Suburban Teamsters of Northern Illinois Welfare Fund

NOTICE OF PRIVACY PRACTICES

This Notice describes how protected health information about you may be used and disclosed and how you can have access to this information. Please review it carefully.

The Suburban Teamsters of Northern Illinois Welfare Fund ("Welfare Fund") provides health and welfare benefits to participants in the Welfare Fund and to their eligible dependents. In the course of providing health and welfare benefits, the Welfare Fund receives and maintains information that constitutes "protected health information" as defined in Federal privacy rules. This Notice describes the Welfare Fund's policies and procedures that protect you from the unnecessary disclosure of your protected health information and give you certain rights regarding your protected health information.

In this Notice, "you" means any person whose protected health information is received by the Welfare Fund. This Notice applies to you whether you are the Plan participant or an eligible dependent. Privacy rights can be exercised either by you or your Personal Representative (defined below). For a minor child, the parent is the Personal Representative.

Your Protected Health Information

The term "protected health information" includes all information related to your past or present health condition that individually identifies you or could reasonably be used to identify you and is transferred to another entity or maintained by the Welfare Fund in oral, written, electronic or any other form.

Circumstances in Which the Welfare Fund Uses or Discloses Protected Health Information

The following categories describe different ways that the Welfare Fund uses and discloses protected health information without your consent or authorization as permitted by law.

For Treatment. The Welfare Fund may use or disclose protected health information about you to facilitate medical treatment or services by providers. For example, the Welfare Fund may disclose information about your current medical history to the utilization review organization to determine if a proposed treatment of your illness is appropriate.

To Process and Pay Your Claims. The Welfare Fund may use or disclose your protected health information to process and pay your benefit claims. Claim processing includes all aspects of the process including, for example:

- Determining benefit eligibility or Plan coverage.
- Reviewing health care services for medical necessity and reasonableness of charges and duration of hospital stays.
- Providing information regarding your coverage or health care treatment to another health plan to coordinate payment of benefits.
- Processing claim appeals.
- Telephoning you (or in your absence, a member of your household) to obtain information needed to process your claim.
- Answering claim and benefit questions from you, your family members or other relatives or close personal friends, if such person is involved with your health care or the payment of your claim.

To Collect Contributions for Coverage. The Welfare Fund may use or disclose your protected health information in the process of collecting any payments, such as the cost of COBRA coverage.

For Administrative Purposes. The Welfare Fund may use or disclose protected health information for its own health care operations. Some examples are:

- Quality assessment and improvement activities.
- Activities designed to improve health or reduce health care costs.

- Underwriting, premium rating or related functions to create, renew or replace Plan benefits. However, the Welfare Fund is not permitted to use or disclose your genetic information for underwriting purposes.
- Review and auditing, including compliance reviews, medical reviews, legal services and compliance programs.
- Business planning and development including cost management and planning related analyses.
- General administrative activities of the Welfare Fund, including customer service and resolution of internal grievances.

To Provide You with Health-Related Information. The Welfare Fund may use and disclose your protected health information to tell you about or recommend possible treatment options or alternatives, or to advise you of health-related benefits and services that may be of interest to you.

When Legally Required. The Welfare Fund will disclose your protected health information when it is required to do so by any Federal, state or local law. Examples include:

- When the Welfare Fund receives an order, issued by a court or a state agency, to disclose your protected health information.
- When the Welfare Fund receives a subpoena or a discovery request in a lawsuit or a workers' compensation case. In the case of a discovery request that has not been issued under a court order, the party requesting the information is obligated to attempt to notify you of the request so that you will have an opportunity to obtain a court order protecting your protected health information.
- When required to comply with laws related to workers' compensation or similar programs that provide benefits for work-related injuries or illnesses.

To Conduct Health Oversight Activities. The Welfare Fund may disclose your protected health information to a health oversight agency for authorized activities including audits, civil administrative or criminal investigations, inspections, licensing or disciplinary action.

