

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 is effective February 16, 2026 and supersedes all prior versions.

**OPERATING ENGINEERS LOCAL 501 SECURITY FUND
NOTICE OF PRIVACY PRACTICES**

General Information About This Notice

The Operating Engineers Local 501 Security Fund (the “Plan”) is committed to maintaining the confidentiality of your private medical information. This Notice describes the Plan’s efforts to safeguard your Protected Health Information, as defined below, from improper or unnecessary use or disclosure. The practice described in this Notice only applies to health-related information created or received by or on behalf of the Plan. We are providing this Notice to you because federal privacy law called the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”), requires us to inform you about the Plan’s uses and disclosures of Protected Health Information, your rights to privacy with respect to your Protected Health Information, the Plan’s duties with respect to your Protected Health Information, your rights in connection with the use and disclosure of your Plan Protected Health Information, and the person or office you should contact for further information about the Plan’s privacy practices. The Plan must abide by the terms of this Notice currently in effect. The term “HIPAA,” as used in this Notice, includes HIPAA and its implementing regulations at 45 Code of Federal Regulations Parts 160 and 164, as such law and regulations may be amended from time to time, including as amended by the Health Information Technology for Economic and Clinical Health Act of 2009.

In this Notice, the terms “Plan,” “we,” “us,” and “our” refer to the Plan and third parties to the extent they perform administrative services for the Plan. When third party service providers perform administrative functions for the Plan, we require them to appropriately safeguard the privacy of your information.

You also have the right to receive a copy of this Notice (in paper or electronic form) and to discuss this Notice with the Privacy Officer of the Plan if you have any questions. Contact information for the Privacy Officer of the Plan is provided below. This Notice has also been uploaded and is available on the participant website at:
www.ourbenefitoffice.com/Oelocal501/Benefits/Module/Member/

Please note:

- ***If you are enrolled in an HMO you will also receive a separate notice from your HMO provider that describes the HMO provider’s specific use and disclosure of your health information. Your rights with respect to their use and disclosure of your health information are set forth in that separate notice.***

CONTACT INFORMATION

If you have any questions regarding this Notice, please contact:

Barry Osharow

Operating Engineers Local 501 Security Fund

c/o BeneSys Administrators

1050 Lakes Drive, Suite 120

West Covina, CA 91790

(626) 646-1079 / barry.osharow@benesys.com

What is Protected?

HIPAA requires the Plan to have a special policy for safeguarding “Protected Health Information,” or “PHI,” received or created in the course of administering the Plan, regardless of form (oral, written, or electronic). PHI, as used in this Notice, has the same meaning as defined by HIPAA and includes all individually identifiable health information (including genetic information and substance use disorder treatment records) that can be used to identify you and that relates to: (1) your past, present or future physical or mental health condition, (2) the provision of health care to you, or (3) payment for your health care. Your medical and dental records, your claims for medical and dental benefits, and the Explanation of Benefits (“EOBs”) sent in connection with payment of your claims are all examples of PHI.

Health information obtained by a non-health-related benefit program is not protected under this Notice. This Notice does not apply in those types of situations because the health information is not received or created in connection with the Plan.

The remainder of this Notice generally describes our rules with respect to your PHI received or created by the Plan.

Uses and Disclosures of Your PHI

The Plan is required to maintain the privacy of your PHI in accordance with HIPAA. To protect the privacy of your PHI, the Plan not only guards the physical security of your PHI, but also limits the way your PHI is used or disclosed to others. We may use or disclose your PHI in certain permissible ways, including the uses and disclosures described below, and we may do so without your authorization or consent to the extent permissible under the law.

When using or disclosing PHI or when requesting PHI from another covered entity and to the extent required by HIPAA, we will make reasonable efforts not to use, disclose or request more than the minimum amount of your PHI necessary to accomplish the intended purpose of the use, disclosure or request, taking into consideration practical and technological limitations and applicable HIPAA requirements. However, the minimum necessary standard will not apply to disclosures to or requests by a health care provider for treatment; use or disclosures made to you as permitted or required by HIPAA; uses or disclosures made pursuant to authorization where authorization was required; disclosures made to the Secretary of the United States Department of Health and Human Services pursuant to its enforcement activities under HIPAA, uses or disclosures required by law, and uses or disclosures required for the Plan’s compliance with the HIPAA privacy regulations. In addition, the Plan may use or disclose “summary health information” to the Plan Sponsor for obtaining premium bids or modifying, amending or terminating the Plan. Summary health information summarizes the claims history, claims expenses or type of claims experienced by individuals for whom a Plan sponsor has provided health benefits under a group health plan. Identifying information will be deleted from summary health information, in accordance with HIPAA.

