



ROAD CARRIERS

LOCAL

**707**

WELFARE AND PENSION FUNDS

14 FRONT STREET, STE. 301 • HEMPSTEAD, NY 11550-3602  
Phone: (516) 560-8500 • Fax: (516) 486-7375

## PRIVACY AND SECURITY OF HEALTH INFORMATION

### NOTICE OF ROAD CARRIERS LOCAL 707 WELFARE FUND'S PRIVACY PRACTICES

#### Your Information – Your Rights – Our Responsibilities

This notice describes how health information, including information about treatment for substance use disorder (“SUD”), about you may be used and disclosed, how you can get access to this information, your rights with respect to your health information, and how to file a complaint concerning a violation of the privacy or security of your health information or your rights concerning your information. **Please review it carefully.**

**You have a right to a copy of this notice-in paper or electronic form- and to discuss the notice with the Fund's Privacy Official at the phone number and address below if you have any questions.**

#### Contact Information

The Plan: Road Carriers Local 707 Welfare Plan, 14 Front Street, Hempstead, NY 11550

Website: [www.roadcarriers707.com](http://www.roadcarriers707.com)

Privacy Official: Mr. Kevin McCaffrey, Road Carriers Local 707 Welfare Plan, (516) 560-8500,  
[kmccaffrey@ibt707.com](mailto:kmccaffrey@ibt707.com).

#### Your Rights

You have the right to:

- Get a copy of your health and claims records
- Correct your health and claims records
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

#### Your Choices

You have some choices in the way that we use and share information as we:

- Answer coverage questions from your family and friends
- Provide disaster relief

#### Our Uses and Disclosures

We may use and share your information as we:

- Help manage the health care treatment you receive
- Run our organization
- Pay for your health services
- Administer your health plan
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests and work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

## **Your Rights**

**When it comes to your health information, you have certain rights.** This section explains your rights and some of our responsibilities to help you.

### **Get a copy of health and claims records**

- You can ask to see or get a copy of your health and claims records and other health information we have about you. You should call the Fund office to make an appointment to see your information. If you want us to send you information, please write to or email us indicating what information you want.
- We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

### **Ask us to correct health and claims records**

- You can ask us, in writing, to correct your health and claims records if you think they are incorrect or incomplete.
- We may say “no” to your request if we are legally allowed, but we’ll tell you why in writing within 60 days.

### **Request confidential communications**

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will consider all reasonable requests and must say “yes” if you tell us you would be in danger if we do not.

### **Ask us to limit what we use or share**

- You can ask us not to use or share certain health information for treatment, payment, or our operations.
- We are not required to agree to your request, and we may say “no” if it would affect your care and we are legally permitted to do so.
- You can ask us to restrict disclosures made with prior consent for purposes of treatment, payment, and health care operations
- Any requests to limit information should be made in a writing and sent to the Fund’s Privacy Official.

### **Get a list of those with whom we’ve shared information**

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

### **Get a copy of this privacy notice**

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

### **Choose someone to act for you**

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

### **File a complaint if you feel your rights are violated**

- You can complain if you feel we have violated your rights by contacting us using the information on page 1.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).
- We will not retaliate against you for filing a complaint.

## **Your Choices**

**For certain health information, you can tell us your choices about what we share.** If you have a clear preference for how we share your information in the situations described below, contact us. Tell us in writing what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in payment for your care
- Share information in a disaster relief situation

*If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*

In these cases, we *never* share your information unless you give us written permission:

- Marketing purposes
- Sale of your information

## **Our Uses and Disclosures**

### **How do we typically use or share your health information?**

We typically use or share your health information in the following ways.

#### **Help manage the health care treatment you receive**

We can use your health information and share it with professionals who are treating you.

*Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.*

#### **Run our organization**

- We can use and disclose your information to run our organization and contact you when necessary.
- We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. This does not apply to long term care plans.

*Example: We use health information about you to develop better services for you.*

#### **Pay for your health services**

We can use and disclose your health information as we pay for your health services.

*Example: We share information about you with your dental plan to coordinate payment for your dental work.*

#### **Administer your plan**

We may disclose your health information to your health plan sponsor for plan administration.

*Example: Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.*

### **How else can we use or share your health information?**

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see:

[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

#### **Help with public health and safety issues**

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls

- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

#### **Do research**

We can use or share your information for health research.

#### **Comply with the law**

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

#### **Respond to organ and tissue donation requests and work with a medical examiner or funeral director**

- We can share health information about you with organ procurement organizations.
- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

#### **Address workers' compensation, law enforcement, and other government requests**

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

#### **Respond to lawsuits and legal actions**

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

#### **Our Responsibilities**

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. For example, we can provide your health information, including SUD information to a family member or employer, only if you consent in a writing provided to the Fund's Privacy Officer. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

#### **Changes to the Terms of this Notice**

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our web site, and we will mail a copy to you.

