

CANTON ELECTRICAL WELFARE FUND

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CANTON ELECTRICAL WELFARE FUND'S NOTICE OF PRIVACY PRACTICES

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.

This Notice of Privacy Practices ("Notice") applies to Protected Health Information (defined below) associated with Group Health Plans (defined below) provided by Canton Electrical Welfare Fund to participating employees, the dependents of participating employees and, as applicable, retired participating employees. This Notice describes how Canton Electrical Welfare Fund, collectively we, us, or our may use and disclose Protected Health Information to carry out payment and health care operations, and for other purposes that are permitted or required by law.

We are required by the privacy regulations issued under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") to maintain the privacy of Protected Health Information, to provide individuals covered under our group health plan with notice of our legal duties and privacy practices concerning Protected Health Information, and to notify affected individuals following a breach of unsecured Protected Health Information. We are required to abide by the terms of this Notice so long as it remains in effect. We reserve the right to change the terms of this Notice of Privacy Practices as necessary and to make the new Notice effective for all Protected Health Information maintained by us. If we make material changes to our privacy practices, copies of revised notices will be mailed to all individuals then covered by the Group Health Plan. Copies of our current Notice may be obtained by contacting Canton Electrical Welfare Fund at the telephone number or address below.

DEFINITIONS

Group Health Plan means, for purposes of this Notice, the following employee benefits that we provide to participating employees, employee dependents and, as applicable, retired employees: medical coverage, Medicare Advantage coverage, prescription drug coverage, vision coverage, accident & sickness benefits, and medical reimbursement benefits coverage.

Protected Health Information ("PHI") means individually identifiable health information, as defined by HIPAA, that is created or received by us and that relates to the past, present, or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual; and that identifies the individual or for which there is a reasonable basis to believe the information can be used to identify the individual. PHI includes information of persons living or deceased.

USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION

The following categories describe different ways that we use and disclose PHI. For each category of uses and disclosures we will explain what we mean and, where appropriate, provide examples for illustrative purposes. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted or required to use and disclose PHI will fall within one of the categories.

Your Authorization – Except as outlined below, we will not use or disclose your PHI unless you have signed a form authorizing the use or disclosure. You have the right to revoke that authorization in writing except to the extent that we have taken action in reliance upon the authorization or that the authorization was obtained as a condition of obtaining coverage under the group health plan, and we have the right, under other law, to contest a claim under the coverage or the coverage itself.

Under no circumstances will we use or disclose your psychotherapy notes, use your PHI for marketing purposes, sell your PHI, or use or disclose your PHI for any purpose not described in this Notice without your specific written authorization, which you may revoke in writing at any time except to the extent that we have taken action in reliance upon the authorization or that the authorization was obtained as a condition of obtaining coverage under the group health plan, and we have the right, under other law, to contest a claim under the coverage or the coverage itself.

Uses and Disclosures for Payment – We may make requests, uses, and disclosures of your PHI as necessary for payment purposes. For example, we may use information regarding your medical procedures and treatment to process and pay claims. We may also disclose your PHI for the payment purposes of a health care provider or a health plan.

Uses and Disclosures for Health Care Operations – We may use and disclose your PHI as necessary for our health care operations. Examples of health care operations include activities relating to the creation, renewal, or replacement of your Group Health Plan coverage, reinsurance, compliance, auditing, rating, business management, quality improvement and assurance, and other functions related to your Group Health Plan.

Family and Friends Involved in Your Care – If you are available and do not object, we may disclose your PHI to your family, friends, and others who are involved in your care or payment of a claim. If you are unavailable or incapacitated and we determine that a limited disclosure is in your best interest, we may share limited PHI with such individuals. For example, we may use our professional judgment to disclose PHI to your spouse concerning the processing of a claim.

Business Associates – At times we use outside persons or organizations to help us provide you with the benefits of your Group Health Plan. Examples of these outside persons and organizations might include vendors that help us process your claims. At

times it may be necessary for us to provide certain of your PHI to one or more of these outside persons or organizations.

Other Products and Services – We may contact you to provide information about other health-related products and services that may be of interest to you. For example, we may use and disclose your PHI for the purpose of communicating to you about our health insurance products that could enhance or substitute for existing Group Health Plan coverage, and about health-related products and services that may add value to your Group Health Plan.

Other Uses and Disclosures – We may make certain other uses and disclosures of your PHI without your authorization.

- We may use or disclose your PHI for any purpose required by law. For example, we may be required by law to use or disclose your PHI to respond to a court order.
- We may disclose your PHI for public health activities, such as reporting of disease, injury, birth and death, and for public health investigations.
- We may disclose your PHI to the proper authorities if we suspect child abuse or neglect; we may also disclose your PHI if we believe you to be a victim of abuse, neglect, or domestic violence.
- We may disclose your PHI if authorized by law to a government oversight agency (e.g., a state insurance department) conducting audits, investigations, or civil or criminal proceedings.
- We may disclose your PHI in the course of a judicial or administrative proceeding (e.g., to respond to a subpoena or discovery request).
- We may disclose your PHI to the proper authorities for law enforcement purposes.
- We may disclose your PHI to coroners, medical examiners, and/or funeral directors consistent with law.
- We may use or disclose your PHI for cadaveric organ, eye or tissue donation.
- We may use or disclose your PHI for research purposes, but only as permitted by law.
- We may use or disclose PHI to avert a serious threat to health or safety.
- We may use or disclose your PHI if you are a member of the military as required by armed forces services, and we may also disclose your PHI for other specialized government functions such as national security or intelligence activities.
- We may disclose your PHI to workers' compensation agencies for your workers' compensation benefit determination.
- We will, if required by law, release your PHI to the Secretary of the Department of Health and Human Services for enforcement of HIPAA.