- ***To determine proper payment of your Plan benefit claims.*** The Plan uses and discloses your PHI to reimburse you or your doctors or health care providers for covered treatments and services, to determine eligibility or coverage for benefits, to determine the amount of Plan benefits for the health care services received and to otherwise manage and process claims (including billing, subrogation, plan reimbursement, coordination of benefits, and reviews of medical necessity), and to conduct utilization review activities, including pre-authorizations. For example, your diagnosis

information may be used to determine whether a specific procedure is medically necessary or to reimburse your doctor for your medical care. The Plan may also use and disclose your PHI for other payment purposes as permitted by HIPAA.

- ***For the administration and operation of the Plan.*** We may use and disclose your PHI for numerous administrative and quality control, assessment and improvement functions necessary for the Plan's proper operation. For example, we may use your claims information for fraud and abuse detection activities; to review and evaluate providers; to conduct data analyses for health improvement, cost-control, protocol development or planning related purposes; for patient safety activities; or in connection with the merger or consolidation of the Plan and/or its plans with another plan. The Plan may also use your PHI to provide you with customer service; to submit claims for stop-loss (or excess loss) coverage; to conduct or arrange for medical review, legal services, audit services (including the disclosure of certain information to an employer regarding claims that should not have been paid because a person was not eligible or otherwise not entitled to coverage); to create limited data sets or de-identified health information in accordance with the requirements of HIPAA. The Plan may use and disclose PHI about you for enrollment, underwriting and premium rating purposes and other activities related to the creation, renewal or replacement of a contract of health insurance or health benefits. However, the Plan will not use or disclose "genetic information" for "underwriting purposes" (as such terms are defined by HIPAA). The Plan may also use and disclose your PHI for such other healthcare operations of the Plan as permitted by HIPAA.
- ***To inform you or your health care provider about treatment alternatives or other health-related benefits that may be offered under the Plan.*** For example, we may use your claims data to alert you to an available case or disease management program or care coordination program if you are diagnosed with certain diseases or illnesses, such as diabetes. If case management is required, the Plan may use or disclose PHI to health care providers to coordinate or help manage treatment. If your plan requires precertification for hospitalization or certain procedures or diagnostic services, the Plan may use or disclose PHI to health care providers to assist in determining an appropriate course of treatment. The Plan may also contact you to provide you information about other health-related benefits or services that may be of interest to you, including health-related products or services (or payment for such product or service) that is provided by, or included in your Plan benefits, or other health-related products or services, only available to you, that add value to, but are not part of, your Plan benefits.
- ***To a health care provider if needed for your treatment.*** For example, the Plan may disclose your prescription information to a pharmacist regarding a drug interaction concern.
- ***To a health care provider or to another health plan to coordinate benefit coverage between the Plan and the other plan and to determine proper payment of your claim.*** For example, we may exchange your PHI with your spouse's health plan for coordination of benefits purposes, or the Plan may discuss your specific medical history with a health care provider to determine a particular treatment's medical necessity.
- ***To another health plan for certain administration and operations purposes.*** We may share your PHI with another health plan or health care provider who has a relationship with you for quality assessment and improvement activities, to review the

qualifications of health care professionals who provide care to you, or for fraud and abuse detection and prevention purposes. The Plan may also use and disclose your PHI for other treatment purposes as permitted by HIPAA.

