HARRISON ELECTRICAL WORKERS TRUST

HIPAA NOTICE OF PRIVACY PRACTICES

The Harrison Electrical Workers Trust ("Plan") may use your health information, which may constitute protected health information ("PHI") as defined in the Privacy Rule of the Administrative Simplification provision of the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"). [1] The Plan has established policies and procedures to guard against unnecessary disclosure of your health information.

I. YOUR INDIVIDUAL RIGHTS

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.

When it comes to your health information, you have certain rights, as follows. **To exercise or ask about any of these rights, please contact the Plan Manager, listed in the "Contact" section at the end of this Notice.**

1. **Right to Request Restrictions.** You may request restrictions on certain uses and disclosures of your health information. The Plan is not required to agree to your request, and so the Plan may say "no" if it would affect your care.

2. **Right to Receive Confidential Communications.** You may ask us to contact you in a specific way. For example, you may ask that the Plan only communicate with you confidentially at a certain telephone number or by email or to send mail to a different address. The Plan must approve all reasonable requests for confidential communications.

3. **Right to Inspect and Copy Your Health Information.** You may inspect and copy your health information. If you request a copy of your health information, the Plan may charge a reasonable fee for copying, assembling costs, and postage—if applicable—associated with your request. The Plan may deny your request in limited situations.

4. **Right to Amend Your Health Information.** You may request that the Plan amend its records (e.g., if you think they are incomplete or inaccurate). The Plan may deny your request in certain instances—for example: (1) if you do not include a reason supporting the amendment; (2) if your health information records were not created by the Plan; (3) if the health information you are requesting to amend is not part of the Plan's records; (4) if the health information you wish to amend falls within an exception to the health information you are permitted to inspect and copy; or (5) if the Plan determines the records containing your health information are accurate and complete.

5. **Right to an Accounting.** The Plan may share your health information—for example, see the permissible uses and disclosures discussed below. You may request a list (i.e., an "accounting") of the times the Plan shared your health information for six (6) years prior to the date you ask, including who we shared it with, and why. Your request for an accounting must specify the period for which you are requesting the information and cannot be for a period older than six (6) years. The Plan will provide the first accounting you request during any 12-month period without charge,

[1] This Notice is a summary, and as such, this notice does not include all of the restrictions, procedures, and exceptions established in HIPAA. For example, some of the uses and disclosures permitted in this notice may have additional conditions or requirements not detailed in this summary. Additional detail on the precise scope of the Plan's obligations regarding your health information can be found in sections 164.102 through 164.535 of Title 45 to the Code of Federal Regulations.

but additional accounting requests may be subject to a reasonable cost-based fee. The Plan will inform you in advance of the fee, if applicable.

6. **Right to a Paper Copy of this Notice.** You may request and receive a paper copy of this Notice at any time, even if you have received this Notice previously or agreed to receive the Notice electronically.

II. USE AND DISCLOSURE OF HEALTH INFORMATION

Except for the situations described above, the Plan may not use or disclose your health information unless you provide written authorization to do so. Once you provide written authorization, you have the right to revoke that authorization at any time by communicating the revocation in writing to the Plan.

The following is a summary of the circumstances and purposes for which your health information may be used and disclosed *without* your authorization.

1. **To Make or Obtain Payment.** The Plan may use or disclose your health information to pay or collect payment from third parties, such as providers, related to the care you receive. For example, the Plan may provide information regarding your coverage or health care treatment to other health plans to coordinate payment of benefits.

2. **To Conduct Health Care Operations.** The Plan may use or disclose health information for its own operations to facilitate the administration of the Plan and as necessary to provide coverage and services to all of the Plan's participants. For example, the Plan may use your health information to conduct case management, quality improvement, and utilization review; for provider credentialing activities; or to engage in customer service and grievance resolution activities.

3. **For Treatment.** The Plan does not provide treatment. However, the Plan may use or disclose your health information to support treatment and the management of your care. For example, the Plan may disclose that you are eligible for benefits to a health care provider contacting the Plan to verify your eligibility. This may also include using your health information to inform you about or recommend possible treatment options or alternatives, as well as health-related benefits or services that may be of interest to you.

4. **To Business Associates.** The Plan may share your health information with its Business Associate (as defined in HIPAA) as part of a contract or agreement for the Business Associate to perform services for the Plan, but only after the Business Associate has agreed in writing to implement appropriate safeguards regarding your PHI.

