

# Connecticut Pipe Trades Health Fund Privacy Notice

## 2026 Restatement

### Section 1: Purpose of This Notice and Effective Date

**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.**

***Effective date.*** This Notice was initially effective as of April 14, 2003. This 2026 Restatement is effective as of January 12, 2026, and it reflects a number of recent changes in a federal law known as the Health Insurance Portability and Accountability Act of 1996, as amended (HIPAA).

***This Notice is required by law.*** The Connecticut Pipe Trades Health Fund (the "Fund") is required by law to take reasonable steps to ensure the privacy of your personally identifiable health information and to inform you about:

1. The Fund's uses and disclosures of Protected Health Information (PHI) as defined in Section 2;
2. Your rights to privacy with respect to your PHI;
3. The Fund's duties with respect to your PHI;
4. Your right to file a complaint with the Fund 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 Fund's privacy practices.

### Section 2: Your Protected Health Information

#### ***Protected Health Information (PHI) Defined***

The term "Protected Health Information" (PHI) includes all individually identifiable health information relating to your past, present or future physical or mental health condition or to payment for health care. PHI includes information maintained by the Fund in oral, written, or electronic form.

#### ***When the Fund May Disclose Your PHI***

Under the law, the Fund may disclose your PHI without your consent or authorization, and without providing you an opportunity to agree or object, in the following cases:

- ***At your request.*** If you request it, the Fund is required to give you access to certain PHI in order to allow you to inspect and/or copy it. You have additional rights explained in Section 3.
- ***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 Fund's compliance with the privacy regulations.
- ***For treatment, payment or health care operations.*** The Fund and its business associates will use PHI in order to carry out:
  - Treatment,
  - Payment, or
  - 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 Fund 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, Fund reimbursement, reviews for medical necessity and appropriateness of care and utilization review and preauthorizations).

For example, the Fund may tell a doctor whether you are eligible for coverage or what percentage of the bill will be paid by the Fund. If we contract with third parties to help us with payment operations, such as a physician that reviews medical claims (Alicare Medicare Management), or reprice claims to take advantage of discounts (e.g., Anthem Blue Cross), or stop-loss insures (Sun Life Assurance Company), we will also disclose information to them. These third parties are known as "business associates."

**Health care operations** include but are 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. Please note that if the Fund uses or discloses PHI for underwriting purposes, it is prohibited from using or disclosing PHI that is genetic information of an individual for such purposes. Health care operations also include disease management, case management, 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 Fund 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. While it is unlikely the Fund will possess your genetic information, in no event will the Fund use or disclose any of it.

**Disclosure to the Fund's Trustees.** The Fund will also disclose PHI to the Plan Sponsor, the Board of Trustees of the Connecticut Pipe Trades Health Fund, for purposes related to treatment, payment, and health care operations, and has amended the Trust Agreement to permit this use and disclosure as required by federal law. For example, we may disclose information to the Board of Trustees to allow them to decide an appeal or review a subrogation claim.

### ***When the Disclosure of Your PHI Requires Your Written Authorization***

Except as otherwise indicated in this Notice, uses and disclosures of PHI will be made only with your written authorization subject to your right to revoke your authorization. You may make a written revocation of your authorization on a prospective basis at any time. Here are the relevant rules:

***Substance use disorder treatment records (SUD Records)*** received from a program covered by 42 CFR Part 2 (a "Part 2 Program"), or testimony relaying the content of such records, will 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 Fund 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 Fund 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 Fund receives notification that you have revoked such consent in writing. When disclosed to the Fund for treatment, payment, and health care operations activities, the Fund 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.

***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. Although the Fund does not routinely obtain psychotherapy notes, it must generally obtain your written authorization before the

Fund will use or disclose psychotherapy notes about you. However, the Fund may use and disclose such notes when needed by the Fund to defend itself against litigation filed by you.

***Disclosure to Other Benefit Plans.*** On certain occasions, it may be necessary to receive information from the Health Fund in order to process life insurance benefits, Weekly Disability Income Benefits or benefits from the Connecticut Plumbers and Pipefitters Pension Fund. In those cases, we will request an authorization from you to release such information in order to continue processing your benefits.