- ***To your family members, other relatives, your close personal friends, and any other person you choose to identify if:*** (a) the information is directly relevant to the family members', other relatives', close personal friends' or other person's involvement with your care or payment for that care (including if you are deceased, subject to certain limitations with respect to your prior expressed preferences which are known to the Plan), or (b) the information is used or disclosed to notify, or assist in the notification of, a family member, Personal Representative, as described at the end hereof and under HIPAA, or another person responsible for your care, of your location, general condition, or death (the Plan may also disclose your PHI to disaster relief agencies or entities for the same purposes). If you are present for, or otherwise available prior to, a use or disclosure permitted above, and you have the capacity to make health care decisions, the Plan will not use or disclose your PHI to your family and friends unless (i) the Plan obtains your agreement, or provides you with an opportunity to object to the use and disclosure of your PHI and you express no objections to such use and disclosure, or (ii) the Plan can reasonably infer from the circumstances, based on professional judgment, that you do not object to such use and disclosure. The Plan may also disclose PHI to the persons and entities and for the purposes set forth above in emergency circumstances or if you are incapacitated, and the Plan reasonably believes to be in your best interests and relevant to that person's involvement in your care. You may exercise your rights through your Personal Representative who has authority under applicable state law to make health-related decisions on your behalf. Your Personal Representative will be required by the Plan to produce evidence of his or her authority to act on your behalf. Proof of authority may be made by a notarized power of attorney, a court order of appointment of the person as your legal guardian or conservator, or evidence that you are the parent of a minor child. The Plan reserves the right to withhold your PHI from your Personal Representative in certain limited circumstances.
- ***For Plan design activities or to collect Plan contributions.*** The Plan may use summary or de-identified health information for Plan design activities. This Notice only applies to PHI and does not apply to information that has been de-identified. De-identified information is information that does not identify you and with respect to which there is no reasonable basis to believe that the information can be used to identify you. In addition, Plan employees may use information about your enrollment or disenrollment in a Plan in order to collect contributions that pay for your Plan participation.
- ***To the Plan Sponsor.*** The Plan may disclose PHI to the Plan sponsor, the Board of Trustees, and to necessary advisors which assist the Plan sponsor in performing plan administration functions, such as handling claim appeals, to the extent provided by a rule of the Plan, provided that the sponsor protects the privacy of the PHI and it is only used for the permitted purposes described in this Notice.
- ***For fundraising.*** The Plan may use, and disclose to a business or to an institutionally related foundation, certain types of PHI for the purpose of raising funds. The type of information that may be disclosed under this exception to the authorization requirement includes (1) demographic information relating to an individual; (2) dates of health care provided to an individual; (3) department or service information; (4) treating physician; (5)

outcome information; and (6) health insurance status. The Plan may also contact you to raise funds as permitted by HIPAA and you have a right to opt out of receiving such communications.

- ***To Business Associates.*** The Plan may disclose PHI to persons or businesses, called “business associates,” which provide services to the Plan and which need the PHI to perform those services. The Plan will have a written agreement with each of them requiring each of them to protect the privacy of your PHI. For example, the Plan may have hired a consultant to evaluate claims or suggest changes to the Plan, for which the consultant needs to see PHI.
- ***To comply with, or as otherwise required by, an applicable federal, state, or local law.***
- ***For public health reasons,*** including (1) to a public health authority for the prevention or control of disease, injury or disability; (2) to a proper government or health authority to report child abuse or neglect; (3) to report reactions to medications or problems with products regulated by the Food and Drug Administration; (4) to notify individuals of recalls of medication or products they may be using; (5) to a proper government or health authority to report births and deaths; or (6) to notify a person who may have been exposed to a communicable disease or who may be at risk for contracting or spreading a disease or condition.
- ***To report a suspected case of abuse, neglect or domestic violence to a law enforcement official or other government authority,*** as permitted or required by applicable law. If a reasonable belief exists that you may be a victim of abuse, neglect or domestic violence, the Plan may report information about abuse, neglect or domestic violence to public authorities (1) when required by law; (2) if you agree to such disclosure; or (3) when the Plan is authorized by law and the disclosure is necessary to prevent serious harm to you or other potential victims. In such case, the Plan will promptly inform you or your Personal Representative that such a disclosure has been or will be made unless that would place you at a risk of serious harm or if the Plan would be informing a Personal Representative that it reasonably believes is responsible for the abuse. In the case of child abuse, it is not necessary for the Plan to inform the child of such disclosure.
- ***To comply with health oversight activities,*** such as audits, investigations, inspections, licensure actions, and other government monitoring and activities related to health care provision or public benefits or services.
- ***To the U.S. Department of Health and Human Services*** to demonstrate our compliance with federal health information privacy law.
- ***To respond to an order of a court or administrative tribunal, a court-ordered warrant, a subpoena or summons issued by a judicial officer, a grand jury subpoena, or an administrative request (including an administrative subpoena or summons, a civil or an authorized investigative demand, or similar process).***
- ***To respond to a subpoena, discovery request, or other lawful process (in the course of any judicial or administrative proceeding),*** if the Plan receives satisfactory assurances from the party seeking the information that reasonable efforts have been made by such

party to ensure that you have been given notice of the request or to secure a protective order. Instead of receiving satisfactory assurances, the Plan may make its own reasonable efforts to provide such notice or to secure a protective order if it receives a subpoena, discovery request, or other lawful process that is not accompanied by a court order.