For Law Enforcement Purposes. As permitted or required by state law, the Welfare Fund may disclose your protected health information to a law enforcement official for certain law enforcement purposes, including, but not limited to, reporting a crime in an emergency or if the Welfare Fund has reason to believe that your death was the result of criminal conduct, except as set forth below in the sections relating to SUD treatment records and counseling notes.

For Specified Government Functions. In certain circumstances, Federal regulations require the Welfare Fund to use or disclose your protected health information to facilitate specified government functions, for example those related to the military and veterans, national security and intelligence activities, protective services for the president and others, and correctional institutions and inmates.

In the Event of a Serious Threat to Health or Safety. The Welfare Fund may, consistent with applicable law and ethical standards of conduct, disclose your protected health information if the Welfare Fund, in good faith, believes that disclosure is necessary to prevent or lessen a serious and imminent threat to your health or safety or to the health and safety of the public.

Substance Use Disorder (SUD) Part 2 Treatment Records. The Welfare Fund will not disclose personally-identifiable substance use and disorder treatment information obtained from a federally-assisted Substance Use Disorder program (a "SUD Part 2 program") in civil, criminal, administrative, or legislative proceedings against you unless you provide written consent or the Welfare Fund receives a court order issued after the court provided notice and an opportunity to be heard to you or the holder of the record. A court order authorizing use or disclosure must be accompanied by a subpoena or other legal requirement compelling disclosure before the requested records will be used or disclosed. The Welfare Fund may also disclose SUD Part 2 treatment records to a public health authority, if the information has been de-identified.

Persons Who Will Use Your Protected Health Information

Claims adjusters and other employees in the Welfare Fund office will use your protected health information to process your benefit claims. Supervisory personnel may use your protected health information claim payment, training and administrative purposes, among others. The Board of Trustees, in its capacity as administrator of the Welfare Fund, may have access to your protected health information for appeals or other administrative or supervisory purposes.

Releasing Protected Health Information with Your Authorization

The categories above ("Circumstances in Which the Welfare Fund Uses or Discloses Protected Health Information") describe when the Welfare Fund will use or disclose your protected health information without your authorization. Other than as stated above, the Welfare Fund will not disclose your protected health information, except with your written authorization. The following rules apply to authorizations to release protected health information:

- Authorizations will be in writing, signed by you or your Personal Representative.
- You or your Personal Representative will receive a copy of the authorization form.
- Authorizations have an expiration date that is stated on the authorization form.
- You or your Personal Representative can revoke the authorization at any time. The revocation must be in writing and delivered to the Welfare Fund at the address given below before the revocation will be effective.

SUD Part 2 Treatment Records. The Welfare Fund will not use or disclose SUD Part 2 records for administrative purposes without your written authorization. Such authorization will not be combined with consent for any other use or disclosure.

Psychotherapy Notes and SUD Counseling Notes. The Welfare Fund will not release psychotherapy or SUD counseling notes without your written authorization, unless the Welfare Fund needs to use and disclose these notes to defend itself against litigation filed by you, or if required by law.

Your Rights with Respect to Your Protected Health Information

You have the following rights regarding your protected health information that the Welfare Fund maintains:

Right to Request Restrictions. You may request restrictions on certain uses and disclosures of your protected health information. The Welfare Fund is not required to agree to your request but the Welfare Fund will ordinarily honor any request that the Welfare Fund communicate only with you (that is, refrain from disclosing your claim or benefit information to your relatives, friends or members of your household). If you wish to make a request for restrictions, please contact the Welfare Fund's Privacy Coordinator.

Right to Receive Confidential Communications. You have the right to request that the Welfare Fund communicate with you in a certain way. The Welfare Fund is not required to honor such requests but the Welfare Fund will do so if it can be done without interfering with the normal operations of the Welfare Fund office, or if you believe that the disclosure of your protected health information could endanger you. If you wish to receive confidential communications, please make your request in writing to the Welfare Fund's Privacy Coordinator. Here are some examples of requests for confidential communications:

- A request that the Welfare Fund communicate only with you (that is, refrain from disclosing your claim or benefit information to your relatives, friends or members of your household). The Welfare Fund will routinely grant this request.
- A request that the Welfare Fund only communicate with you at a certain telephone number or send written communications to a P.O. box instead of your home.

