

**HIPAA NOTICE OF PRIVACY PRACTICES  
FOR THE ROOFERS LOCAL NO. 149 SECURITY BENEFIT TRUST FUND**

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.**

**Contact Information.** For more information, please contact the Fund's third-party administrator: BeneSys, Inc., 700 Tower Drive, Suite 300, Troy, MI 48098; (248) 641-4949.

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

**NOTICE SUMMARY**

**YOUR RIGHTS.**

*You have the right to:*

- Get a copy of your health and claims records.
- Correct your health and claim records.
- Request confidential communication.
- Ask us to limit the information we share.
- Get a list of those with whom we've shared your information.
- Get a copy of this Privacy Notice.
- Choose someone to act for you.
- File a complaint if you believe your privacy rights have been violated.

**SEE PAGE 2** for more information on these rights and how to exercise them

**YOUR CHOICES.**

*You have some choice in the way that we use and share information as we:*

- Answer coverage questions from your family and friends.
- Provide disaster relief.
- Engage in marketing or the sale of information.

**SEE PAGE 3** for more information on these choices and how to exercise them

**OTHER USES AND DISCLOSURES.**

*We may use and share your information as we:*

- Help manage the health care treatment you receive.
- Run our organization.
- Pay for your health services.
- Administer the health plan.
- Help with public health and safety issues.
- Do research.
- Comply with the law.
- Respond to organ and tissue donation requests.
- Work with a medical examiner or funeral director.
- Address workers' compensation, law enforcement, and other government requests.
- Respond to lawsuits and legal actions.

**SEE PAGES 3 AND 4** for more information about these uses and disclosures

## YOUR RIGHTS

**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 your health and claims records.**

You can ask to see or get a copy of your health and claims records and other health information that we have about you. 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.

Please contact the *Plan Representative* identified below (in the Additional Information section) to ask how to do this.

### **Ask us to correct your health and claims records.**

You can ask us to correct your health and claims records if you think they are incorrect or incomplete. We may say “no” to your request, but we will tell you why in writing within 60 days.

Please contact the *Plan Representative* identified below (in the Additional Information section) to ask how to do this.

### **Request confidential communications.**

You can ask us to contact you in a specific way (for example, using your 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 with your request, unless the request is about a disclosure to carry out payment or health care operations that is not required by law and the information pertains to an item or service already paid for in full (unless we made such payment). If we agree with your request, we will comply with it unless an emergency requires otherwise.

### **Get a list of those with whom we’ve shared information.**

You can ask for a list (an “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, 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 the *Privacy Officer* identified below (in the Additional Information section) for a paper copy of this Notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy of this Notice promptly upon your request.

### **Choose someone to act for you.**

If you have given someone medical power of attorney or if someone is your legal guardian, then 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 us using the contact information listed on page 1 of this Notice. 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; by calling 1-877-696-6775; or by visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).

We will not retaliate against you for filing a complaint.

## 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, then 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 paying 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.*

Unless you give us written permission, we will never use or share your information for marketing purposes. We will never sell your information without your express written permission to do so. If you give us written permission, then you may later revoke it by sending written notice of revocation to the *Privacy Officer* identified below (in the Additional Information section).

## OUR USES AND DISCLOSURES

**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 or disclose your information to facilitate medical treatment or services by health care providers.
- *Example:* We might disclose information about you with physicians who are treating you.

### **Run our organization.**

- We can use and disclose your information to run our organization and contact you when necessary.
- *Example:* We might use health information about you to develop better services for you.

### **Pay for your health services.**

- We can use and disclose your information to determine your eligibility for the plan's benefits, to facilitate payment for the treatment and services you receive from health care providers, to determine benefit responsibility and coverage under the plans, or to coordinate coverage.
- *Example:* We may disclose information about your medical history to a physician to determine whether a particular treatment is experimental, investigational, or medically necessary, or to decide if the plan will cover the treatment.

### **Administer the health plan.**

- We may disclose your health information as needed to administer the plan to the plan sponsor, a third-party administrator, or other business associates that perform functions on our behalf to provide us with services if the information is necessary for such functions or services. Our business associates are required, under contract with us and pursuant to federal law, to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract and as permitted by federal law.
- *Example:* We may use medical information in connection with: conducting quality assessment and administration improvement; underwriting, premium rating, and other activities relating to coverage; submitting claims for stop loss (or excess loss) coverage; conducting or arranging for medical review, legal services, audit services, and fraud and abuse detection programs; business planning and development, such as cost management; and business management and general administrative activities of the plan.