***Marketing purposes.*** The Fund will request authorization for any use or disclosure of PHI for marketing, except in situations involving a face to face communication or a promotional gift of nominal value. The Fund is not in the business of marketing PHI, and it does not expect to be in the future.

***Sale of PHI.*** The Fund will request authorization for any disclosure of PHI which constitutes a sale of PHI. The Fund is not in the business of selling PHI, and it does not expect to be in the future.

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

Disclosure of your PHI to family members, other relatives and your close personal friends is allowed under federal law if:

- The information is directly relevant to the family or friend's involvement with your care or payment for that care, and
- You have either agreed to the disclosure or have been given an opportunity to object and have not objected.

You should note that under certain circumstances described below, federal law allows the use and disclosure of your PHI without your consent, authorization or opportunity to object to such use or disclosure.

Also, the Fund has never engaged in any type of fundraising activities. In the unlikely event the Fund engages in fundraising in the future, any fundraising communications you receive will contain a description of how to opt out of receiving such communications.

### ***Use or Disclosure of Your PHI For Which Consent, Authorization or Opportunity to Object Is Not Required***

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

1. ***When required by applicable law.***
2. ***Public health purposes.*** To an authorized public health authority if required by law or for public health and safety purposes. PHI may also be used or disclosed if you have been exposed to a communicable disease or are at risk of spreading a disease or condition, if authorized by law.
3. ***Domestic violence or abuse situations.*** When authorized 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 Fund 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 civil, administrative or criminal investigations, 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. **Legal proceedings.** When required for judicial or administrative proceedings. For example, your PHI may be disclosed in response to a subpoena or discovery request that is accompanied by a court order, or if the Fund receives a National Medical Support Notice in connection with covering a child of yours.
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:
  - a. identifying or locating a suspect, fugitive, material witness or missing person, and
  - b. disclosing information about an individual who is or is suspected to be a victim of a crime.
8. **Determining cause of death and organ donation.** We may give PHI to a coroner or medical examiner to identify a deceased person, determine a cause of death or other authorized duties. We may also disclose PHI for cadaveric organ, eye or tissue donation purposes.
9. **Funeral purposes.** We may give PHI to funeral directors to carry out their duties with respect to the decedent.
10. **Research.** For research, subject to certain conditions.
11. **Health or safety threats.** When, consistent with applicable law and standards of ethical conduct, the Fund 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. **Workers' compensation programs.** When authorized by and to the extent necessary to comply with workers' compensation or other similar programs established by law.

Except as otherwise indicated in this Notice, uses and disclosures will be made only with your written authorization subject to your right to revoke your authorization.

### **Other Uses or Disclosures**

The Fund may disclose protected health information to the plan sponsor of the Fund for reviewing your appeal of a benefit claim or for other reasons regarding the administration of this Plan. As noted earlier, the "Plan Sponsor" of this Fund is the Board of Trustees of the Connecticut Pipe Trades Health Fund.

## **Section 3: Your Individual Privacy Rights**

Following is a description of your individual privacy rights. It is important to note that while all requests should be directed to the Health Fund, the Fund contracts with numerous vendors, also called "business associates," who provide services to the Fund and services and benefits to you on the Fund's behalf. Once the Fund is notified that you choose to invoke any of the individual rights listed below, it will respond or notify the appropriate vendor on your behalf, as applicable. Because some of your PHI is maintained and used by these business associates to provide or process your benefits, the Fund requires that they administer certain aspects of the individual privacy rights. **You may contact the Privacy Official at the address and phone number listed below:**

**Catrena Talento, Privacy Official  
Connecticut Pipe Trades Health Fund  
1155 Silas Deane Highway**

**Wethersfield, CT 06109-4318**  
**Phone: (860) 571-9191**  
**Fax: (860) 571-9221**

### ***You May Request Restrictions on PHI Uses and Disclosures***

You may request the Fund 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.

The Fund, however, is not required to agree to your request.