- ***To a law enforcement official for a law enforcement purpose***, including (1) to identify or locate a suspect, fugitive, material witness, or missing person; (2) to disclose information about an individual who is, or is suspected to be, a victim of a crime if, under certain limited circumstances, the Plan is unable to obtain such person's agreement; (3) to disclose information about an individual's death the Plan believes may be the result of criminal conduct; (4) to disclose information about criminal conduct at a Plan office or Plan facility; or (5) as otherwise required by applicable law.
- ***For purposes of public safety, national security or protective services, when consistent with applicable law and standards of ethical conduct, the Plan in good faith believes the use or disclosure is*** (1) necessary to prevent or lessen a serious threat to your health and safety or the health and safety of the public or a person, or as necessary, under certain conditions, for law enforcement authorities to identify or apprehend an individual; (2) for intelligence, counterintelligence, and other national security activities authorized by law; or (3) for the provision of protective services to the President or other persons receiving Federal protective services, as authorized by applicable law.
- ***To allow a coroner or medical examiner to make an identification or determine cause of death or to allow a funeral director to carry out his or her duties with respect to the decedent.***
- ***To respond to a request by military command authorities*** if you are or were a member of the armed forces.
- ***For cadaveric organ, eye or tissue donation purposes***, including, if you are an organ donor, as necessary to facilitate organ, eye or tissue donation and transplantation.
- ***To a correctional institution or a law enforcement official having lawful custody of an inmate or other individual***, if necessary for: (1) the provision of health care to such individual; (2) the health and safety of such individual, other inmates, the officers or employees of or others at the correctional institution, or the officers or other persons responsible for the transporting such individuals; (3) law enforcement on the premises of the correctional institution; or (4) the administration and maintenance of the safety, security, and good order of the correctional institution.
- ***For workers' compensation purposes***, including as authorized by and to the extent necessary to comply with laws relating to workers' compensation or other similar programs established by law.
- ***For limited research purposes***, subject to certain conditions, including if the Plan obtains one of the following: (1) documented institutional review board or privacy board approval or waiver; (2) representations from the researcher that the use or disclosure is being used solely for preparatory research purposes; (3) representations from the researcher that the

use or disclosure is solely for research on the PHI of decedents; or (4) an agreement to exclude specific information identifying the individual.

- ***Incident to a permitted use or disclosure.*** The Plan may use and disclose protected health information incident to any use or disclosure permitted or authorized by law.
- ***As part of a limited data set*** that meets the technical requirements of 45 Code of Federal Regulations, Section 164.514(e), if the Plan has entered into a data use agreement with the recipient of the limited data set.

Stricter State Law

If an applicable state law provides greater health information privacy protections than the federal law, we will comply with the stricter applicable state law.

Additional Protections

Substance Use Disorder Treatment Records. There are limitations on how the Plan can use or disclose records of your identity, diagnosis, prognosis, or treatment maintained in connection with a program related to a substance use disorder that was conducted, regulated or assisted by a federally assisted program (“SUD records”). SUD 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 you unless based on your written consent, or a court order after notice and an opportunity to be heard is provided to you. 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.

PHI Disclosure Requiring Your Written Authorization

- ***Use or Disclosure of Psychotherapy Notes.*** It is not the Plan’s standard practice to access any psychotherapy notes kept by behavioral health providers. However, in the event the Plan needs access to these notes, such notes cannot be used or disclosed without your written authorization (except in certain limited situations permitted by HIPAA addressed below). If you elect not to provide written authorization, the notes will not be used or disclosed; provided the Plan may use or disclose psychotherapy notes as required by applicable law or as permitted by applicable law. For example, the Plan may use or disclose psychotherapy notes as necessary to defend itself in a legal action or other proceeding brought by you or on your behalf or as necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public, and the Plan may disclose psychotherapy notices to public health oversight agencies and coroners and medical examiners as permitted by HIPAA. Psychotherapy notes are separately filed notes, in any medium, about your conversations with your mental health professional during a private, group, joint, or family counseling session. Psychotherapy notes do not include medication prescription and monitoring, results of clinical tests, or any summary information about your mental health diagnosis, functional status, symptoms, prognosis, progress or treatment.
- ***Disclosure of PHI for Marketing Purposes; Sale of PHI.*** Except in the limited circumstances permitted by HIPAA or other applicable law, the Plan may not (1) use or

disclose your PHI to market services or products to you, (2) provide your PHI to anyone else for marketing purposes, or (3) sell your PHI, without your written authorization. Your authorization is not required for marketing communications in the form of a face-to-face communication made by the Plan to you or a promotional gift of nominal value provided by the Plan.

