

ROOFERS' LOCAL UNION NO. 22 WELFARE PLAN SUMMARY OF PRIVACY PRACTICES

This first page summarizes how your personal health information may be used and disclosed by the Roofers' Local Union No. 22 Welfare Plan (the "Plan") or others in the administration of your claims, and certain rights you have. For more information on the Plan's privacy practices and your rights, refer to the attached Notice of Privacy Practices.

Our Pledge Regarding Personal Health Information

We are committed to protecting your personal health information. We are required by law to: (i) make sure any health information that identifies you is kept private; (ii) provide you with certain rights with respect to your personal health information; (iii) give you a notice of our legal duties and privacy practices; and (iv) follow all privacy practices and procedures currently in effect.

How We May Use and Disclose Your Personal Health Information

We may use and disclose your personal health information without your permission to facilitate your medical treatment, for payment for any medical treatments, and for any other health care operation. We may disclose your personal health information to Plan employees, and when appropriate to members of the Plan's Joint Board of Trustees, for Plan administration functions, but they may not use your information for employment-related purposes. We may also use and disclose your personal health information without your permission, as allowed or required by law. We must obtain your written authorization for any other use and disclosure of your personal health information, and we cannot retaliate against you if you refuse to sign or elect to revoke an authorization.

Your Rights Regarding Your Personal Health Information

You have the right to inspect and copy your personal health information, to request corrections of your personal health information, and to obtain an accounting of certain disclosures of your personal health information. You also have the right to request that additional restrictions or limitations be placed on the use or disclosure of your personal health information, or that communications about your personal health information be made in a different way or sent to a different location.

How to File Complaints

If you believe your privacy rights have been violated, you have the right to file a complaint with us or with the Office for Civil Rights of the United States Department of Health and Human Services. We will not retaliate against you for making a complaint.

**ROOFERS' LOCAL UNION NO. 22 WELFARE PLAN
NOTICE OF PRIVACY PRACTICES**

THIS NOTICE OF PRIVACY PRACTICES DESCRIBES HOW PERSONAL HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

This Notice of Privacy Practices (the "Notice") describes the legal obligations of the Roofers' Local Union No. 22 Welfare Plan (the "Plan") and your legal rights under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") regarding your protected health information. Among other things, it describes how your protected health information may be used or disclosed to carry out treatment, payment, or health care operations, or for any other purposes permitted or required by law. We are required to provide this Notice of Privacy Practices to you pursuant to HIPAA. This Notice is effective 01/23/2013.

HIPAA protects only certain information known as "protected health information." Generally, protected health information is individually identifiable health information, including demographic information, collected from you or created or received by a health care provider, health care clearinghouse, or group health plan, which relates to: (i) your past, present or future physical or mental health or condition; (ii) the provision of health care to you; or (iii) past, present or future payment for the provision of health care to you. If you have any questions about this Notice or about our privacy practices, please contact the Plan Fund Manager at 280 Metro Park, Rochester, NY 14623 (Telephone No. (585) 235-0829).

Our Responsibilities

We are required by law to: (i) maintain the privacy of your protected health information; (ii) provide you with certain rights with respect to your protected health information; (iii) provide you with a copy of this Notice; and (iv) follow the terms of this Notice. We reserve the right to change the terms of this Notice and to make new provisions regarding your protected health information, as allowed or required by law. If we make any material change to this Notice, we will provide you with a copy of a revised Notice by mail at your last-known address on file.

How We May Use and Disclose Your Protected Health Information

Under the law, we may use or disclose your protected health information without your permission under the circumstances described below.

For Treatment. We may use or disclose your protected health information to facilitate medical treatment or services by providers. For example, we may disclose your personal health information to providers, including doctors, nurses, technicians, medical students, or other hospital personnel who are involved in taking care of you.

For Payment. We may use or disclose your protected health information to determine your eligibility for Plan benefits, to facilitate payment for the treatment and services you receive from health care providers, to determine benefit responsibility under the Plan, or to coordinate Plan coverage. For example, we may: (i) tell your health care provider about your medical history to determine whether a

Military and Veterans. If you are a member of the armed forces, we may release your protected health information as required by military command authorities. We may also release protected health information about foreign military personnel to the appropriate foreign military authority.

Workers' Compensation. We may release your protected health information for workers' compensation or similar programs that provide benefits for work-related injuries or illness.