You must contact the Fund to receive an application to make a request to restrict the use or disclosure of PHI. **You may contact the Privacy Official at the address and phone number listed above.**

### ***You May Request Confidential Communications***

The Fund will accommodate an individual's reasonable request to receive communications of PHI **by alternative means or at alternative locations** where the request includes a statement that disclosure could endanger the individual. You or your personal representative will be required to complete a form to request alternative means and/or locations for communication of PHI. **You may contact the Privacy Official at the address and phone number listed on page 4.**

### ***You May Inspect and Copy PHI***

You have a right to inspect and obtain a copy of your PHI contained in a "designated record set" (defined below), as long as the Fund maintains the PHI. However, you do not have a right to inspect or copy psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding; and PHI that is subject to law(s) that otherwise prohibits access to PHI.

The Fund must provide the requested information within 30 days if the information is maintained on site or within 60 days if the information is maintained offsite. A single 30-day extension is allowed if the Fund is unable to comply with the deadline.

You or your personal representative will be required to complete a form to request access to the PHI in your designated record set. A reasonable fee may be charged. **You may contact the Privacy Official at the address and phone number listed on page 4.**

Under limited circumstances, access may be denied. If access is denied, you 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 Fund and HHS.

**Designated Record Set:** Includes your medical records and billing records that are maintained by or for a covered health care provider. Records include enrollment, payment, billing, claims adjudication and case or medical management record systems maintained by or for a Health Fund 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.

### ***You Have the Right to Amend Your PHI***

You have the right to request that the Fund amend your PHI or a record about you in a designated record set for as long as the PHI is maintained in the designated record set, subject to certain exceptions. See the Fund's Right to Amend Policy for a list of exceptions.

The Fund has 60 days after receiving your request to act on it. The Fund is allowed a single 30-day extension if the Fund is unable to comply with the 60-day deadline. If the Fund denies your request in whole or in part, the Fund must

provide you with a written denial that explains the basis for the decision. You may then submit a written statement disagreeing with the denial and have that statement included with any future disclosures of that PHI.

**You may contact the Privacy Official at the address and phone number listed on page 4 of this Notice.** You or your personal representative will be required to complete a form to request amendment of the PHI.

### ***You Have the Right to Receive an Accounting of the Fund's PHI Disclosures***

At your request, the Fund will also provide you with an accounting of certain disclosures by the Fund of your PHI. We do 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 Fund's Accounting for Disclosure Policy for the complete list of disclosures for which an accounting is not required.

The Fund has 60 days to provide the accounting. The Fund is allowed a single 30-day extension if the Fund 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 Fund may charge a reasonable, cost-based fee for each subsequent accounting.

### ***Your Right to a Paper Copy of this Notice***

You have a right to request and receive a paper copy of this Notice at any time, even if you have received the Notice previously or agreed to receive the Notice electronically. **Your request to receive a paper copy of the Notice must be made in writing to the Privacy Official, whose contact information is on page 4.**

### ***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 for you. Proof of such authority will be a completed, signed and approved Appointment of Personal Representative form. You may obtain this form by calling the Fund Office.

The Fund retains discretion to deny access to your PHI to a personal representative to provide protection to those vulnerable people who depend on others to exercise their rights under these rules and who may be subject to abuse or neglect.

The Fund will recognize certain individuals as personal representatives without you having to complete an Appointment of Personal Representative form. For example, absent notice of restrictions under the Fund's Right to Request Restrictions on the Use and Disclosure Policy and Procedures, the Fund will automatically consider a spouse to be the personal representative of an individual covered by the plan. In addition, the Fund will consider a parent, guardian *or other person acting in loco parentis* as the personal representative of an unemancipated minor unless applicable law requires otherwise. A spouse or a minor's parent may act on an individual's behalf, including requesting access to their PHI.

Spouses and unemancipated minors may, however, request that the Fund restrict access of PHI to family members as described above at the beginning of Section 3 of this Notice.

