

**COUNTY EMPLOYEES' AND OFFICERS' ANNUITY &
BENEFIT FUND OF COOK COUNTY**
And the
**FOREST PRESERVE DISTRICT EMPLOYEES' ANNUITY &
BENEFIT FUND OF COOK COUNTY**

Notice of Privacy Practices

*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.*

County Employees' and Officers' Annuity and Benefit Fund and Forest Preserve District Employee's Annuity and Benefit Fund of Cook County, which administers the Cook County Pension Fund Group Health Benefit Plan through a third party administrator (collectively, the "Fund") is subject to the Health Insurance Portability and Accountability Act (HIPAA) of 1996 and the Health Information Technology for Economic and Clinical Health (HITECH) Act and their rules and regulations (collectively "HIPAA"). HIPAA restricts the use and disclosure of Protected Health Information (PHI) and requires the Fund to provide this Notice of Privacy Practices to you. This notice serves to describe how your PHI may be used and disclosed by the Fund and its employees. In addition, it enumerates your rights with regard to use and disclosure of your PHI as well as processes for accessing your information.

Notice

Application of Notice

All employees of the Fund, as well as healthcare providers accessed under the Fund's health plans, are required to follow this policy.

This notice applies only to benefits offered, such as medical benefits, dental benefits, and prescription benefits.

Duties and Obligations

The Fund has a set of duties and obligations to you, its members, to maintain the privacy of your Protected Health Information, provide you with notice of the Fund's legal duties and privacy practices with respect to your PHI, and abide by the terms of the notice currently in effect.

Uses and Disclosures

There are certain instances in which the Fund is obligated to disclose or use your PHI without your direct authorization, and those include:

- i. Disclosure to any member who submits a request to obtain their PHI
- ii. Government audit
- iii. As required by law.

Furthermore, the Fund might, but is not required, to use or disclose your PHI without written authorization for purposes of treatment, payment of benefits, or for healthcare operations.

Treatment

The Fund may disclose your PHI to healthcare providers for treatment, including the provision, coordination or management of health care.

Payment of benefits

The Fund may disclose your PHI in the process of carrying out activities it undertakes to obtain reimbursement for your healthcare, determine eligibility, evaluate the medical necessity of services rendered and conducting claims appeals.

Healthcare operations

The Fund may use or disclose your PHI for basic business functions carried out in its operation as a health plan, including quality assessment and claim audits.

Other Uses without written authorization

The Fund may disclose your PHI for the following purposes, so long as the request for such disclosure is required by law or consistent with HIPAA:

- a. Lawsuits and Administrative Proceedings
- b. Health oversight activities
- c. Law Enforcement
- d. Research
- e. Coroners, medical examiners and funeral directors
- f. Business Associates
- g. Plan Sponsor

Rights in relation to your PHI

Request restrictions

You have the right to request that the Fund limit disclosures of your PHI through written submission of request to the Fund's Privacy Officer

Request confidential communications

You have the right to receive communications through a different means or at a different location than the means and address typically used by the Fund to communicate with you. These requests should be made to the Fund's Privacy Officer

Right to inspect and receive a copy

You have the right to inspect and obtain a copy of certain types of PHI, for which you must contact the Fund's Privacy Officer or your healthcare provider.

Right to amend

You have the right to submit an amendment request in writing to the Fund's Privacy Officer, although it can be denied if PHI is deemed accurate.

Right to an accounting of disclosures

You have the right to be informed of any disclosures of your PHI made to other parties. Exceptions to this include when such disclosures were made on the request of the member or if more than six years have passed since the disclosure was made

Breach notification

You have the right to be notified if your PHI has been in anyway compromised or breached by an unauthorized third party.

Right to paper copy of notice

You have a right to a paper copy of this policy, which you can request from the Fund's Privacy Officer.

Reporting Rights violations

If you believe your privacy rights have been violated, you may file a complaint with the Fund's Privacy Officer and the Secretary of the United States Department of Health and Human Services. The Fund will not retaliate against you for filing a complaint. The Fund's Privacy Officer may be contacted as follows:

Director of Health Benefits
Cook County Pension Fund
33 N. Dearborn Street, Suite 1000
Chicago, Illinois 60602
(312) 603-1200 (Telephone)
(312) 603-9760 (Facsimile)

Effective Date

This notice is effective as of the date of your medical coverage.

Changes to Privacy Notice

The Fund reserves the right to change the terms of this notice and information practices and to make the new provisions effective for all PHI it maintains, including any PHI it currently maintains as well as PHI it receives or holds in the future, as permitted by applicable law. Any material amendment to the terms of this notice and these information practices will be provided to you via mail or electronically with your prior written consent.