

The Health Insurance Portability and Accountability Act of 1996

**The New York Hotel Trades Council and Hotel Association of New York City, Inc., Health Center, Inc. (“Health Center”)
and
The New York Hotel Trades Council and Hotel Association of New York City, Inc., Health Benefits Fund (“Fund”)**

Notice of Privacy Practices

Our Legal Responsibility

The Health Center and the Fund recognize the trust that our members place in us and the importance of protecting the confidentiality of nonpublic, personal, financial and health related information that we collect from them and/or on their behalf. We are required by law to maintain the privacy of your medical information. We are also required by law to provide you with this notice about our privacy practices (“Notice”), our legal duties and your rights concerning your medical information.

This Notice is intended to cover the operations of both the Health Center and the Funds. References to “you and “your” means you, the members, and each of your covered dependents.

You may request a copy of our Notice at any time. For more information about our privacy practices, or for additional copies of this notice, please contact us using the information found at the end of this Notice.

What Information the Health Center and the Fund Collect

We collect protected health information about our members from the following sources:

1. Information we receive from eligibility and enrollment applications and other forms, including such demographic data as name, address, date of birth, and Social Security number.
2. Information about your transactions with us, our affiliated health care providers or others, with whom we have a formalized business associate relationship utilized for the delivery of certain health care services.

Our Uses and Disclosures of Your Medical Information

Now that you have received this Notice the law permits us to disclose your medical information without your written consent or authorization when such disclosure is necessary to assist us with providing your health care and health care benefits. We use and disclose medical information about you as follows:

Treatment

The Health Center and the Fund may disclose your medical information to doctors, nurses, hospitals or other health care providers for the coordination of your health care or related services or to provide you with preventative care reminders or treatment option information.

Payment

The Health Center and the Fund may use and disclose your medical information to pay claims from doctors, hospitals and other providers of services delivered to you under the Fund, to determine your eligibility for benefits, to examine medical necessity and to issue explanations of benefits and payments.

Health Care Operations

The Health Center and the Fund may use or disclose your medical information in the process of the routine operations of the organization related to health care, such as quality assurance, utilization review, internal audit, accreditation, certification, and in certain routine insurance related activities.

You and Your Authorization

The Health Center and the Fund must disclose your medical information to you, as described in the Individual Rights section of this Notice. You may give us written authorization to use your medical information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosure permitted

by your authorization while it was in effect. Without your written authorization, we will not use or disclose your medical information for any reason except those described in this Notice.

Your Family and Friends

The Health Center and the Fund may disclose to a family member, a friend, or other persons you indicate are involved in your care or payment for your care, your medical information that is directly relevant to their involvement. We may use or disclose your name, location and general condition to notify a family member or friend about your situation. If you are present, we will give you an opportunity to object before we disclose your medical information to these persons. If you are incapacitated or in an emergency, we may disclose your medical information to these persons if we believe that the disclosure is in your best interest.

Plan Sponsor (includes the Hotel Trades Council and your employer)

The Fund may disclose your medical information and the medical information of others enrolled in the Fund to the plan sponsor for the purpose of the plan sponsor performing administrative functions, but only when the plan sponsor agrees to certify that applicable processes are in place to safeguard the confidentiality of this information. Please see the HIPAA Amendment to the Fund’s summary plan description for a full explanation of the limited uses and disclosures that the plan sponsor may make of your medical information in providing plan administration. The Fund may also disclose summary information about the enrollees in the Fund to the plan sponsor to use to obtain premium bids for health insurance coverage or to decide whether to modify, amend or terminate the Fund’s plan of health benefits. The summary information we may disclose will exclude all identifiable information about you so that you as an individual cannot be identified.

Business Associates

The Health Center and the Fund may use and disclose your health information to our contractors, agents and other business associates who need the information in order to assist us with obtaining payment or carrying out our other business operations. Some examples of business associates include consultants, accountants, lawyers, pharmacy claims administrators and other delegated entities. If we do disclose your health information to a business associate, we will have a written contract to ensure that our business associate also protects the privacy of your medical information.

