

BAC LOCAL 23 NORTH SHORE CHAPTER HEALTH AND WELFARE FUND

NOTICE OF PRIVACY PRACTICES

As Required by the Privacy Regulations Created as a Result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the Confidentiality of Substance Use Disorder Patient Records Regulations under 42 C.F.R. Part 2

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU AND YOUR COVERED DEPENDENTS MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO YOUR INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION.

PLEASE REVIEW THIS NOTICE CAREFULLY.

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

Your Rights With Respect to Health Information: 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. Ask us how to do this.
- 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 to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, 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.

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 or electronic copy of this notice at any time. We will provide you with a 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 the Privacy Official, **BAC Local 23 North Shore Chapter Health and Welfare Fund, 9525 Sweet Valley Drive, Valley View, Ohio 44125, or calling (216) 520-1644.**
- 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/.
- We will not retaliate against you for filing a complaint.
- You can 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 Official for more information about how to file a complaint.

Your Rights With Respect to Substance Abuse Disorder (SUD) Treatment Records: When it comes to your SUD treatment records, you have certain rights. This section explains your rights and obligations owed to you by the Plan to the extent that it creates or maintains SUD records.

For reference, 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 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.

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.

Request and Obtain Restrictions on 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.

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.

Obtain 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.

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, talk to us. Tell us 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

We will not use or disclose psychotherapy notes about you from your therapist without your written permission. However, we may use and disclose such notes when needed to defend 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.

Our Uses and Disclosures Concerning Your Health Information

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.

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.

The Plan's Uses and Disclosures Concerning Your SUD Records

When can the Plan disclose your SUD records with your consent?

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

Treatment, Payment, and Healthcare Operations (TPO)

The Plan may use and disclose your SUD records for TPO purposes with your written consent.

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.

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.

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.

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.

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.

Can I revoke my consent to the disclosure of my SUD Records?

Yes. 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.

Our Responsibilities With Respect To Your Health Information

- 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. 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

The Plan's Responsibilities 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.

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.

For Information on or to Exercise Your Individual Privacy Rights

For information on or to exercise your Individual Privacy Rights, contact:

Privacy Official

BAC Local 23 North Shore Chapter Health and Welfare Fund

9525 Sweet Valley Drive

Valley View, Ohio 44125

Telephone: (216) 520-1644