**Note regarding genetic information:** We are not allowed to use genetic information to decide whether to give you coverage or to set the price of coverage. This rule does not apply to long-term care plans.

**HOW ELSE CAN WE USE OR SHARE YOUR HEALTH INFORMATION?** If we meet specific legal requirements, then we are allowed to share your information in other ways – usually in ways that contribute to the public good, such as public health and research; for example, see below. For more information, see [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

**Help with public health and safety issues.** We can share information about you in 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. Generally, we will decline to do so unless we are provided documentation that a Privacy Board or Institutional Review Board has approved a waiver to the requirement to obtain written authorization.

**Comply with the law.** We can – and will – share your information if state or federal law requires it. This includes sharing your information with the Department of Health and Human Services if it wants to see that we’re complying with federal privacy law.

**Respond to cadaveric organ, eye, and tissue donation requests.** In some circumstances, we can share information about you with organ procurement organizations.

**Work with a medical examiner or funeral director.** We can share 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 your information for certain situations, such as:

- 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 your information in response to a court or administrative order, or in response to a subpoena.

## **OUR RESPONSIBILITIES**

Our responsibilities include the following:

- We are required by law to maintain the privacy and security of your protected health information.
- We will promptly let you know if a breach occurs that may have compromised the privacy or security of your protected health 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 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.

Additional legal restrictions include the following:

- The privacy laws of a particular state or other federal laws might impose a more stringent privacy standard. If these more stringent laws apply and are not superseded by federal preemption rules under the Employee Retirement Income Security Act of 1974 (ERISA), then we will comply with the more stringent law.
- There are specific limitations on how we can use your psychotherapy notes, which are the notes made by a mental health professional (a type of health care provider) documenting or analyzing the contents of private

counseling sessions, or your group, joint, or family counseling sessions, and are separated from the rest of your clinical medical records.

Without your written authorization, we are permitted to use or disclose your psychotherapy notes in very limited circumstances, specifically to: (1) defend ourselves in a legal action or other proceeding brought by you; (2) avert a serious and imminent threat; (3) help a coroner or medical examiner identify a deceased person, determine a cause of death, or perform another legally authorized duty; (4) respond to a demand by the Department of Health and Human Services when it is investigating our compliance with federal privacy laws; or (5) comply with federal or state law.

In all other circumstances, we will not use or disclose your psychotherapy notes without your written authorization. If you give us written authorization, then you may later revoke it by sending written notice of revocation to the *Privacy Officer* identified below (in the Additional Information section).

- There are specific limitation on how we can use or disclose records of your identity, diagnosis, prognosis, or treatment maintained in connection with the performance of any program or activity related to substance use disorder education, prevention, training, treatment, rehabilitation, or research, which was conducted, regulated, or directly or indirectly assisted by any federal department or agency (Part 2 records).

Part 2 records, or testimony relaying the content of such records, will not be used or disclosed in any civil, administrative, criminal, or legislative proceeding against you unless based on specific written consent or a court order after notice and an opportunity to be heard is provided to you. A court order authorizing the use or disclosure must be accompanied by a subpoena or other legal requirement compelling disclosure before the requested record is used or disclosed.

#### **ADDITIONAL INFORMATION**

**PLAN REPRESENTATIVE.** The Plan Representative is its third-party administrator, BeneSys, Inc., 700 Tower Drive, Suite 300, Troy, MI 48098; phone number: (248) 641-4949.

**PRIVACY OFFICER.** The Privacy Officer is Darris Garoufalis, whose contact information is listed above in the *Plan Representative* section.

**REDISCLASURE.** Please be aware that information disclosed in accordance with this Notice and federal law may be subject to redisclosure and no longer protected by the limitations contained in this notice and federal law.

**CHANGES TO THE TERMS OF THIS NOTICE.** We can change the terms of this Notice, and any changes will apply to all of the information that we have about you. A copy of the new Notice will be available upon request and material changes to the terms of the Notice will be communicated to you within 60 days of the modification.

**FOR MORE INFORMATION.** For more information, please contact the *Privacy Officer*, identified above, or visit [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).