

HIPAA NOTICE OF PRIVACY PRACTICES (“NOTICE”)

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.

Section 1: Purpose of This Notice and Effective Date

Effective date. The effective date of this Notice was April 14, 2003. This Notice has been revised effective as of September 23, 2013, November 3, 2022, July 1, 2024 and February 16, 2026

This Notice is required by law. The General Building Laborers’ Local 66 Welfare Fund (the “Plan”) is required by law to take reasonable steps to ensure and maintain the privacy of your Protected Health Information (PHI), to notify affected individuals following a breach of unsecured PHI, and to provide notice of its legal duties and privacy practices with respect to PHI, including to inform you about:

1. The Plan’s uses and disclosures of PHI,
2. Your right to privacy with respect to your PHI,
3. The Plan’s duties with respect to your PHI,
4. Your right to file a complaint with the Plan and with the Secretary of the United States Department of Health and Human Services (HHS), and
5. The person or office you should contact for further information about the Plan’s privacy practices.

You may receive a Notice of Privacy Practices from the insured group health benefit plans offered by the Plan. Each of these Notices of Privacy Practices will describe your rights as it pertains to that insured group health benefit plan.

Section 2: Your Protected Health Information

Protected Health Information (PHI) Defined

The term “Protected Health Information” (PHI) includes all individually identifiable health information related to your past, present or future physical or mental-health condition, the provision of health care, or for payment for health care. PHI includes information maintained by the Plan in oral, written, or electronic form.

When the Plan May Disclose Your PHI

Under HIPAA, the Plan may disclose your PHI without your consent or authorization, or without the opportunity for you to agree or object, in the following cases:

1. **As required by HHS.** The Secretary of the United States Department of Health and Human Services may require the disclosure of your PHI to investigate or determine the Plan’s compliance with the privacy regulations.
2. **For treatment, payment or health-care operations.** The Plan and its business associates will use PHI in order to carry out:
 - a. Treatment,

- b. Payment, or
- c. Health-care operations.

Treatment is the provision, coordination, or management of health care and related services. It also includes but is not limited to consultations and referrals between one or more of your providers.

For example, the Plan may disclose to a treating orthodontist the name of your treating dentist so that the orthodontist may ask for your dental x-rays from the treating dentist.

Payment includes but is not limited to actions to make coverage determinations and payment (including billing, claims management, subrogation, plan reimbursement, reviews for medical necessity and appropriateness of care and utilization review activities, including pre-authorizations).

For example, the Plan may tell a doctor whether you are eligible for coverage or what percentage of the bill will be paid by the Plan. If we contract with third parties to help us with payment operations, such as a physician that reviews medical claims, we will also disclose information to them. These third parties are known as “business associates.”

Health-care operations includes but is not limited to quality assessment and improvement, reviewing competence or qualifications of health-care professionals, underwriting, premium rating and other insurance activities relating to creating or renewing insurance contracts. It also includes population-based activities relating to improving health or reducing health care costs, disease management, case management, coordination of care, conducting or arranging for medical review, legal services, and auditing functions including fraud and abuse compliance programs, business planning and development, business management and general administrative activities.

For example, the Plan may use information about your claims to refer you into a disease-management program, a well-pregnancy program, project future benefit costs or audit the accuracy of its claims-processing functions.

Disclosure to the Plan Sponsor (the Board of Trustees) The Plan will also disclose PHI to certain individuals who work for the Plan Sponsor for purposes related to treatment, payment, and health care operations, and has amended the Plan Documents to permit this use and disclosure as required by federal law. For example, we may disclose information to certain individuals to allow them to decide appeals of eligibility determinations, negotiate renewals of insurance contracts or audit the accuracy of health care payments.

When the Disclosure of Your PHI Requires Your Written Authorization

When the Plan obtains or receives a valid authorization for its use or disclosure of PHI, such use or disclosure will be consistent with such authorization. If you have authorized us to use or disclose your PHI for a purpose that requires authorization, you may revoke your authorization in writing at any time. If you revoke your authorization, the Plan will no longer be able to use or disclose PHI about you for the reasons covered by your written authorization. However, the Plan will be unable to take back any disclosures it has already made with your permission. Requests to revoke a prior authorization must be submitted in writing to the Privacy Officer identified in Section 5. The following situations require your authorization:

