



HEAT & FROST INSULATORS AND ASBESTOS WORKERS HEALTH AND WELFARE TRUST FUND

PRIVACY PRACTICES NOTICE

February 2026

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.

Introduction. Health plans are required to protect the confidentiality of health information, under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). This notice describes the Heat & Frost and Asbestos Workers Health and Welfare Plan's practices and policies with respect to your confidential health information. This notice does not address the privacy practices and policies of your health care providers (doctors, HMOs, etc.).

I. RESPONSIBILITIES OF THE PLAN

- A. The Heat & Frost Insulators and Asbestos Workers Health & Welfare Trust Fund is required by law to:
1. protect the privacy of your health information;
 2. provide you with this notice describing our legal duties to keep your health information private, as well as your rights to access your health information;
 3. notify affected individuals following a breach of unsecured protected health information; and
 4. follow the terms set out in this notice for as long as it is in effect.
- B. The Plan reserves the right to change the terms of this notice and make new provisions for the protection of your health information. However, if any change is made to the way your health information is used or disclosed, the Plan will notify you by sending you a new privacy practices notice to replace this one, or by sending you information about the change and how to obtain a copy of the Plan's new privacy practices notice.

II. USES AND DISCLOSURES

- A. The Plan is REQUIRED by law to disclose your health information, even without your written authorization, in the following circumstances:
1. To you, if you request it.
 2. When required by the Secretary of the Department of Health and Human Services to determine whether the Plan has adequately protected the privacy of your medical records.

Mailing Address: P.O. Box 430 ▪ West Covina, CA 91793
Physical Address: 1050 Lakes Drive, Suite 120 ▪ West Covina, CA 91790
8311 West Sunset Road Suite 250 ▪ Las Vegas, NV 89113
3737 Camino Del Rio So., Suite 300 ▪ San Diego, CA 92108
Phone 626-646-1083 ▪ Toll Free 800-433-6692 ▪ www.hfawbenefits.org

- B. The Plan is ALLOWED by law to use or disclose your health information without your written authorization for the following purposes. The Plan is prohibited from using or disclosing your protected health information that is genetic information for underwriting purposes.
1. Treatment. The Plan may disclose information to the doctors and hospitals that you have gone to for health care. *For example, if you are unable to provide your medical history to an emergency room doctor, the Plan may disclose to the doctor the types of prescription drugs you currently take.*
 2. Payment for health care services. The Plan may use and disclose information so that claims for health care treatment, services and supplies you receive may be paid according to the Plan's terms. *For example, the Plan may need to know what treatment or supplies you received from your doctor, before it can reimburse your doctor for the services.*
 3. Health care operations. The Plan may need to use some of your health information for its own internal purposes. *For example, the Plan may use some of your health information to conduct compliance audits, or to determine what coverage the Plan should provide.*
 4. Reports to the Plan sponsor. The Plan may disclose information to the Board of Trustees so they can carry out their Plan-related administrative functions. The Plan's documents have been amended to ensure that the Board protects the privacy of such information.
 5. Disclosures to the Plan's Business Associates. The Plan uses Business Associates to provide certain services to the Plan, such as administrative, legal, accounting, or health care services. The Plan may disclose health information to a Business Associate, where the Business Associate has agreed in writing to appropriately safeguard that information.
 6. For public health activities and purposes, such as reporting communicable diseases to health authorities, as required by law.
 7. To report child abuse, neglect or domestic violence, to the extent required by law.
 8. To coroners, medical examiners and funeral directors, as necessary to carry out their duties.
 9. For health oversight activities, such as audits or civil and criminal investigations of the Plan or health care providers.

10. In response to a court order, subpoena, discovery request, or other lawful process, if certain conditions for protecting your privacy are met.
11. For some law enforcement activities, such as complying with a law enforcement official's request for limited information to identify a suspect or missing person.
12. For research purposes, so long as specific conditions are met to guarantee your privacy.
13. To avert a serious threat to the health or safety of a person or of the public, consistent with applicable law.
14. For organ, eye or tissue donation purposes.
15. To comply with workers' compensation laws.
16. For the creation, renewal or replacement of a contract of health insurance or health benefits. If the contract is not created, renewed or replaced, your health information will not be used for any other purpose, except as required by law.
17. For specialized government functions, such as military and veterans' activities, national security or intelligence, or correctional institutions.
18. For other uses required by law.

