

IATSE National Health and Welfare Fund Recognition of Personal Representative Policy Statement

This policy and procedure is adopted pursuant to Section 164.502 of the privacy rules under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), and pursuant to section 2560.503-1 of the claims and appeals regulation under the Employee Retirement Income Security Act ("ERISA"). If the privacy rules are changed by HHS, we will follow the revised rules.

RECOGNITION OF PERSONAL REPRESENTATIVE EFFECTIVE DATE

April 14, 2003

RECOGNITION OF PERSONAL REPRESENTATIVE POLICY

1. The Plan will treat a personal representative as the individual for purposes of implementing the HIPAA privacy rules and ERISA's claims and appeals procedure rules.
 - a. The personal representative may only have access to PHI that is consistent with and relevant to the scope of authority set out in the personal representative form.
 - b. The Plan may elect not to treat a person as the personal representative of an individual if:
 - (1) The Plan Administrator or the Privacy Official has a reasonable belief that:
 - (i) The individual has been or may be subjected to domestic violence, abuse, or neglect by such person; or
 - (ii) Treating such person as the personal representative could endanger the individual; and
 - (2) The Plan Administrator or the Privacy Official, in the exercise of professional judgment, decide that it is not in the best interest of the individual to treat the person as the individual's personal representative.
2. The following individuals will be deemed to be a personal representative of an individual without having to complete a personal representative form, unless the Plan agrees to a request by an individual to restrict disclosure of PHI to the deemed personal representative under section 164.522 of the privacy regulation:
 - **DECEASED INDIVIDUALS:** The Plan will automatically recognize the following persons as personal representatives of deceased individuals or their estates:
 - a. Executors
 - b. Administrators
 - c. Other persons with authority to act on behalf of the deceased individual or their estate.

- **TREATING PHYSICIAN REGARDING AN URGENT CLAIM:** In the case of an "urgent claim," a "health care professional" (as these terms are defined in ERISA's claims regulation) with knowledge of a participant's or beneficiary's medical condition will be automatically recognized by the Plan as a personal representative. The health care professional is deemed to be a personal representative only with respect to the disclosure of PHI directly relating to the urgent claim.
- **POWER OF ATTORNEY:** The Plan will automatically recognize any person who holds a legal power of attorney for an individual as that individual's personal representative provided that the Privacy official determines that the request is within the scope of authorization.
- **OTHER APPLICABLE LAW:** The Plan will recognize any person who is authorized under State or other applicable law (e.g. court-appointed legal guardian) to act on behalf of the individual in making health care related decisions as that individual's personal representative.

Parents of unemancipated minors. The Plan will recognize the parent of an unemancipated minor as the minor's personal representative, except when that disclosure is prohibited by state or federal law.

3. The Plan may disclose PHI to an individual who is not a personal representative (or deemed to be a personal representative) if they are a spouse, domestic partner, or parent/guardian of an unemancipated minor, and the disclosure is directly relevant to such person's involvement with the individual's care or payment for the individual's care pursuant to sections 164.510(b) of HIPAA's privacy regulation. See the Plan's Policy and Procedure for Uses and Disclosures for Involvement in an Individual's Care and for Notification Purposes.
4. Where a personal representative form has been completed and approved, it will be recognized by the Plan as long as the individual making the designation is covered by the Plan. The individual has a right to revoke the designation at any time by submitting a signed statement to the Plan office revoking the designation. To designate another individual as personal representative, a new personal representative form must be completed and approved by the Plan.

**IATSE National Health and Welfare Fund
Recognition of Personal Representatives
Procedures**

Other than those individuals deemed to be personal representatives in paragraph 2 of the Policies related hereto, the Fund will treat an individual as a personal representative only where a personal representative form has been filled out and the Fund office has approved the designation. Individuals may request a copy of the personal representative form by calling the Fund office at 212-580-9092. All personal representatives will be subject to the Fund's verification procedure.

IATSE NATIONAL HEALTH & WELFARE FUND
APPOINTMENT OF PERSONAL REPRESENTATIVE

I, _____ [Name of Participant or Beneficiary]

Mailing address: _____

Phone: (_____) _____

hereby designate: _____ [Name of Personal Representative]

Mailing address: _____

Phone: (_____) _____

Relationship to Participant or Beneficiary _____ to act on my behalf or on behalf

of: _____ [Name of Dependent]

I authorize my Personal Representative to act for me [and for my covered spouse or dependent, if named above,] to receive any information that is (or would be) provided to me as a participant/beneficiary of the Fund, including but not limited to, any information that relates to any claim for coverage or benefits under the Fund and any individual rights that I have regarding my protected health information under HIPAA.

I understand that this designation is subject to approval by the Fund. I also understand that, once approved, this designation will remain in effect unless I revoke it. I understand that I have the right to revoke this designation at any time by submitting a signed statement to that effect to the Fund Office.

I certify that I have reviewed the Fund's Policy for Recognition of Personal Representative. This form must be notarized or include a photocopy of your (the participant's) union membership identification card or other form of identification

Participant or Beneficiary's Signature

Date

Personal Representative's Signature

Date

Date _____

State of _____

County of _____

Sworn to before me this _____ of _____, 20____

Notary Public

Please return to IATSE National Health & Welfare Fund, 417 Fifth Avenue, 3d Floor, New York, NY 10016. Tel. 212-580-9092 (800-456-FUND(3863) outside NYC only), or email PSC@iatsenbf.org.