1. **Use of psychotherapy notes:** The Plan does not routinely obtain psychotherapy notes. However, if it is necessary to use or disclose them, it must obtain your written authorization. The Plan may use and disclose such notes when needed by the Plan to defend itself against litigation filed by you. Psychotherapy notes are separately filed notes about your conversations with your mental health professional during a counseling session. They do not include summary information about your mental health treatment.
2. **Marketing of PHI:** The Plan does not engage in the marketing of your PHI. In any event, before the Plan could market your PHI, it would have to obtain your authorization for any use or disclosure of PHI for marketing purposes and disclose whether remuneration will be received. Note face-to-face communications made by the Plan to you and promotional gifts of nominal value provided by the Plan are not considered as marketing.
3. **Sale of PHI:** The Plan does not sell your PHI. In any event, before the Plan could sell your PHI, it would have to obtain your authorization. For this purpose, sale of PHI generally means a disclosure of PHI by the Plan where the Plan directly or indirectly receives remuneration from or on behalf of the recipient of the PHI in exchange for the PHI, but does not include a disclosure of PHI otherwise permitted by HIPAA.
4. **Substance use disorder treatment records:** Substance use disorder treatment records (SUD Records) received from a program covered by 42 CFR Part 2 (a “Part 2 Program”), or testimony relating the content of such records, shall not be used or disclosed in civil, criminal, administrative, or legislative proceedings against the individual unless based on written consent, or a court order after notice and an opportunity to be heard is provided to the individual or the holder of the record, as provided under law. A court order authorizing use or disclosure must be accompanied by a subpoena or other legal requirement compelling disclosure before the requested SUD Record is used or disclosed.

If the Plan receives SUD Records about you from a Part 2 Program pursuant to a consent you provided to the Part 2 Program to use and disclose your SUD records for all future purposes of treatment, payment or health care operations, the Plan may use and disclose your SUD records for the purposes of treatment, payment or health care operations, as described above, consistent with such consent until the Plan receives notification that you have revoked such consent in writing. When disclosed to the Plan for treatment, payment, and health care operations activities, the Plan may further disclose those SUD records in accordance with HIPAA regulations, except for uses and disclosures for civil, criminal, administrative, and legislative proceedings against you.

Use or Disclosure of Your PHI That Requires You to Be Given an Opportunity to Agree or Disagree Before the Use or Release

Disclosure of your PHI to family members, other relatives, your close personal friends, or any other person you choose without your written consent or authorization is allowed under federal law if:

1. The information is directly relevant to the family member’s, relative’s or friend’s

involvement with your care or payment for that care, and

2. If you are present for, or otherwise available prior to, the use or disclosure, you have either agreed to the disclosure or have been given an opportunity to object and have not objected.

The Plan may also use or disclose PHI to provide information concerning your location, your general medical condition or your death to a family member, your personal representative or another person responsible for your care.

Please contact the Plan's Privacy/Security Officer if you wish to limit access to your PHI by any of the persons described above.

Use or Disclosure of Your PHI for Which Written Authorization or Opportunity to Object Is Not Required

The Plan is allowed under federal law to use and disclose your PHI without your consent or authorization under the following circumstances:

1. **When required by law.** For example, the Plan may disclose your PHI when required by national security laws.
2. **Public health purposes.** To an authorized public-health authority if required by law or for public-health and safety purposes, to a person that has responsibility to the Food and Drug Administration regarding the quality, safety, or effectiveness of FDA-regulated product or activity, or to a public health authority that is authorized to receive reports of child abuse or neglect. PHI may also be used or disclosed if you have been exposed to a communicable disease or are at risk of contracting or spreading a disease or condition, if authorized by law.
3. **Domestic-violence or abuse situations.** When authorized or required by law to report information about abuse, neglect or domestic violence to public authorities if a reasonable belief exists that you may be a victim of abuse, neglect or domestic violence. In such case, the Plan will promptly inform you that such a disclosure has been or will be made, unless that notice would cause a risk of serious harm.
4. **Health-oversight activities.** To a health-oversight agency for oversight activities authorized by law. These activities include audits, civil, administrative or criminal investigations, proceedings, or actions, inspections, licensure or disciplinary actions (for example, to investigate complaints against health-care providers) and other activities necessary for appropriate oversight of government-benefit programs (for example, to the Department of Labor).
5. **Court proceedings.** When required for judicial or administrative proceedings. For example, the Plan may disclose PHI in response to an order of a court or administrative tribunal so long as the disclosure is limited to the PHI expressly authorized by the order. In addition, if the Plan is not a party to the litigation, your PHI may be disclosed in response to a subpoena or discovery request or other lawful process, provided that certain conditions are met, including that: (a) the requesting party must give the Plan satisfactory assurances that a good-faith attempt has been made to provide you with written notice, and (b) the notice provided sufficient information about the proceeding to permit you to raise an

objection, and (c) no objections were raised or any objections that were raised were resolved in favor of disclosure by a court or tribunal.