In the event applicable law, other than HIPAA, prohibits or materially limits our uses and disclosures of Protected Health Information, as described above, we will restrict our use or disclosure of your Protected Health Information in accordance with the more stringent standard.

Substance Use Disorder Treatment Records – If the Fund receives or maintains your information from a substance use disorder treatment program that is covered by 42 CFR Part 2 (a “Part 2 Record”) through a general consent that you provided to the treatment program to use and disclose the Part 2 Record for purposes of treatment, payment or health care operations, the Fund may use and disclose the Part 2 Record for treatment, payment and health care operations purposes as described in this Notice. If the Fund receives or maintains a Part 2 Record through specific consent you provide to the Fund or to a third party, the Fund will only use and disclose the Part 2 Record as expressly permitted in the consent provided.

In no event will the Fund use or disclose the Part 2 Record, or testimony that describes the information contained in the Part 2 Record, in any civil, criminal, administrative, or legislative proceedings by any federal, state, or local authority, against you, unless authorized by your consent or by an order of court after the court provides the patient with notice of the court order.

DISCLOSURES TO BOARD OF TRUSTEES

We may disclose PHI to the sponsor of the Group Health Plans, the Board of Trustees of the Canton Electrical Welfare Fund, only in accordance with the Group Health Plans documents that restrict the use or disclosure of such PHI by the Board of Trustees consistent with the Privacy Practices described in this Notice.

In addition, we may disclose summary health information to the Board of Trustees as requested so that the Board of Trustees may: obtain premium bids from health plans for providing health insurance coverage under any of the Group Health Plans; modify, amend, or terminate any of the Group Health Plans; or, confirm your enrollment or disenrollment from any of the Group Health Plans.

In no event will we use or disclose PHI that is genetic information for underwriting purposes. Underwriting purposes include any rules or determinations affecting your eligibility for coverage or benefits; computations of premiums or contribution amounts; application of any pre-existing condition exclusions; and other activities related to the creation, renewal, or replacement of a contract of health insurance or health benefits. Underwriting purposes do not include determinations of medical appropriateness where an individual seeks a benefit under the plan, coverage, or a policy.

RIGHTS THAT YOU HAVE

Access to Your PHI – You have the right of access to copy and/or inspect your PHI that we maintain in designated record sets. Certain requests for access to your PHI must be in writing, must state that you want access to your PHI and must be signed by you or your representative (e.g., requests for medical records provided to us directly from your health care provider). Access request forms are available from the Canton Electrical Welfare Fund at the address below. We may charge you a fee for copying and postage.

Amendments to Your PHI – You have the right to request that PHI that we maintain about you be amended or corrected. We are not obligated to make all requested amendments but will give each request careful consideration. To be considered, your amendment request must be in writing, must be signed by you or your representative, and must state the reasons for the amendment/correction request. Amendment request forms are available from us at the address below.

Accounting for Disclosures of Your PHI – You have the right to receive an accounting of certain disclosures made by us of your PHI. Examples of disclosures that we are required to account for include those to state insurance departments, pursuant to valid legal process, or for law enforcement purposes. To be considered, your accounting requests must be in writing and signed by you or your representative. Accounting request forms are available from us at the address below. The first accounting in any 12-month period is free; however, we may charge you a fee for each subsequent accounting you request within the same 12-month period.

Restrictions on Use and Disclosure of Your PHI – You have the right to request restrictions on certain of our uses and disclosures of your PHI for insurance payment or health care operations, disclosures made to persons involved in your care, and disclosures for disaster relief purposes. For example, you may request that we not disclose your PHI to your spouse. Your request must describe in detail the restriction you are requesting. We will always agree to your request that we not make a disclosure for the purpose of carrying out payment or health care operations, if disclosure is not otherwise required by law, and if the PHI pertains solely to a health care item or service you received for which you have paid us in full. Otherwise, we are not required to agree to your request but will attempt to accommodate reasonable requests when appropriate. We retain the right to terminate an agreed-to restriction if we believe such termination is appropriate. In the event of a termination by us, we will notify you of such termination. You also have the right to terminate, in writing or orally, any agreed-to restriction. You may make a request for a restriction (or termination of an existing restriction) by contacting us at the telephone number or address below.

Request for Confidential Communications – You have the right to request that communications regarding your PHI be made by alternative means or at alternative locations. For example, you may request that messages not be left on voicemail or sent to a particular address. We are required to accommodate reasonable requests if you inform us that disclosure of all or part of your information could place you in danger. Requests for confidential communications must be in writing, signed by you or your representative, and sent to us at the address below.

Right to a Copy of the Notice – You have the right to a paper copy of this Notice upon request by contacting us at the telephone number or address below.

Complaints – If you believe your privacy rights have been violated, you can file a complaint with us in writing at the address below. You may also file a complaint in writing with the Secretary of the U.S. Department of Health and Human Services in Washington,

D.C., within 180 days of a violation of your rights. There will be no retaliation for filing a complaint.

FOR FURTHER INFORMATION

If you have questions or need further assistance regarding this Notice, you may contact the Canton Electrical Welfare Fund's Privacy Office by writing to: Canton Electrical Welfare Fund, Attn: Privacy Office, c/o BeneSys, Inc., 3660 Stutz Drive, Suite 101, Canfield, OH 44406 or by calling Toll Free 800-435-2388.

EFFECTIVE DATE

This Notice is effective February 16, 2026