Public Health Risks. We may disclose your protected health information for public health actions. Generally, these disclosures are to: (i) prevent or control disease, injury, or disability; (ii) report births and deaths; (iii) report child abuse or neglect; (iv) report reactions to medications or problems with products; (v) notify people of recalls of products they may be using; (vi) notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; or (vii) notify the appropriate government authority if we believe that a patient has been the victim of abuse, neglect, or domestic violence and you agree to the disclosure or the disclosure is required or authorized by law

Health Oversight Activities. We may disclose your protected health information to a health oversight agency for activities authorized by law, e.g., audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Lawsuits and Disputes. If you are involved in a lawsuit or a dispute, we may disclose your protected health information in response to a court or administrative order. We may also disclose your protected health information in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, if efforts have been made to tell you about the request or obtain an order protecting the information requested.

Law Enforcement. We may disclose your protected health information if asked to do so by a law enforcement official and the information is: (i) in response to a court order, subpoena, warrant, summons or similar process; (ii) needed to identify or locate a suspect, fugitive, material witness, or missing person; (iii) about the victim of a crime and, under certain circumstances, we are unable to obtain the victim's agreement; (iv) about a death that may be the result of criminal conduct; or (v) about criminal conduct that occurred on the Plan's premises.

Coroners, Medical Examiners and Funeral Directors. We may release protected health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release personal health information about patients to funeral directors, as necessary to carry out their duties.

National Security and Intelligence Activities. We may release your protected health information to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

Inmates. If you are an inmate of a correctional institution or are in the custody of a law enforcement official, we may disclose your protected health information to the correctional institution or law enforcement official if necessary: (i) for the institution to provide you with health care; (ii) to protect

Your Rights

You have the following rights.

Right to Inspect and Copy. You have the right to inspect and copy certain protected health information that may be used to make decisions about your health care benefits. To inspect and copy your protected health information, you must submit your request in writing to the Plan Fund Manager at 280 Metro Park, Rochester, NY 14623. We may charge a reasonable fee for the cost of copying and mailing the information. However, we may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to your personal health information, you may request that the denial be reviewed by submitting a written request to the Plan Fund Manager at 280 Metro Park, Rochester, NY 14623.

Right to Amend. If you feel that protected health information we have about you is incorrect or incomplete, you may ask us to amend it. You have the right to request an amendment for as long as the information is kept by or for the Plan. The request must be made in writing, submitted to the Plan Fund Manager at 280 Metro Park, Rochester, NY 14623, and must provide a reason for your request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that: (i) is not part of the personal health information kept by or for the Plan; (ii) was not created by us, unless the person or entity that created the information is no longer available to make the amendment; (iii) is not part of the information that you would be permitted to inspect and copy; or (iv) is already accurate and complete. If we deny your request, you have the right to file a statement of disagreement with us, in which case any future disclosures of the disputed information will include your statement.

Right to an Accounting of Disclosures. You have the right to request an "accounting" of certain disclosures of your protected health information. The accounting will not include: (i) disclosures for purposes of treatment, payment, or health care operations; (ii) disclosures made to you; (iii) disclosures made pursuant to your authorization; (iv) disclosures made to friends or family in your presence or because of an emergency; (v) disclosures for national security purposes; and (vi) disclosures incidental to otherwise permissible disclosures. A request for an accounting must be made in writing, submitted to the Plan Fund Manager at 280 Metro Park, Rochester, NY 14623. Your request must state an accounting time period no longer than six years. Your request should indicate in what form you want the list (for example, paper or electronic). The first list provided within a 12-month period will be free of charge. We may charge you for the cost of providing additional list(s) within a 12-month period. We will notify you of the cost, so you can choose to withdraw or modify your request before it is incurred.

Right to Request Restrictions or Limits. You have the right to request restrictions or limitations on your protected health information that we use or disclose for treatment, payment, or health care operations. You also have the right to request a limit on your protected health information that we disclose to someone who is involved in your care or the payment for your care. For example, you could ask that we not use or disclose information about a surgery that you had. The request must be in writing submitted to the Plan Fund Manager at 280 Metro Park, Rochester, NY 14623, and state: (i) what information you want to restrict or limit; (ii) whether you want to restrict or limit our use, disclosure, or both; and (iii) to whom you want the restrictions or limits to apply. Except as explained below, we are not required to agree to your request. If we do agree to the request, we will honor the restriction until you revoke it or