6. **Law enforcement health purposes.** When required for law enforcement purposes (for example, to report certain types of wounds).
7. **Law-enforcement-emergency purposes.** For certain law-enforcement purposes, including but not limited to:
 - a. identifying or locating a suspect, fugitive, material witness or missing person, or
 - b. disclosing information about an individual who is, or is suspected to be, a victim of a crime if the individual agrees or without agreement from the individual because of incapacity or other emergency circumstance if certain conditions are satisfied, or
 - c. disclosing information about a deceased individual for the purpose of alerting law enforcement of the death if the Plan has a suspicion that the death resulted from criminal conduct, or
 - d. disclosing information that the Plan believes in good faith constitutes evidence of criminal conduct that occurred on the Plan's premises.
8. **Determining cause of death and organ donation.** When required to be given to a coroner or medical examiner to identify a deceased person, determine a cause of death or other authorized duties. The Plan may also disclose PHI to organ procurement organizations or other entities engaged in procurement, banking, or transplantation for cadaveric organ, eye or tissue donation purposes.
9. **Funeral purposes.** When required to be given to funeral directors to carry out their duties with respect to a decedent.
10. **Research.** To researchers when their research has been approved by an institutional review board or privacy board that has established protocols to ensure the privacy of your PHI and certain other requirements are met.
11. **Health or safety threats.** When, consistent with applicable law and standards of ethical conduct, the Plan in good faith believes the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public and the disclosure is to a person reasonably able to prevent or lessen the threat, including the target of the threat.
12. **Military Activity and National Security.** When the appropriate conditions apply, the Plan may use or disclose PHI of individuals who are Armed Forces personnel for activities deemed necessary by military command authorities or to a foreign military authority if the individual is a member of that foreign military service. The Plan may also disclose your PHI to authorized federal officials conducting national security and intelligence activities, including the protection of the president.
13. **Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, the Plan may disclose your PHI to the institution or law enforcement official if the PHI is necessary for the institution to provide you with health care, to protect the health and safety of you or others, or for the security of the correctional institution.
14. **Workers' compensation programs.** When authorized by and to the extent necessary to

comply with workers' compensation or other similar programs established by law.

15. **Disclosures to the Plan Sponsor (Board of Trustees).** In addition to disclosures of PHI for plan administration functions, the Plan may disclose "summary health information" to the Board of Trustees for obtaining premium bids or modifying, amending or terminating the group health plan. Summary information summarizes the claims history, claims expenses or types of claims experienced by individuals for whom the Plan Sponsor has provided health benefits under the Plan. Identifying information will be deleted from summary-health information in accordance with HIPAA.

Other Uses or Disclosures

The Plan may contact you to provide you information about treatment alternatives or other health-related benefits and services that may be of interest to you.

The Plan may disclose PHI to the Plan Sponsor of the Plan for reasons regarding the administration of this Plan. The "Plan Sponsor" of this Plan is the General Building Laborers' Local 66 Welfare Fund Board of Trustees.

Any other Plan uses and disclosures not described in Section 2 of this Notice will be made only if you provide the Plan with written authorization, subject to your right to revoke your authorization.

Other Applicable Laws

Some federal and state laws may require special privacy protections that restrict the use and disclosure of certain sensitive health information such as alcohol and substance use disorder, (including Part 2 Programs); biometric information; child or adult abuse or neglect, including sexual assault; communicable diseases; genetic information; HIV/AIDS; mental health; minors' information; prescriptions; reproductive health; and sexually transmitted diseases. In such case, the Plan will follow the more stringent or protective law, to the extent that it applies.

Note, information that is disclosed by the Plan in accordance with HIPAA's Privacy Rule is subject to redisclosure by the recipient and may no longer be protected by the Privacy Rule.

Section 3: Your Individual Privacy Rights

Breach Notification

If a breach of your unsecured PHI occurs, the Plan will notify you.

I. You May Request Restrictions on PHI Uses and Disclosures

You may request the Plan to:

1. Restrict the uses and disclosures of your PHI to carry out treatment, payment or health-care operations, or
2. Restrict uses and disclosures to family members, relatives, friends or other persons identified by you who are involved in your care.

