

## **SAN DIEGO UNITE HERE HEALTH FUND 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.**

**Effective Date** of this Notice as revised is December 16, 2025.

**This Notice Is Required By Law.** The San Diego UNITE HERE Health Fund (the “Plan”) is required by law, including the federal Health Insurance Portability and Accountability Act of 1996, known as HIPAA, to maintain the privacy of your protected health information, to provide you with notice of the Plan’s legal duties and privacy practices, and to notify you following a breach of unsecured protected health information. This notice is subject to change from time to time in order to comply with federal regulations. The new notice will be available upon request, on our website, and we will mail a copy to you.

**Protected Health Information Defined.** The term Protected Health Information (“PHI”) as used in this Notice and as defined by HIPAA includes all individually identifiable health information (including genetic information and substance use disorder treatment records) that can be used to identify you and that relate to your past, present or future physical or mental health conditions, the past, present or future provision of health care to you, or to past, present, or future payment for the provision of health care to you. PHI includes information transmitted, created or maintained by the Plan in oral, written, or electronic form.

### **Permitted Uses and Disclosures of PHI for Which Consent, Authorization, or an Opportunity to Object is Not Required**

The Plan and its Business Associates may use and disclose PHI without your authorization for purposes of treatment, payment and health care operations, but only the minimum amount of PHI necessary to accomplish these activities.

- **Treatment** includes but is not limited to the provision, coordination, or management of health care among health care providers or the referral of a patient from one health care provider to another. For example, the Plan may disclose information about your health care to a provider for coordination of your care in the event you require multiple services for an illness or treatment plan.
- **Payment** includes but is not limited to actions concerning eligibility, coverage determinations, coordination of benefits, adjudication of health benefit claims (including appeals), determinations of cost-sharing amounts, utilization reviews, medical necessity reviews, preauthorization reviews, and billing and collection activities. For example, the Plan may tell a doctor whether you are eligible for coverage or what percentage of the bill will be paid by the Plan.
- **Health care operations** include but are not limited to performing quality assessment reviews, implementing disease management programs, reviewing the competence or qualifications of health care professionals, underwriting, premium rating and other

insurance activities relating to creating or renewing insurance contracts. It also includes legal services and auditing functions for the purpose of creating and maintaining fraud and abuse programs, compliance programs, business planning programs, and other related administrative activities. For example, the Plan may use information about your claims to refer you to a disease management program or a well-pregnancy program, to project future benefit costs or to audit the accuracy of its claims processing functions.

- **Limitation on the Plan's Use of Certain PHI for Underwriting.** The Plan may not use or disclose PHI containing your genetic information for underwriting purposes.

The Plan may also use or disclose PHI without your authorization or opportunity to object when required by applicable law, such as in the following circumstances:

- **Public health activities.** The Plan may disclose your PHI to an authorized public health authority if required by law or for public health and safety purposes. The Plan may also disclose your PHI to a public health authority for the prevention or control of disease, injury or disability; to a proper government or health authority to report child abuse or neglect; to report reactions to medications or problems with products regulated by the Food and Drug Administration; to notify individuals of recalls of medication or products they may be using; or to a proper government or health authority to report births and deaths.
- **Domestic violence or abuse situations.** 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.
- **Health oversight activities.** The Plan may disclose your PHI to a health oversight agency for oversight activities authorized by law. These activities include audits, civil, administrative or criminal investigations, inspections, licensure, or disciplinary actions (for example, to investigate complaints against health care providers); civil, administrative, or criminal proceedings or actions; and other activities necessary for appropriate oversight of government benefit programs (for example, to the Department of Labor, state insurance departments, and the federal and state agencies which oversee the Medicare or Medicaid).
- **Legal proceedings.** The Plan may disclose your PHI when required for judicial or administrative proceedings, as authorized by law. For example, your PHI may be disclosed in response to a court or administrative tribunal order, a subpoena, a discovery request that is accompanied by a court order, or other lawful process.
- **Law enforcement health and emergency purposes.** The Plan may disclose PHI to law enforcement officials for the following purposes:
  - When required for law enforcement purposes (for example, to report certain types of wounds or other physical injuries);
  - Responding to court order or 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 authorized under law);