5. **For Public Health Risks.** The Plan may disclose your health information for public health activities, in certain situations, such as:

    - Preventing disease
    - Helping with product recalls
    - Reporting adverse reactions to medications
    - Reporting suspected abuse, neglect, or domestic violence, if authorized or required by law, or if you have consented to such disclosure

- Preventing or reducing a serious threat to anyone's health or safety by sharing this information with someone reasonably able to help prevent or lessen the threat

6. **For Underwriting and Related Purposes.** The Plan may use or disclose your health information for underwriting, premium rating, or other activities relating to the creation, renewal or replacement of health insurance, but your genetic information will not be used or disclosed for such purposes.

7. **In Connection with Judicial and Administrative Proceedings.** As permitted or required by state law, the Plan may disclose your health information in response to a court or administrative order, or in response to a subpoena, but only if certain conditions are satisfied—such as providing notice to you or obtaining certain assurances from the requesting party.

8. **For Law Enforcement, Worker's Compensation, and Other Government Requests.** As permitted or required by state law, the Plan may use or share health information about you:

    - For workers' compensation claims.
    - For law enforcement purposes or with a law enforcement official, in certain situations.
    - With health oversight agencies for activities authorized by law. (However, the Plan may not disclose your health information if you are subject to an investigation which does not arise out of or is not directly related to your receipt of health care or public benefits.)
    - For special government functions such as military, national security, and presidential protective services.

9. **When Legally Required.** The Plan may disclose your health information when required by federal or state law.

10. **To Coroners, Medical Examiners and Funeral Directors.** The Plan may share health information with a coroner, medical examiner, or funeral director when an individual dies.

11. **Organ and Tissue Donation.** The Plan may share health information about you with organ procurement organizations.

12. **Family, Friends, and others.** The Plan may disclose your health information to a family member, friend, or other person involved in your health care if you are present and do not object to the sharing of PHI, or in the event of an emergency. You may also appoint a personal representative to access your health information, such as through a medical power of attorney form. If this appointment is sufficient under state (or other applicable) law, your personal representative may generally act on your behalf regarding the health information described in this Notice, including accessing and authorizing the Plan's use or disclosure of your health information.

ADDITIONAL RESTRICTIONS FOR CERTAIN INFORMATION

If any of your health information is subject to state or federal privacy laws that are more stringent than HIPAA, the Plan must also satisfy those additional laws in order to use or disclose such information—even for uses and disclosures described above. For example, Part 2 of Title 42 to the Code of Federal Regulations (42 C.F.R. Part 2) provides additional privacy restrictions for records generated by certain substance use disorder treatment programs. In order to use or disclose these substance use disorder treatment records, the requirements of 42 C.F.R. Part 2 must *also* be satisfied, even if it's for a use or disclosure described as permitted in this Notice.

Additionally, if the Plan receives substance use disorder treatment records for you from a program subject to 42 C.F.R. Part 2 (or testimony relaying the content of such records), these records may not be used or disclosed in civil, criminal, administrative, or legislative proceedings against you unless you have provided prior written consent, or unless a court order requires their use or disclosure, as provided in 42 C.F.R. Part 2. Any court order authorizing use or disclosure must be accompanied by a subpoena or other legal requirement requiring disclosure.

Without your prior authorization, the Plan cannot use or disclose notes prepared by a psychotherapist regarding your conversations with your mental health professional during a counseling session. This does not apply to summary information about your mental health treatment.

III. THE PLAN'S DUTIES

The Plan is required by law to maintain the privacy and security of your PHI. The Plan is required to abide by the terms of the notice currently in effect. The Plan may change the terms of this Notice, and the changes will apply to all of your information with the Plan. Any new notice will be available upon request and on our web site, and a copy will be mailed to you in its next annual mailing.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

IV. COMPLAINTS

You have the right to express complaints to the Plan and to the Secretary of the U.S. Department of Health and Human Services if you believe that your privacy rights have been violated.

Any complaints or questions to the Plan about use of your health information should be made in writing to the Plan Manager at the address shown in the "Contact" Section of this Notice.

You will not be retaliated against in any way for filing a complaint.

V. CONTACT

Communications to the Plan Manager (including any of the requests or complaints described in this Notice) must be sent as follows:

Lee Centrone
Harrison Electrical Workers Trust
PMB #116 5331 S Macadam, Suite 258
Portland, OR 97239

503.242.1622
503.228.0149
lee.centrone@benesys.com

VI. EFFECTIVE DATE

This Notice is effective beginning February 16, 2026.