If you request that we restrict disclosure to another health plan for purposes of carrying out payment or health care operations activities and the PHI you want to restrict relates solely to a health care item or service for which the health provider involved was paid out-of-pocket in full, we are required to comply with your request. The Plan, however, is not required to agree to any other request if the Plan Administrator or Privacy Officer determines it to be unreasonable.

You should make all requests to the Privacy/Security Officer at:

Adam Glaser, Fund Manager and Privacy/Security Officer

General Building Laborers' Local Union No. 66 Welfare Fund, 1600 Walt Whitman Road

Melville, NY 11747

631-454-2330

Your request should include what information you want to restrict, whether you want to restrict use, disclosure, or both, and to whom you want the restriction to apply.

II. You May Request Confidential Communications

The Plan will accommodate your reasonable request to receive communications of PHI **by alternative means or at alternative locations** where the request includes a statement that disclosure could endanger you.

You or your personal representative will be required to complete a form to request restrictions on uses and disclosures of your PHI. Contact the Privacy/Security Officer at the above address to obtain the appropriate form.

III. You May Inspect and Copy PHI

You have a right to inspect and obtain a copy of your PHI (in hard-copy or electronic form) contained in a “designated record set,” for as long as the Plan maintains the PHI. You may request a copy of your PHI in hard-copy or electronic format and the Plan will honor that request to the extent possible. You also may request a summary of your PHI.

The Plan must act on an access request within 30 days after receipt of the request. A single 30-day extension is allowed if the Plan is unable to comply with the deadline, and if the Plan provides you with a notice of the reason for the delay and the expected date by which the requested information will be provided.

You or your personal representative will be required to complete a form to request access to the PHI in your designated record set. If you or your personal representative requests a copy of PHI, a reasonable cost-based fee for copying the PHI, postage, or preparing a summary of your PHI may be charged. Requests for access to PHI on the completed form should be made to Privacy/Security Officer at the address above.

In limited circumstances, the Plan may deny your request to inspect and copy your PHI. For example, under federal law, you may not inspect or copy psychotherapy notes or information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding. The Plan may also decide to deny access to your PHI if it is determined that the requested access is reasonably likely to endanger the life or physical safety of you or another individual, or to cause substantial harm to you or another individual, or if the records make reference to another person (other than a health care provider) and the requested access would likely cause substantial harm to the other person. If access is denied on this basis, the decision may be reviewable by a licensed health professional who was not involved in the initial denial of access and who has been designated by the Plan to act as a reviewing official.

Generally, if access is denied, you or your personal representative will be provided with a written denial setting forth the basis for the denial, a description of how you may exercise your review rights and a description of how you may complain to the Plan and HHS.

Designated-Record Set means your medical records and billing records that are maintained by or for a covered health-care provider, enrollment, payment, claims adjudication and case- or medical-management record systems maintained by or for a health plan, or other information used in whole or in part by or for the covered entity to make decisions about you. Information used for quality-control or peer-review analyses and not used to make decisions about you is not included.

IV. You Have the Right to Amend Your PHI

You have the right to request that the Plan amend your PHI if you believe the information is incorrect or incomplete. You have this right for as long as the PHI is maintained in the designated-record set subject to certain exceptions. See the Plan's Right to Amend Policy for a list of exceptions.

The Plan has 60 days after receiving your request to act on it. The Plan is allowed a single 30-day extension if the Plan is unable to comply with the 60-day deadline and the Plan gives you notice, including the reason for the delay and the expected date by which the Plan will act on the request. If the Plan denied your request in whole or part, the Plan must provide you with a written denial that explains the basis for the decision and provides a description of how you may complain to the Plan and HHS. You or your personal representative may then submit a written statement disagreeing with the denial and have that statement included with any future disclosures of that PHI. The Plan may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.

You or your personal representative will be required to complete a form to request the amendment of the PHI, and the form should be submitted to the Privacy/Security Office at the address found above. On the form, please specify the PHI to be amended, the change you request, and the reason for the amendment.

V. You Have the Right to Receive an Accounting of the Plan's PHI Disclosures

At your request, the Plan will also provide you with an accounting of certain disclosures by the Plan of your PHI. Among other disclosures, the Plan does not have to provide you with an accounting of disclosures related to treatment, payment, or health-care operations or disclosures made to you or authorized by you in writing. See the Plan's Accounting for Disclosure Policy for the complete list of disclosures for which an accounting is not required.

