

**OHIO CONFERENCE OF TEAMSTERS AND INDUSTRY HEALTH AND WELFARE
FUND**

PURPOSE OF THIS NOTICE AND EFFECTIVE DATE

This Notice Describes:

- 1. How medical information about you may be used and disclosed; and**
- 2. How you may obtain access to this information.**

Please review this information carefully.

Effective date. The effective date of this updated Notice is **February 16, 2026**.

This Notice is required by law. The Plan 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 Plan's uses and disclosures of Protected Health Information (PHI),
2. The Plan's uses and disclosures of Substance Use Disorder (SUD) treatment records,
3. Your rights to privacy with respect to your PHI and SUD records,
4. The Plan's duties with respect to your PHI,
5. The Plan's duties with respect to your SUD records,
6. Your right to file a complaint with the Plan and with the Secretary of the U.S. Department of Health and Human Services, and
7. The person or office you should contact for further information about the Plan's privacy practices.

Please share this Notice with your covered family members, as their PHI is also protected under federal law.

YOUR PROTECTED HEALTH INFORMATION

Protected Health Information (PHI) Defined

PHI refers to your health information held by the Plan.

The term "Protected Health Information" (PHI) includes all information related to your past, present or future physical or mental health condition or to 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 the law, the Plan may disclose your PHI without your consent or authorization or the opportunity to object in the following cases:

- ***At your request.*** If you request it, the Plan is required to give you access to certain PHI in order to allow you to inspect it and/or copy it.

• **To the Plan's Trustees.** The Plan will disclose PHI to the Plan Sponsor for purposes related to treatment, payment and health care operations. The Plan Sponsor is the Board of Trustees. The Plan Sponsor has amended its Plan Documents to protect your PHI as required by Federal law. For example, the Plan may disclose information to the Board of Trustees to allow them to decide an appeal or review a subrogation claim.

• **As required by an agency of the government.** The Secretary of the 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.

• **For treatment, payment or health care operations.** The Plan and its business associates will use PHI without your consent, authorization or opportunity to agree or object in order to carry out:

- Treatment,
- Payment, or
- Health care operations.

The Plan does not need your consent or authorization to release PHI when:

- you request it,
- a government agency requires it,
- Trustees are required to review it, or
- the Plan uses it for treatment, payment or health care operations.

Definitions of Treatment, Payment or Health Care Operations

Treatment is health care.

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 discloses 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 is paying claims for health care and related activities.

Payment includes but is not limited to making coverage determinations and payment. These actions include billing, claims management, subrogation, Plan reimbursement, reviews for medical necessity and appropriateness of care, utilization review and preauthorization.

For example: The Plan tells your doctor whether you are eligible for coverage or what percentage of the bill will be paid by the Plan.

Health Care Operations keep the Plan operating soundly.

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. It also includes 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 Plan uses information about your medical claims to refer you to a disease management program, to project future benefit costs or to audit the accuracy of its claims processing functions.

When the Disclosure of Your PHI Requires Your Written Authorization

The Plan does not routinely obtain psychotherapy notes. However, if it is necessary to use or disclose them, the Plan must generally obtain your written authorization before the Plan will use or disclose psychotherapy notes about you from your psychotherapist. However, 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.

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.

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

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

1. When required by law.
2. **Public health purposes.** To an authorized public health official 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 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. **Oversight activities.** To a public 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 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.
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, but only if the individual agrees to the disclosure or the covered entity is unable to obtain the individual's agreement because of emergency circumstances.
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 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 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 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. ***Workers' compensation programs.*** When authorized by and to the extent necessary to comply with workers' compensation or other similar programs established by law.
13. ***Specialized Government Functions.*** When required, to military authorities under certain circumstances, or to authorized federal officials for lawful intelligence, counter intelligence and other national security activities.

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. Any revocation of any authorization must be in writing. The authorization form that you would use describes how to revoke an authorization. A revocation is not effective unless it is received by the Privacy Officer.

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 protected health information to the sponsor of the Plan for reviewing your appeal of a benefit claim or for other reasons regarding the administration of this Plan. The "plan sponsor" of this Plan is the Board of Trustees.

YOUR SUBSTANCE USE DISORDER TREATMENT RECORDS

Substance Use Disorder (SUD) Defined

A SUD means a cluster of cognitive, behavioral, and physiological symptoms indicating that you continue using the substance despite significant substance-related problems such as impaired control, social impairment, risky use, and pharmacological tolerance and withdrawal.

SUD Records Defined

SUD records are those of the identity, diagnosis, prognosis, or treatment of any patient which are maintained in connection with the performance of any program or activity relating to substance use disorder education, prevention, training, treatment, rehabilitation, or research, which is

conducted, regulated, or directly or indirectly assisted by any department or agency of the United States.