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

## **Section 4: The Fund's Duties**

### ***Maintaining Your Privacy and Providing You with this Notice***

The Fund is required by law to maintain the privacy of your PHI and to provide you and your eligible dependents with notice of its legal duties and privacy practices. The Fund is now required to notify you of anything that the law defines as a breach of your unsecured PHI, and you have a right to, and will receive, appropriate notifications in the event of any such breach.

This Notice was initially effective on April 14, 2003, and this restatement is effective as of January 12, 2026. The Fund is required to comply with the terms of this Notice. However, the Fund reserves the right to change its privacy practices and to apply the changes to any PHI received or maintained by the Fund prior to the effective date of this Notice. If a privacy practice is changed, a revised version of this Notice will be provided to you and to all past and present participants and beneficiaries for whom the Fund still maintains PHI. Any revised Privacy Notice will be sent by U.S. Mail, and it will be distributed within 60 days of the effective date of any material change to:

- The uses or disclosures of PHI,
- Your individual rights,
- The duties of the Plan, or
- Other privacy practices stated in this Notice.

### ***Disclosing Only the Minimum Necessary Protected Health Information***

When using or disclosing PHI or when requesting PHI from another covered entity, the Fund 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, taking into consideration practical and technological limitations.

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,
- Uses or disclosures made pursuant to your authorization,
- Disclosures made to the Secretary of the United States Department of Health and Human Services pursuant to its enforcement activities under HIPAA,
- Uses or disclosures required by law, and
- Uses or disclosures required for the Fund'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.

In addition, the Fund may use or disclose "summary health information" to the Fund Sponsor for purposes of obtaining premium bids or modifying, amending or terminating the group health plan. Summary information summarizes the claims history, claims expenses or type of claims experienced by individuals for whom a Fund Sponsor has provided health benefits under a group health plan. Identifying information will be deleted from summary health information, in accordance with HIPAA.

### **Section 5: Your Right to File a Complaint with the Fund or the Office of Civil Rights**

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

**Catrena Talento, Privacy Official**  
**Connecticut Pipe Trades Health Fund**  
**1155 Silas Deane Highway**  
**Wethersfield, CT 06109-4318**  
**Phone: (860) 571-9191**  
**Fax: (860) 571-9221**

You may also file a complaint with the Office of Civil Rights for Connecticut's Region, which as of the date this Notice was prepared was:

**Region I**  
**Peter Chan, Regional Manager**  
**Office for Civil Rights**  
**U.S. Department of Health and Human Services**  
**Government Center**  
**JFK Federal Building – Room 1875**  
**Boston, MA 02203**  
**Phone: (800) 368-1019 or (800) 537-7697 (TDD)**  
**Fax: (617) 565-3809**

The Fund will not retaliate against you for filing a complaint.

## **Section 6: All Other Uses & Disclosures of Your PHI**

All other uses or disclosures of your PHI will only be made with your authorization or the authorization of a duly appointed personal representative pursuant to the Fund's Recognition of Personal Representative Policy and Procedures.

## **Section 7: If You Need More Information**

**If you have any questions regarding this Notice or the subjects addressed in it, you may contact the Privacy Official at the address and phone number listed on page 4 of this Notice.**

## **Section 8: Conclusion**

As outlined in Section 1, PHI use and disclosure by the Fund is regulated by the federal law known as HIPAA. You may find these rules at Title 45 of the *Code of Federal Regulations*, Parts 160 and 164. This Notice attempts to summarize those regulations and notify you of your rights. The regulations will supersede this Notice if there is any discrepancy between the information in this Notice and the regulations.

*This Notice constitutes a Summary of Material Modifications to the Fund, and we are furnishing it to you in accordance with U.S. Department of Labor regulation §2520.104b-3. Please keep this Notice with your Summary Plan Descriptions for future reference and contact the Fund Office with any questions. Please be aware that some of the information in this Notice may supplement or supersede the information contained in Section 26 of your Health Fund Summary Plan Description (e.g., the address to file a complaint with the Office of Civil Rights for Connecticut's Region noted on this page). All benefits are subject to amendment and/or termination as the Trustees may determine to be in the best interests of the Fund's participants and beneficiaries.*