Other Uses and Disclosures of Your PHI; Revocation of Authorization

Uses and disclosures of your PHI by the Plan other than as described above or otherwise provided for herein will be made only with your written authorization. You may revoke your authorization, in writing, at any time. If you revoke your authorization, the Plan will no longer use or disclose your PHI except as described above (or as permitted by any other authorizations that have not been revoked). However, please understand that we cannot retrieve any PHI disclosed to a third party in reliance on your prior authorization.

Your Rights

Federal law provides you with certain rights regarding your PHI. Parents of minor children and other individuals with legal authority to make health decisions for a Plan participant may exercise these rights on behalf of the participant, consistent with state law.

- ***Right to request restrictions:*** You have the right to request a restriction or limitation on the Plan's use or disclosure of your PHI. For example, you may ask us to limit the scope of your PHI disclosures to a case manager who is assigned to you for monitoring a chronic condition. Because we use your PHI to the extent necessary to pay Plan benefits, to administer the Plan, and to comply with the law, it may not be possible to agree to your request. *Except in the limited circumstances described below, the law does not require the Plan to agree to your request for restriction.* Except as otherwise required by law (and excluding disclosures for treatment purposes), the Plan is obligated, upon your request, to refrain from sharing your PHI with another health plan for purposes of payment or carrying out health care operations if the PHI pertains solely to a health care item or service for which the health care provider involved has been paid out of pocket in full by you or by another person (other than the Plan) on your behalf. The Plan will not agree to any restriction which will cause it to violate or be noncompliant with any legal requirement. If we do agree to your requested restriction or limitation, we will honor the restriction until you agree to terminate the restriction or until we notify you that we are terminating the restriction with respect to PHI created or received by the Plan in the future.

You may make a request for restriction on the use and disclosure of your PHI by completing the appropriate request form available from the Plan

- ***Right to receive confidential communications:*** You have the right to request that the Plan communicate with you about your PHI at an alternative location or by alternative means. The Plan must agree to accommodate any such request if it is reasonable *and* you clearly state that the disclosure of all or part of the PHI could endanger you. For example, you may request that the Plan contact you only at work and not at home.

You may request confidential communication of your PHI by completing an appropriate form available from the Plan.

- ***Right to inspect and obtain a copy of your PHI:*** You have the right to inspect and obtain a copy of your PHI that is contained in a designated record set (as defined by HIPAA) (e.g., records that the Plan maintains for enrollment, payment, claims determination, or case or medical management activities). If such PHI is maintained electronically, you may request such PHI in an electronic format. The Plan will work with you to provide such PHI in the form and format you request or in a satisfactory alternative if such PHI is not readily producible in such form and format. You may also direct that such PHI be sent to another person or entity.

However, this right does not extend to (1) psychotherapy notes, (2) information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding, and (3) any information, including PHI, as to which the law does not permit access. We will also deny your request to inspect and obtain a copy of your PHI if a licensed health care professional hired by the Plan has determined that giving you the requested access is reasonably likely to endanger the life or physical safety of you or another individual or to cause substantial harm to you or another individual, or that the record makes references to another person (other than a health care provider), and that the requested access would likely cause substantial harm to the other person.

In general, the Plan must provide the requested information within 30 days. However, a single 30-day extension is allowed if the Plan is unable to comply with the initial 30-day deadline (e.g., the Plan may not be able to meet the initial deadline with respect to records maintained offsite or by its business associates).

In the event that your request to inspect or obtain a copy of your PHI is denied, you will be provided with a written denial setting forth the basis for the denial, a description of how you may exercise your review rights and a description of how you may complain to the Plan and the United States Department of Health and Human Services. You may have that decision reviewed. A different licensed health care professional chosen by the Plan will review the request and denial, and we will comply with the health care professional's decision.

You may make a request to inspect or obtain a copy of your PHI by completing the appropriate form available from the Plan. We may charge you a fee to cover the costs of copying, mailing or other supplies directly associated with your request. You will be notified of any costs before you incur any expenses.

- ***Right to amend your PHI:*** You have the right to request an amendment of your PHI in a designated record set if you believe the information the Plan has about you is incorrect or incomplete. You have this right as long as your PHI is maintained by the Plan in a designated record set. The Plan may deny your request to amend if the PHI or the record that is the subject of the request (1) was not created by the Plan, unless you provide a reasonable basis to believe that the person or entity that originally created the PHI is no longer available to make the amendment, (2) is not a part of the designated record set, (3) would not be available to you under your right to inspect and copy discussed above, or (4) is accurate and complete.