#### **Other Matters**

We never market or sell personal health information.

We never contact you, or use personal health information, for fundraising purposes.

We do not create or manage a hospital directory.

We do not create or maintain psychotherapy notes.

#### **Effective Date**

This notice is effective as of February 16, 2026

#### **PRIVACY**

Effective April 14, 2003, the receipt, use and disclosure of protected health information (“PHI”) by the Fund is governed by regulations issued under the Health Insurance Portability and Accountability Act (commonly referred to as “HIPAA”). PHI includes your health information and information on your SUD as defined below. SUD information will be protected in accordance with both HIPAA and the provisions of 42 C.F.R. Part 2 (“Part 2”), to the extent that the Fund receives, maintains or transmits such Part 2 information or records. In accordance with these regulations, the Trustees, certain Fund employees and the Fund’s Business Associates may receive, use and disclose PHI in order to carry out payment, treatment and health care operations under the Plan. These entities and individuals may use PHI for such purposes without your consent or written authorization. In general, if your PHI is used or disclosed for any other purpose, your written authorization for such use or disclosure will be required. All Plan Participants will receive a Notice of Privacy Practices that explains the Fund’s obligation to protect PHI and also describes certain rights you have with regard to your PHI.

Under this law, the Fund (or health insurance issuer or HMO with the Fund’s permission) may disclose PHI, to the Trustees or their designees (collectively, the “Trustees”) to carry out administrative functions related to the Plan. The Trustees’ administrative functions include the responsibility to control and manage the operation and administration of the Fund, in accordance with ERISA. Such administrative functions include, but are not limited to, the responsibility to determine appeals of benefit claims. The Trustees may use and disclose the PHI provided to it from the Fund (or health insurance issuer or HMO) only for these purposes.

The Trustees are subject to the following limitations and requirements related to their use and disclosure of PHI received from the Fund:

(1) The Trustees shall not use or further disclose PHI other than as permitted or required by the Plan document or as required by all applicable law, including but not limited to HIPAA and Part 2.

(2) The Trustees shall require any agents, including subcontractors, to whom they provide PHI received from the Fund to agree to the same restrictions and conditions that apply to the Trustees with respect to such information.

(3) The Trustees shall not use PHI for employment-related actions and decisions, or in connection with any other benefit or employee benefit plan.

(4) The Trustees shall promptly report to the Fund any improper use or disclosure of PHI of which they become aware.

(5) The Trustees shall provide adequate protection of PHI and separation between the Fund and the Trustees by:

(a) ensuring that only the following Fund employees will have access to the PHI provided by the Fund:

- Fund Manager (Privacy Officer)
- Office Manager
- Manager of Information Systems (“MIS”)
- Medical Claims Supervisor (HIPAA Contact Person)
- Medical Claims Auditors
- Member Services Representatives
- Contribution Coordinator
- Eligibility Coordinator
- COBRA Coordinator
- Pension Assistants
- Pension Supervisor
- Those employees substituting for any of the positions listed above

(b) restricting access to and use of PHI to only the employees listed above for limited purposes related to their job responsibilities, and only for the administrative functions performed by the Trustees on behalf of the Fund that are described above; and

(c) using the following procedures to resolve issues of noncompliance by the employees listed above: The Fund has a zero tolerance policy regarding the improper use or disclosure of PHI by any employee. Any employee who violates the Fund's Policies and Procedures and/or the HIPAA privacy rules will be subject to sanctions at the Fund's discretion, which may include oral counseling, write-ups, suspension, and/or termination.

(6) The Trustees shall:

- (a) make PHI available for access purposes in accordance with 45 C.F.R. § 164.524;
- (b) make PHI available for amendment and incorporate any amendments to PHI in accordance with 45 C.F.R. § 164.526; and
- (c) make available the information required to provide an accounting of disclosures of PHI in accordance with 45 C.F.R. § 164.528.

(7) The Trustees shall make their internal practices, books, and records relating to the use and disclosure of PHI received from the Fund available to the Secretary of the Department of Health and Human Services for audit purposes.

(8) If feasible, the Trustees shall return or destroy all PHI received from the Fund that the Trustees retain in any form when no longer needed for the purpose for which disclosure was made. If such return or destruction is not feasible, the Trustees shall limit further uses and disclosures to those purposes that make the return or destruction of the information infeasible.

(9) The Fund shall disclose PHI to the Trustees only upon receipt of a certification by the Trustees that the Plan documents have been amended in accordance with 45 C.F.R. § 164.504(f), and that the Trustees shall protect the PHI as described herein.

