

TRI-STATE JOINT FUND

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Dear Plan Participant:

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) introduced a number of measures to protect your rights and privacy concerning health care. These measures have had widespread impact in the health care community with different components being implemented at different times. On April 14, 2003, rules were enacted which protect the privacy of health care information for you and your family. These privacy rules require certain changes in procedures and policies in the Fund Office as well as in the health care community throughout the country.

Attached is a Notice of Privacy Practices being implemented in the Fund Office. Read this Notice carefully. It explains your rights and our obligations under HIPAA's privacy rules.

When you request health care benefit and claim information from the Fund Office, whether in person, in writing or by telephone, new procedures will be in place to be sure that the person requesting information is entitled to receive it. An adult member of your family (our member, the member's spouse and children age 18 or older) will only be able to obtain information about another adult member of the family with specific written authorization to release that information (or in certain cases of medical emergency). This is also the case if someone outside your family is requesting information concerning your benefits or a claim.

If you would like to name someone to obtain information concerning your health care in all situations or just concerning a specific claim or medical condition, you must complete a form naming an individual as your "Authorized Representative". That form must be provided to the Fund Office before information can be released. A sample authorization form is enclosed for your use. Please keep this form with your plan information so that it will be available when you need it.

You may also use the form to complete a blanket authorization to provide information to an individual at any time. A situation where a blanket authorization form might be appropriate would be an authorization for one spouse to receive information concerning payment status of the other spouse's claims. Similarly, a dependent child who is 18 years old may wish to authorize his or her parents to receive information.

If you have any questions concerning the Notice or the Authorization, call the Fund Office.

Fraternally yours,

Board of Trustees
Tri-State Joint Fund