When the Plan May Disclose Your SUD Records With Your Specific Authorization

Under the law, to the extent that the Plan creates or maintains SUD records, it may lawfully use and disclose those records with written consent as follows:

1. ***Treatment, Payment, and Healthcare Operations (TPO).*** The Plan may use and disclose your SUD records for TPO purposes with your written consent. For example, you may give the Plan permission to share your SUD records with your treating providers and/or other health plans for TPO purposes. SUD records disclosed for TPO purposes to a Part 2 program or an individual/entity subject to the Health Insurance Portability and Accountability Act (HIPAA) pursuant to your consent may be further disclosed by that Part 2 program or individual/entity subject to HIPAA to the extent permitted by HIPAA, or if the Part 2 Program is not subject to HIPAA, to the extent permitted by your consent. However, your SUD records cannot be used or disclosed in civil, criminal, administrative, or legislative proceedings against you without your written consent or a court order, as noted in this Notice.
2. ***Central Registry or Withdrawal Management Program.*** The Plan may disclose your SUD records to a central registry or to any withdrawal management or treatment program with your written consent.
3. ***Criminal Justice System.*** The Plan may disclose information from your SUD records to persons within the criminal justice system who made your participation in the Plan a condition of the disposition of any criminal proceeding against you with your written consent. The written consent must state that it is revocable upon the passage of a specified amount of time or the occurrence of a specified, ascertainable event. The time or occurrence upon which your consent becomes revocable may be no later than the final disposition of the conditional release or other action in connection with which written permission was given.
4. ***Prescription Drug Monitoring Program.*** The Plan may report any medication prescribed or dispensed by the Plan to the applicable state prescription drug monitoring program (PDMP) if required by applicable state law. However, the Plan would be required to obtain your consent prior to reporting such information.
5. ***Designated Person or Entities.*** The Plan may use and disclose your SUD records in accordance with your written consent to any other person or category of persons identified or generally designated in your consent. For example, if you consent to a disclosure of your SUD records to your spouse or a healthcare provider, the Plan may share your health information with them as outlined in your consent.

Notwithstanding the above, please note that the Plan can disclose information about you in response to a court or administrative order, or in response to a subpoena. Records, or testimony

disclosing the content of SUD records, shall not be used or disclosed in any civil, administrative, criminal, or legislative proceeding against you unless based on your written authorization (consent), or a court order. Records shall only be used or disclosed based on a court order, after notice and an opportunity to be heard is provided to you or the holder of the record, when required by applicable laws. A court order authorizing use or disclosure must be accompanied by a subpoena or other similar legal mandate compelling disclosure before the record is used or disclosed.

How You Can Revoke Your Consent to the Disclosure Of Your SUD Records

Even after you give consent, you have the right to revoke that consent at any time in writing delivered to the address contained in this Notice. After the Plan receives your written notice to revoke, it is required to terminate your earlier consent.

YOUR INDIVIDUAL PRIVACY RIGHTS WITH RESPECT TO PHI

You May Request Restrictions on PHI Uses and Disclosures and Receipt of PHI

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.

The Plan, however, is not required to agree to your request if the Plan Administrator or Privacy Officer determines it to be unreasonable.

In addition, the Plan 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 restrictions on uses and disclosures of your PHI or to receive communications of PHI by alternative means or at alternative locations. Make such requests to the Fund Office:

**Fund Administrative Manager
Ohio Conference of Teamsters and Industry Health and Welfare Fund
435 S. Hawley Street
Toledo, Ohio 43609
(419) 254-3310**

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," for as long as the Plan maintains the PHI.

The Plan 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 Plan 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. Requests for access to PHI should be made to the following officer:

**Fund Administrative Manager
Ohio Conference of Teamsters and Industry Health and Welfare Fund
435 S. Hawley Street
Toledo, Ohio 43609
(419) 254-3310**

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 the Secretary of the U.S. Department of Health and Human Services.

You Have the Right to Amend Your PHI

You have the right to make a written request that the Plan 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.

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. 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. 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.

You should make your written request to amend PHI to the following officer:

**Fund Administrative Manager
Ohio Conference of Teamsters and Industry Health and Welfare Fund
435 S. Hawley Street
Toledo, Ohio 43609
(419) 254-3310**

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 Plan's PHI Disclosures

At your request, the Plan will also provide you with an accounting of disclosures by the Plan of your PHI. 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.

The Plan has 60 days to provide the accounting. The Plan is allowed an additional 30 days 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.

You Have the Right to Receive a Paper or Electronic Copy of This Notice Upon Request

To obtain an additional paper or electronic copy of this Notice, contact the following officer:

**Fund Administrative Manager
Ohio Conference of Teamsters and Industry Health and Welfare Fund
435 S. Hawley Street
Toledo, Ohio 43609
(419) 254-3310**

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 Plan 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 Plan will recognize certain individuals as personal representatives without you having to complete an Appointment of Personal Representative form. For example, the Plan 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 or guardian as the personal representative of an unemancipated minor unless applicable law requires otherwise. A spouse or a parent recognized as a personal representative may act on an individual's behalf, including requesting access to their PHI. Spouses and unemancipated minors may request that the Plan restrict information that goes to family members as described above in this Notice.

