copying, assembling costs and postage associated with your request.

## Right to Amend Your Health Information

If you believe that your health information records are inaccurate or incomplete, you may request that MPI Health Plan "amend" its records. Amending a record does not mean that information is deleted. Amending adds information to the record to ensure that it is accurate and complete. That request may be made as long as the information is maintained by MPI Health Plan.

A request for an amendment of records must be made in writing. We strongly recommend you use the form *"Participant's Request to Amend Protected Health Information."* MPI Health Plan may deny the request if it does not include a reason to support the amendment.

The request also may be denied if:

- your health information records were not created by MPI Health Plan,
- the health information you are requesting to amend is not part of MPI Health Plan's records,
- the health information you wish to amend falls within an exception to the health information you are permitted to inspect and copy, or
- MPI Health Plan determines the records containing your health information are accurate and complete.

## Right to an Accounting

You have the right to request a list of certain disclosures of your health information which, under the Privacy Rule, MPI Health Plan is required to record. This includes disclosures for public purposes authorized by law, or disclosures that are not in accordance with MPI Health Plan's privacy policies and applicable law. The types of disclosures that are not required to be included in an accounting include any disclosures made:

- for the purposes of treatment, payment or health care operations, including those made to Business Associates (persons providing services to MPI Health Plan) or the Plan Sponsors that perform such functions on behalf of MPI Health Plan;
- to the Participant or his or her personal representative;
- that are incidental to another permissible use or disclosure;
- pursuant to an authorization;
- for authorized national security or intelligence purposes;
- to correctional institutions or law enforcement officials for those



# Your Rights Regarding Your Health Information

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purposes under the Privacy Rule for which an authorization or consent is not required;

- as part of a limited data set pursuant to a data use agreement, as permitted under the Privacy Rule; or
- for periods of time going back more than six (6) years.

The request must be made in writing. We strongly recommend you use the form *“Participant’s Request for an Accounting of Disclosures of Protected Health Information.”* The request should specify the time period for which you are requesting the information.

MPI Health Plan will provide the first accounting you request during any 12-month period without charge. Subsequent accounting requests

may be subject to a reasonable cost-based fee. MPI Health Plan will inform you in advance of the fee, if applicable. To obtain the form *“Participant’s Request for an Accounting of Disclosures of Protected Health Information,”* please visit our website, [www.mpiphp.org](http://www.mpiphp.org) and click on the HIPAA heading on the left side of the Home Page, or e-mail the Participant Services Center at [service@mpiphp.org](mailto:service@mpiphp.org).

## Right to a Notice of Breach of Unsecured Protected Health Information

You have the right to be notified following a breach of unsecured protected health information. In the event of a breach requiring notice, you will be notified by MPI Health Plan or, if applicable, the Business Associate responsible for the breach.

## Right to a Paper Copy of this HIPAA Privacy Notice

You have a right to request and receive a paper copy of this HIPAA Privacy Notice at any time, even if you have received it previously or agreed to receive it electronically. To obtain a paper copy, please contact MPI Health Plan at 818 or 310.769.0007, ext. 251, or outside Southern California, 888.369.2007, ext. 251, and clearly state the first and last name of the Plan Participant, his/her daytime telephone number, and your request for a copy of the “HIPAA Privacy Notice.”

If you have any questions regarding this notice, please contact:

Terry Walker  
HIPAA Compliance Officer  
MPI Health Plan  
P.O. Box 1999  
Studio City, CA 91614-0999  
or by e-mail at [twalker@mpiphp.org](mailto:twalker@mpiphp.org).

**Please Note: This HIPAA Privacy Notice and all of the forms mentioned in this notice are available for immediate download on the MPI Health Plan’s website: [www.mpiphp.org](http://www.mpiphp.org)**

## Duties of MPI Health Plan

MPI Health Plan is required by law to maintain the privacy of your health information as set forth in this HIPAA Privacy Notice, and to provide to you this notice of its duties and privacy practices. MPI Health Plan is required to abide by the terms of this notice, which may be amended from time to time. MPI Health Plan also reserves the right to change the terms of this notice and to make new provisions effective for all health information it maintains.

If MPI Health Plan changes its policies and procedures, it will revise its HIPAA Privacy Notice and provide a copy of the revised notice to you within 60 days of the change. You have the right to express complaints to MPI Health Plan and

to the Secretary of the Department of Health and Human Services if you believe your privacy rights have been violated. MPI Health Plan encourages you to express any concerns you may have regarding the privacy of your information. You will not be retaliated against in any way for filing a complaint. Any complaints to MPI Health Plan should be made via e-mail to [twalker@mpiphp.org](mailto:twalker@mpiphp.org) or by mail to:

Terry Walker  
HIPAA Compliance Officer  
MPI Health Plan  
P.O. Box 1999  
Studio City, CA 91614-0999.

## Participant Contacts for Privacy Policy Information

MPI Health Plan has designated the HIPAA Compliance Officer Terry

Walker as its contact person for all issues regarding patient privacy and your privacy rights. Mr. Walker may be contacted by phone at 818 or 310.769.0007, ext. 321, by e-mail at [twalker@mpiphp.org](mailto:twalker@mpiphp.org) or by mail at the following address:

Terry Walker  
HIPAA Compliance Officer  
MPI Health Plan  
P.O. Box 1999  
Studio City, CA 91614-0999.

For all other health-related issues, contact the Participant Services Center at (855) ASK-4MPI, or by mail:

MPIPHP  
P.O. Box 1999  
Studio City, CA 91614-0999.



P.O. Box 1999  
 Studio City, CA 91614-0999

### We Thought You'd Like to Know...

This newsletter contains important information about your rights under the Motion Picture Industry Pension & Health Plans and under ERISA. Please keep it with your *Summary Plan Description* for future reference.

**California** 11365 Ventura Blvd.  
 Studio City, CA 91604-3148  
 Toll-free Phone (855) ASK-4MPI  
 (275-4674)  
 Fax (818) 766-1229

**New York** 145 Hudson St., Suite 6A  
 New York, NY 10013-2103  
 Toll-free Phone (855) ASK-4MPI  
 (275-4674)  
 Fax (212) 634-4952

**Website** [www.mpiphp.org](http://www.mpiphp.org)

*Plan Update* is published for Motion Picture Industry Pension & Health Plans Participants. © 2013 MIPHP

### September 2013

**Toll-free Participant Services Center**  
**(855) ASK-4MPI (275-4674)**  
 E-mail: [service@mpiphp.org](mailto:service@mpiphp.org)  
 Office Hours: 8 a.m. to 5 p.m. (Pacific Time)

### Qualifying Periods for Monthly Health Eligibility

Eligibility for Active Health Plan Benefits is determined on a monthly basis according to the schedule below. After satisfying the initial eligibility requirement of 600 work hours in one six-month Qualifying Period or two consecutive Qualifying Periods, Participants must work at least 400 hours in subsequent Qualifying Periods to maintain health benefits during the corresponding Eligibility Period.

Qualifying Periods	Eligibility Periods
Work 400 or more hours during this Period	Receive MPI Active Health benefits during this Period
1/27/13 – 7/20/13	10/1/13 – 3/31/14
2/24/13 – 8/24/13	11/1/13 – 4/30/14
3/24/13 – 9/21/13	12/1/13 – 5/31/14
4/21/13 – 10/26/13	1/1/14 – 6/30/14
5/26/13 – 11/23/13	2/1/14 – 7/31/14
6/23/13 – 12/21/13	3/1/14 – 8/31/14
7/21/13 – 1/25/14	4/1/14 – 9/30/14
8/25/13 – 2/22/14	5/1/14 – 10/31/14