Regulatory and Law Enforcement Authorities

The Health Center and the Fund may disclose your medical information to a variety of regulatory and/or law enforcement authorities. For example, we may share information with insurance and health oversight agencies, such as the New York State Department of Health, Department of Insurance, and the U.S. Department of Health and Human Services in order to comply with requests for audits, inspections, and licensure or during disciplinary proceedings. We may also share information with law enforcement agencies in responding to subpoenas and court orders, to locate a suspect, a material witness or a missing person. We may share information during certain types of public health or disaster relief efforts, such as with the Centers for Disease Control and for use in the tracking of communicable diseases. In addition, we may share information with the appropriate governmental authorities for the reporting of child abuse, neglect or in instances of domestic violence. Additionally, we may share information related to a deceased person with a medical examiner or funeral director, as necessary, to carry out their duties, or with the appropriate institutions, as necessary, for organ, eye or tissue transplant.

Neither The New York Hotel Trades Council & Hotel Association of New York City, Inc., Health Benefits Fund nor Health Center Inc., Will Disclose Any Of Your Medical Information Without Your Written Authorization, Unless Such Disclosure Is A Permitted Use or Disclosure As Discussed Above.

Your Rights

Access

You have the right to look at or get copies of your medical and claims payment information, and enrollment, claims adjudication and case managed records with limited exceptions. You must make a request in writing to obtain access to your medical information. You may obtain a form to request access at any of the Health Centers or by using the contact information at the end of this notice. We will attempt to respond to your request within 30 days, unless an additional 30 days are required.

Disclosure Accounting

You have the right to receive a list of instances in which we or our business associates disclosed your medical information for purposes other than treatment, payment, health care operations, and limited other activities. You are entitled to such an accounting for the six years prior to your request, though not earlier than April 14, 2003. We will provide you with the date on which we made a disclosure, the name of the person or entity to whom we disclosed your medical information, a description of the medical information we disclosed, the reason for the disclosure, and certain other information. We will attempt to respond to your request for an accounting within 60 days, unless an additional 30 days are required. We will provide you with one free accounting every 12 months. A fee may be charged for any additional accountings within a 12-month period, and you will be advised in advance of any fee that may be required as well as provide you with an opportunity to withdraw or amend your request.

Restriction Requests

You have the right to request that the Center and the Fund place additional restrictions on our use or disclosure of your medical information for treatment, payment, health care operations or to the person you identify. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement.

Confidential Communications

You have the right to request that we communicate with you in confidence about your medical information by alternative means or to an alternative location. You must make your request in writing, and you must state that the information could endanger you if it is not communicated in confidence as you request. The Center and the Fund will accommodate your request if it is reasonable, specifies the alternative means or location and continues to permit us to conduct operations.

Amendment

You have the right to request that we amend your medical information. The Center and the Fund may require that you submit your request in writing and provide a reason for such a request. We will respond to your request within 60 days after we receive it and may extend the time by an additional 30 days, if required. If we make the amendment, we will notify you that the amendment was made and provide the amendment to any person whom we know has received the information, as well as any other person identified by you. If we deny your request for an amendment we will notify you

in writing as to the reason for the denial and advise you of your rights to file a written statement of disagreement or a complaint. Your statement, at your request, may be included with your information for future disclosures.

Electronic Notice

If you receive this Notice on our Web site or by e-mail, you are entitled to receive this Notice in written form. Please contact us using the information listed at the end of this Notice to obtain this Notice in written form.

Confidentiality and Security of Protected Health Information

The Health Center and the Fund restricts the access to your medical information to those employees who need to know that information in order to provide certain services to you. We maintain physical, electronic and procedural safeguards that are designed to ensure the privacy of our members' protected health information. Employees who violate our data security policies and practices are subject to disciplinary action, up to and including termination.

Questions and Complaints

If you want more information about our privacy practices or have questions or concerns, please contact us using the information at the end of this notice. If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your medical information or in response to a request you made to amend or restrict the use or disclosure of your medical information or to have us communicate with you in confidence by alternative means or at an alternative location, you may complain to us using the contact information listed at the end of this notice. You also may submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon request.

The Health Center and the Fund support your right to protect the privacy of your medical information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

Contact Information

Privacy Officer
The New York Hotel Trades Council and Hotel Association of New York City, Inc.,
Health Benefits Fund and Health Center, Inc.
305 West 44th Street
New York, New York 10036

212.586.6400
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Effective April 14, 2003