The Plan has 60 days to provide the accounting. The Plan is allowed an additional 30 days if the Plan is unable to comply with the 60-day deadline and if the Plan gives you a written statement of the reasons for the delay and the date by which the accounting will be provided.

If you request more than one accounting within a 12-month period, the Plan will charge a reasonable, cost-based fee for each subsequent accounting. The Plan will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any cost is incurred.

To request an accounting of disclosures, you must submit your request in writing to our Privacy/Security Official. Your request should indicate the form in which you want the list (e.g., paper or electronic).

VI. You Have the Right to Receive a Paper Copy of This Notice Upon Request

To obtain a paper copy of this Notice, contact the Privacy/Security Officer at the address found above. This right applies even if you have agreed to receive the Notice electronically.

VII. Your Personal Representative

You may exercise your rights through a personal representative. Your personal representative will be required to produce evidence of authority to act on your behalf before the personal representative will be given access to your PHI or be allowed to take any action on your behalf. Proof of such authority will be a completed, signed and approved Appointment of Personal Representative form. You may obtain that form by calling the Plan Office.

The Plan retains discretion to deny access to your PHI to a personal representative if the Plan has a reasonable belief that you have been or may be subjected to domestic violence, abuse or neglect by the person seeking to be treated as a personal representative or that treating the person as the personal representative could endanger you and the Plan, in the exercise of professional judgment, decides that it is not in the best interest of you to treat the person as your personal representative.

You should also review the Plan's Policy and Procedure for the Recognition of Personal Representatives for a more complete description of the circumstances where the Plan will consider an individual to be a personal representative.

Section 4: The Plan's Duties

Maintaining Your Privacy

The Plan is required by law to maintain the privacy of your PHI and to provide you and your eligible dependents with notice of the Plan's legal duties and privacy practices. In addition, the Plan may not (and does not) use or disclose your Genetic Information that is PHI for underwriting purposes.

This Notice is effective February 16, 2026 and the Plan is required to comply with the terms of this Notice currently in effect. However, the Plan reserves the right to change its privacy practices at any time and to apply the changes to any PHI received or maintained by the Plan prior to that date as well as PHI that the Plan may receive or maintain after that date. If a privacy practice is changed, a revised version of this Notice will be posted on the Plan's website at Laborers66.com no later than the effective date of the revision and thereafter sent in the Plan's next annual mailing.

Disclosing Only the Minimum Necessary Protected Health Information

When using or disclosing PHI or when requesting PHI from another covered entity, the Plan will make reasonable efforts not to use, disclose or request more than the minimum amount of PHI necessary to accomplish the intended purpose of the use, disclosure or request.

However, the minimum-necessary standard will not apply in the following situations:

- Disclosures to or requests by a health care provider for treatment,
- Uses or disclosures made to you as permitted or required by HIPAA,
- Uses or disclosures made pursuant to a HIPAA compliant authorization,
- Certain disclosures made to the Secretary of the United States Department of Health and Human Services pursuant to its enforcement activities under HIPAA,

- Certain uses or disclosures required by law, and
- Uses or disclosures required for the Plan’s compliance with the HIPAA privacy regulations.

This Notice does not apply to information that has been de-identified. De-identified information is information that:

- Does not identify you, and
- With respect to which there is no reasonable basis to believe that the information can be used to identify you.

Section 5: Your Right to File a Complaint with the Plan or the HHS Secretary

If you believe that your privacy rights have been violated, you may file a complaint with the Plan in care of:

Adam Glaser, Fund Manager

General Building Laborers' Local Union No. 66 Welfare Fund, 1600 Walt Whitman Road
Melville, NY 11747

631-454-2330

You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services (“HHS”). Filing instructions are available at:

<http://www.hhs.gov/ocr/privacy/hipaa/complaints/index.html>.

The Plan may not retaliate against you for filing a complaint.

Section 6: If You Need More Information

If you have any questions regarding this notice or the subjects addressed in it, you may contact Privacy/Security Officer at:

Adam Glaser, Privacy/Security Officer

General Building Laborers' Local Union No. 66 Welfare Fund, 1600 Walt Whitman Road
Melville, NY 11747

631-454-2330

Section 7: Conclusion

PHI use and disclosure by the Plan is regulated by the Health Insurance Portability and Accountability Act of 1996, as amended, and its implementing regulations (known as “HIPAA”). You may find these rules at 45 Code of Federal Regulations Parts 160 and 164. This Notice attempts to summarize the regulations. The regulations will supersede this Notice if there is any discrepancy between the information in this Notice and the regulations.