YOUR INDIVIDUAL PRIVACY RIGHTS WITH RESPECT TO SUD RECORDS

You May Request Restrictions on Uses and Disclosures of SUD Records

You may request that the Plan place restrictions of disclosures made with prior consent for purposes of treatment, payment and health care operations. However, subject to limited exceptions, the Plan is not required to agree to a restriction.

You May Request and Obtain Restrictions of Disclosures of SUD Records to Your Health Plan

You may request and obtain restrictions of disclosures of SUD records from the Plan to another health plan for those services for which you have paid in full.

You Have a Right to Receive an Accounting of the Plan's Disclosures of Your SUD Records

At your request, the Plan will provide you with an accounting of disclosures made with your consent of your SUD records in the 3 years prior to the date of the request (or a shorter time period if you so choose). The Plan must provide you with an accounting of disclosures of SUD records for treatment, payment, and health care operations only where such disclosures are made through an electronic health record. The Plan has 60 days to provide the accounting. The Plan is allowed an additional 30 days if the Plan gives you a written statement of the reasons for the delay and the date by which the accounting will be provided.

You Have the Right to a List of SUD Disclosures By an Intermediary for the Past 3 Years

Upon your request and consent, an intermediary must provide to you a list of persons to whom your SUD records have been disclosed. Such request must be made in writing to and disclosures are limited to those made within the past 3 years.

For reference, an intermediary is a person, other than a Part 2 program, covered entity, or business associate, who has received records under a general designation in a written patient consent to be disclosed to one or more of its member participant(s) who has a treating provider relationship with the patient.

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 its legal duties and privacy practices.

This Notice is effective beginning on February 16, 2026 and the Plan is required to comply with the terms of this notice. However, the Plan reserves the right to change its privacy practices and to apply the changes to any PHI received or maintained by the Plan prior to that date. 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 Plan still maintains PHI.

Any revised version of this notice 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 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, 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 written authorization,
- Disclosures made to the Secretary of the U.S. 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 Plan's compliance with legal 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 Plan may use or disclose "summary health information" to the Plan Sponsor for 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 Plan Sponsor has provided health benefits under a group health plan. Identifying information will be deleted from summary health information, in accordance with HIPAA.

THE PLAN'S DUTIES WITH RESPECT TO SUD RECORDS

To the extent the Plan creates or maintains SUD records, it is required by law to maintain the privacy of those records, to provide you with notice of the Plan's legal duties and privacy practices with respect to SUD records, and to notify you following a breach of your unsecured records. The Plan is further required to abide by the terms of this Notice.

FINAL HIPAA RULE

Final modifications to the HIPAA Privacy, Security, and Enforcement Rules mandated by the Health Information Technology for Economic and Clinical Health (HITECH) Act generally referred to as the HIPAA Final Rule, are as follows:

- You have the right to be notified of a data breach relating to your unsecured health information.
- You have the right to ask for a copy of your electronic medical record in an electronic form provided the information already exists in that form.
- To the extent the Plan performs any underwriting, the Plan cannot disclose or use any genetic information for such purposes.
- The Plan may not use your PHI for marketing purposes or sell such information without your written authorization.

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 the Privacy Officer:

**Fund Administrative Manager
Ohio Conference of Teamsters and Industry Health and Welfare Fund
435 S. Hawley Street
Toledo, Ohio 43609
(419) 254-3310**

You may also file a complaint with:

Secretary of the U.S. Department of Health and Human Services
Hubert H. Humphrey Building
200 Independence Avenue S.W.
Washington, D.C. 20201

Please contact the nearest office of the Department of Health and Human Services, listed in your telephone directory, visit the HHS website at www.hhs.gov, or contact the Privacy Officer for more information about how to file a complaint. The Plan will not retaliate against you for filing a complaint.

IF YOU NEED MORE INFORMATION

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

Fund Administrative Manager

Ohio Conference of Teamsters and Industry Health and Welfare Fund
435 S. Hawley Street
Toledo, Ohio 43609
(419) 254-3310

CONCLUSION

PHI use and disclosure by the Plan, as well as use and disclosure by the Plan of SUD records to the extent it creates or maintains those records, is regulated by the federal Health Insurance Portability and Accountability Act, known as HIPAA. You may find these rules at 45 *Code of Federal Regulations* Parts 160 and 164. SUD record use and disclosure by Part 2 programs is regulated by the Confidentiality of Substance Use Disorder Patient Records regulations, which you find at 42 *Code of Federal Regulations* Part 2. 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.