C. The Plan is ALLOWED to disclose your health information in the following circumstances ONLY if you have given the Plan a valid authorization:

1. Any use or disclosure of psychotherapy notes, except in certain situations as specified by law;
2. For marketing by the Plan, except for face-to-face communications and gifts of nominal value. However, this Plan does no marketing; and
3. For a sale of protected health information. However, this Plan does not sell protected health information.

D. The Plan is ALLOWED to disclose your health information in the following circumstances ONLY if you have been given the opportunity to prohibit or restrict the use or disclosure, or if you are not present or are incapable of making medical decisions, and the Plan believes it is in your best interest:

1. For use in a directory of patients in a health care facility.
 2. To your family members, friends or other person designated by you, if they are participating in your treatment or making decisions with you or on your behalf.
 3. To notify your family members, personal representative or another person responsible for your care of your general condition, location or death.
- E. The Plan is NOT ALLOWED to use or disclose your health information without a written authorization from you for any purpose other than the ones listed in this notice. If you authorize a disclosure, you have the right to revoke the authorization. The revocation must be in writing.
- F. Substance Use Disorder treatment records received from programs subject to 42 CFR part 2, or testimony relaying the content of such records, shall 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 in 42 CFR part 2. A court order authorizing use or disclosure must be accompanied by a subpoena or other legal requirement compelling disclosure before the requested record is used or disclosed.

III. YOUR RIGHTS

You have the right to:

- A. Request restrictions on the Plan's use and disclosure of your information to carry out treatment, payment or health care operations. You may also request restrictions on the use and disclosure to family members, relatives, friends or other persons identified by you who are involved in your care. However, the Plan is not required to agree to your requested restriction.
- B. Receive confidential communications regarding your health information by reasonable alternative means or at reasonable alternative locations, if you let the Plan know that the disclosure of all or part of that information could endanger you. The Plan may require that you provide it with information on how payment, if any, will be handled and may require that you provide it with an alternative address or way of contacting you.
- C. Inspect and copy your health information;
- D. Amend your health information, if it is incomplete or incorrect;
- E. Receive an accounting (list) of all of the disclosures of your health information made by the Plan, other than those allowed under the regulations, during the past six years;
- F. Obtain a paper copy of this notice, if you have received this notice electronically.

In order to exercise any of these rights, you should contact the Plan's privacy officer, at the address and phone number listed in Section V below. The privacy officer will explain the Plan's procedure for exercising any of your rights listed above. You may be required to submit your request to the Plan in writing.

IV. COMPLAINTS

- A. You have the right to file a complaint with the Plan if you believe that the Plan has violated your privacy rights as described in this notice. To file a complaint with the Plan, send a written complaint, including all of the information relevant to your complaint, to the Plan Administration Office at the following address:

Heat & Frost Insulators and Asbestos Workers Health & Welfare Trust Fund
c/o BeneSys Administrators
Attn: Privacy Officer
P.O. Box 430
West Covina, CA 91793

- B. You also have the right to file a complaint with the Secretary of Health and Human Services if you believe that the Plan has violated your privacy rights, as described in this notice.
- C. The Plan will not retaliate against you for filing a complaint with the Plan or with the Secretary of the Department of Health and Human Services.

V. CONTACT INFORMATION

- A. You may obtain more information regarding this notice and the privacy practices of the Plan by contacting:

Privacy Officer
Heat & Frost Insulators and Asbestos Workers Health & Welfare Trust Fund
c/o BeneSys Administrators
P.O. Box 430
West Covina, CA 91793
(626) 646-1083 or (800) 433-6692

VI. FEDERAL REGULATIONS

This Notice is intended as a summary and explanation of information and rules contained in the federal privacy regulations. For further information about your privacy rights, you may consult those regulations, at 45 C.F.R. Parts 160 and 164.

VII. THIS NOTICE IS EFFECTIVE AS OF FEBRUARY 16, 2026.