Right to Inspect and Copy Your Protected Health Information. You have the right to inspect and copy your protected health information. A request to inspect and copy records containing your protected health information must be made in writing to the Welfare Fund's Privacy Coordinator. If you request a copy of your protected health information, the Welfare Fund will charge you $0.25 per page for copying, plus actual mailing costs.

Right to Amend Your Protected Health Information. If you believe that your protected health information records are inaccurate or incomplete, you may request that the Welfare Fund amend those records. That request may be made as long as the information is maintained by the Welfare Fund. A request for an amendment of records must be made in writing to the Welfare Fund's Privacy Coordinator. The Welfare Fund may deny the request if it does not include a reason to support the amendment. The request also may be denied if your protected health information records were not created by the Welfare Fund, if the protected health information you are requesting to amend is not part of the Welfare Fund's records, if the protected health information you wish to amend falls within an exception to the protected health information you are permitted to inspect and copy, or if the Welfare Fund determines the records containing your protected health information are accurate and complete.

Right to an Accounting. You have the right to request a list of certain disclosures of your protected health information that the Welfare Fund is required to keep a record of under the Federal privacy rules, such as disclosures for public purposes, disclosures authorized by law or disclosures that are not in accordance with the Welfare Fund's privacy policies and procedures or applicable law. The request must be made in writing to the Welfare Fund's Privacy Coordinator. The request should specify the time period for which you are requesting the information, but may not start earlier than April 14, 2003. Accounting requests may not be made for periods of time in excess of six years. The Welfare Fund will provide the first accounting you request during any 12-month period without charge. Subsequent accounting requests will be subject to a reasonable cost-based fee. The Welfare Fund will inform you in advance of the fee, if applicable.

Right to a Copy of this Notice. You have a right to request and receive a copy of this Notice at any time, even if you have received this Notice previously. To obtain a copy, please contact the Welfare Fund's Privacy Coordinator or any employee at the Welfare Fund Office.

Your Personal Representative

If you are of legal age, you can exercise the privacy rights explained in this Notice. Your rights can also be exercised by your Personal Representative. A Personal Representative is:

- The parent of a minor child
- The person designated in a Health Care Power of Attorney (limited to the rights stated in the Power of Attorney).
- The legal guardian of a mentally incompetent adult.
- The administrator or executor of your estate, or your next of kin.

Obligations of the Welfare Fund

The Welfare Fund is required by law to maintain the privacy of your protected health information as described in this Notice and to provide to you this Notice of the Welfare Fund's duties and privacy practices and procedures. The Welfare Fund is required to conform to the terms of this Notice. The Welfare Fund, or one of its agents, is required to notify you in the event of a breach of your unsecured protected health information. The Welfare Fund reserves the right to change the terms of this Notice at any time. If that happens, the Welfare Fund will revise the Notice and will provide you with a copy of the revised Notice within 60 days of the change. Any change in the Welfare Fund's privacy practices and procedures will apply to all protected health information that the Welfare Fund has, regardless of whether the information was obtained before or after the change in privacy practices. You have the right to submit any complaints regarding privacy issues to the Welfare Fund's Privacy Coordinator. If you believe that your privacy rights have been violated, you have the right to report any violations to the Secretary of the

Department of Health and Human Services. The Welfare Fund encourages you to express any concerns you may have regarding the privacy of your information. The Welfare Fund will not retaliate against you in any way for filing a complaint.

Contact Person

The Welfare Fund has designated the Assistant Fund Manager as the Privacy Coordinator. The Privacy Coordinator is the contact person for all issues regarding patient privacy and your privacy rights. You may contact the Privacy Coordinator at the Suburban Teamsters of Northern Illinois Welfare Fund office, 1171 Commerce Drive, Unit 1, West Chicago, Illinois 60185, telephone (630) 293-5218.

This Notice is effective as of February 16, 2026.