Please contact the Fund Office if you have any questions regarding your privacy rights or if you need to obtain an authorization form.

## **SECURITY**

The Trustees will reasonably and appropriately safeguard the electronic PHI the Trustees receive, create or maintain by, or on behalf of, the Fund in the Trustees' capacity as the sponsor of the Plan. The Trustees shall:

(1) implement administrative, physical and technical safeguards that reasonably and appropriately protect the confidentiality, integrity and availability of the electronic PHI that the Trustees create, receive, maintain or transmit on behalf of the Fund;

(2) implement reasonable and appropriate security measures for the purpose of ensuring that there is adequate separation as described in paragraph (5) of the Privacy section above between the Trustees and the Fund;

(3) ensure any agent, including a subcontractor, to whom the Trustees provide electronic PHI agrees to implement reasonable and appropriate security measures to protect the information; and

(4) report to the Fund any security incident of which the Trustees become aware; including attempted or successful unauthorized access, use, disclosure or destruction of information or interference with system operations, which involve electronic PHI provided to the Trustees by, or on behalf of, the Fund.

## **INFORMATION ON ADDITIONAL SAFEGUARDS FOR TREATMENT OF SUBSTANCE USE DISORDER (SUD) INFORMATION OR RECORDS**

The law imposes specific restrictions on information or records which would identify you as having or having had a SUD or as having been diagnosed with a SUD.

**What is Substance Use Disorder (SUD):** SUD is defined in the law as a “cluster of cognitive, behavioral, and physiological symptoms indicating that the individual continues using the substance despite significant substance-related problems such as impaired control, social impairment, risky use, and pharmacological tolerance and withdrawal. For the purposes of the regulations in this part, this definition does not include tobacco or caffeine use.”

**SUD Treatment Centers:** The Fund will not acknowledge your presence in a health care facility that is publicly identified as a place where only SUD diagnosis, treatment or referral is provided unless you consent in writing to such disclosure or a valid court order directing this acknowledgment is served on the Fund. The Fund may acknowledge your presence in a health care facility that is NOT publicly identified as a place where only SUD diagnosis, treatment or referral is provided if this acknowledgment does not reveal your SUD.

**Legal Proceedings:** The Fund will not provide records or testimony about your SUD in a civil, administrative, criminal or legislative proceeding unless you consent in writing or the Fund must comply pursuant to a court order and subpoena after you are provided notice and an opportunity to be heard.

### **Consents to Disclosure of SUD Information:**

(1) **Single Consent:** Except in an emergency or other special situations, you may provide a single consent for all future uses or disclosures of SUD Records to other parties for the purposes of treatment, payment, and/or health care operations pursuant to 42 C.F.R. Part 2.

(2) **Consent for Minor Patients:**

(a) If a minor patient acting alone has the legal capacity under the applicable state law to apply for and obtain SUD treatment, any written consent for use or disclosure of information about their SUD may be given only by the minor patient. This restriction includes, but is not limited to, any disclosure of patient identifying information to the parent or guardian of a minor patient for the purpose of obtaining financial reimbursement.

(b) Where state law requires consent of a parent, guardian, or other person for a minor to obtain treatment for SUD, any written consent for use or disclosure of information about the SUD must be given by both the minor and their parent, guardian, or other person authorized under state law to act on the minor's behalf.

(c) Where state law requires parental consent to treatment, the fact of a minor's application for treatment may be communicated to the minor's parent, guardian, or other person authorized under state law to act on the minor's behalf only if:

(i) The minor lacks the capacity to make a rational choice regarding such consent, or

(ii) The minor's situation poses a substantial threat to the life or physical well-being of the minor or any other person which may be reduced by communicating relevant facts to the minor's parent, guardian, or other person authorized under state law to act on the minor's behalf.

- (3) Consent for Incapacitated Adult: If an adult patient has been adjudicated by a court as lacking the capacity to make their own health care decisions, consent to disclosure of SUD information may be made by the personal representative of the incapacitated adult.
- (4) Consent for Information on a Deceased Person: If written consent is required for the disclosure of SUD information about a person who has died, consent may be given by the personal representative of the deceased.
- (5) Disclosures Without Consent: The Fund will only use and disclose SUD information without your consent as provided in this notice and as permitted by law. Uses or disclosures of SUD that are not described in this notice will only be made with your written consent except that where the Fund receives records pursuant to your written consent for payment or operations, it may, without your additional written consent, disclose your SUD information to the extent permitted by HIPAA.
- (6) Revocation of Consent. You may revoke your written consent to any use or disclosure of your SUD information at any time by submitting a written request to the Fund's Privacy Official.
- (7) Fundraising Purposes. The Fund will never use your Part 2 information or records for fundraising purposes.