The Plan has 60 days after receiving your request to act on it. The Plan is allowed a single 30-day extension if the Plan is unable to comply with the 60-day deadline. If the Plan denies any portion of your request to amend, it will give you a written denial decision discussing the basis for the denial, a description of how you may complain to the Plan and the United States Department of Health and Human Services and give you the opportunity to submit a written statement of disagreement with the Plan's decision. Any such written statement of disagreement that you submit must contain an explanation of the basis for your disagreement. The Plan has the right to prepare a rebuttal statement to your statement of disagreement. Any such rebuttal will be provided to you and added, along with the denial decision and your statement of disagreement, to the information or record which is the subject of the request.

You may request amendments of your PHI by completing the appropriate form available from the Plan. Be sure to include evidence to support your request because the Plan cannot amend PHI that the Plan believes to be accurate and complete.

- ***Right to receive an accounting of disclosures of PHI:*** You have the right to request a list of certain disclosures of your PHI by the Plan. Except as may otherwise be required by law, the Plan is not obligated to give you an accounting or list of disclosures made (1) to carry out treatment, payment and health care operations, (2) to you, (3) incident to a use or disclosure permitted or required by law, (4) pursuant to an authorization provided by you, (5) for certain directories or to people involved in your care or other notification purposes as permitted by law, (6) for national security or intelligence purposes, (7) to correctional institutions or law enforcement officials, (8) that are part of a limited data set, or (9) that occurred more than six years before your request. Notwithstanding the foregoing, disclosures to carry out treatment, payment, or health care operations will be included in an accounting if the Plan uses electronic health records but such account will be limited to three years before your request.

The Plan has 60 days to provide the accounting and 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. Your first request for an accounting within a 12-month period will be free. We may charge you for costs associated with providing additional accountings. We will notify you in advance of any costs, and you may choose to withdraw or modify your request before incurring any expenses.

You may make a request for an accounting by completing the appropriate request form available from the Plan.

- ***Right to Receive Notice of Breaches:*** The Plan must notify you within 60 days of discovery following the acquisition, access, use or disclosure of your unsecured PHI in a manner that is impermissible under the HIPAA privacy rules, unless there is a low probability that such PHI was compromised (or notification is not otherwise required under HIPAA).
- ***Right to file a complaint:*** If you believe your privacy rights under this Notice have been violated, you should let us know immediately.

You may file a formal written complaint with our Privacy Officer and/or with the United States Department of Health and Human Services. You should attach any evidence or documents that support your belief that your privacy rights have been violated. We take

your complaints very seriously. **The Plan prohibits retaliation against any person for filing such a complaint.**

Complaints to the Plan should be sent to:

Barry Osharow
Operating Engineers Local 501 Security Fund
c/o BeneSys Administrators
1050 Lakes Drive, Suite 120
West Covina, CA 91790
(626) 646-1079 / barry.osharow@benesys.com

For information on filing a complaint with the United States Department of Health and Human Services, go to <https://www.hhs.gov/hipaa/filing-a-complaint/index.html> or [submit a complaint to:](#)

U.S. Department of Health and Human Services
Office of Civil Rights
200 Independence Avenue, S.W.
Washington, D.C. 20201

Additional Information About This Notice

- ***Changes to this Notice:*** We reserve the right to change the Plan's privacy practices as described in this Notice and to make the new provisions effective for PHI already received or maintained by the Plan, as well as any of your PHI that the Plan may receive or create in the future. If there is a material change to the terms of this Notice, we will inform you of such change as required by HIPAA and provide you with information about how to get a copy of the revised Notice. To the extent the Plan maintains a website, the Plan will post a copy of the current Notice on the Plan's website.
- ***How to obtain a copy of this Notice:*** You can obtain a paper copy of the current Notice upon request, even if you previously agreed to receive the Notice electronically, by contacting the Privacy Officer at the address listed on the front of this Notice.
- ***No change to Plan benefits:*** This Notice explains your privacy rights as a current or former participant in the Plan. The Plan is bound by the terms of this Notice as they relate to the privacy of your PHI. However, this Notice does not change any other rights or obligations you may have under the Plan. You should refer to the Plan documents for additional information regarding your Plan benefits.
- ***No Guarantee of Employment:*** This Notice does not create any right to employment for any individual.