- Identifying or locating a suspect, fugitive, material witness or missing person;
  - Disclosing information about an individual who is or is suspected to be a victim of a crime. This only applies if the Plan is unable to obtain the individual's agreement because of incapacity or other emergency circumstances;
  - Disclosing information about an individual for purposes of alerting law enforcement officials of that individual's death if we suspect that the death may have resulted from criminal conduct; and
  - Disclosing PHI which we believe constitutes evidence of criminal conduct that occurred on Plan premises.
- **Determining cause of death and organ donation.** The Plan may disclose your PHI when required to be given to a coroner or medical examiner to identify a deceased person, determine a cause of death, or other authorized duties. We may also disclose PHI for cadaveric organ, eye or tissue donation, and transplantation purposes.
  - **Funeral purposes.** The Plan may disclose your PHI when required to be given to funeral directors to carry out their duties with respect to the decedent, after or in reasonable anticipation of the individual's death.
  - **Research.** The Plan may use your PHI for research, subject to certain conditions.
  - **Health or safety threats.** When, consistent with applicable law and standards of ethical conduct, the Plan in good faith believes the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public, and the disclosure is to a person reasonably able to prevent or lessen the threat, including the target of the threat or it is necessary for law enforcement authorities to identify or apprehend an individual.
  - **Specialized government functions.** When certain conditions are met, for military and veterans activities, to the appropriate military authority if individuals are Armed Forces personnel; to federal officials for lawful national security and intelligence activities; to authorized Federal officials for the provision of protective services to the President, foreign heads of state or other persons authorized by federal law; or to a correctional institution or law enforcement official having lawful custody of an individual under certain circumstances.
  - **Workers' compensation programs.** The Plan may disclose PHI to your employer and others, when authorized by and to the extent necessary to comply with workers' compensation or other similar programs established by law.
  - **As required by the Department of Health and Human Services ("HHS").** The Secretary of HHS may require the disclosure of your PHI to investigate or determine the Plan's compliance with the privacy regulations.
  - **Disclosure to the Plan's Trustees.** The Plan may also disclose PHI to its Plan Sponsor for purposes related to, but not limited to, treatment, payment, and health care operations. The "Plan Sponsor" of this Plan is the San Diego UNITE HERE Health Fund Board of Trustees. For example, the Plan may disclose protected health information to the Plan Sponsor for reviewing your appeal of a benefit claim or for other reasons regarding the administration of

this Plan, including review of a subrogation claim.

- **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 Plan may also contact you to raise funds. You have the right to opt out of receiving any and all fundraising communications from the Plan.

### **When the Disclosure of Your PHI Requires Your Written Authorization**

Except as otherwise indicated in this Notice, uses and disclosures will be made only with your written authorization subject to your right to revoke your authorization in writing.

- **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.
- **Use or Disclosure of Psychotherapy Notes.** Although the Plan does not routinely obtain psychotherapy notes, it must generally obtain your written authorization before the Plan will use or disclose psychotherapy notes about you. However, the Plan may use and disclose such notes when needed by the Plan to defend itself against litigation filed by 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.
  - Definition of Psychotherapy Notes. 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.
- **Additional Protections.** 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 SUD 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.
  - Further, SUD records subject to 42 CFR part 2 shall not be used by the Plan for fundraising purposes without giving you a clear and conspicuous opportunity to elect not to receive such fundraising communications. You will be provided an opportunity to elect not to receive such fundraising communications before the Plan uses or discloses these records for fundraising purposes.

## **Your Individual Rights**

HIPAA and the Privacy Rule afford you the following rights:

- **You May Request Restrictions on PHI Uses and Disclosures.** You (or your Personal Representative) have the right to request restrictions on how this Plan will use and/or disclose PHI for treatment, payment or health care operations, or to restrict uses and disclosures to family members, relatives, friends, or other persons identified who are involved in your health care or payment for such care. However, this Plan is not required to agree to such a request unless the total cost of the relevant item or service was paid by you out-of-pocket. If this Plan agrees, it is bound by the restriction except when otherwise required by law, in emergencies, or when the restricted information is necessary for treatment. You will be required to complete a form requesting any restriction.
- **You May Request Confidential Communications.** You (or your Personal Representative) have the right to request to receive confidential communications of PHI from this Plan either by alternative means or at alternative locations. This Plan may agree to accommodate any such request if it is reasonable. This Plan, however, must accommodate such a request if you clearly state that the disclosure of all or a part of the PHI could endanger you. You will be required to complete a request form to receive communications of PHI by alternative means or at alternative locations.
- **You May Inspect and Copy PHI.** You (or your Personal Representative) have the right to request access to your PHI contained in a Designated Record Set, for inspection and copying, for as long as this Plan maintains the PHI. A Designated Record Set includes the medical billing records about you maintained by or for a covered health care provider, enrollment, payment, billing, claims adjudication, and case or medical management record systems maintained by or for this Plan or other information used in whole or in part by or for this Plan to make decisions about you. Information used for quality control or peer review analyses and not used to make decisions about you are not in the Designated Record Set and therefore not subject to access. The right to access does not apply to psychotherapy notes or information compiled in anticipation of litigation. You must complete a request form to access PHI in a Designated Record Set. If access to inspect and copy PHI is granted, the requested information will be provided within 30 days if the information is maintained onsite or within 60 days if the information is maintained offsite. A single 30-day extension is allowed if this Plan is unable to comply with the deadline. This Plan may charge a reasonable fee for the costs of copying. If access to inspect and copy your PHI is denied, a written denial will be provided setting forth the basis for the denial, a description of how you may have the denial reviewed, if applicable, and a description of how you may file a complaint with this Plan or the HHS or its OCR.
- **You Have the Right to Amend your PHI.** You (or your Personal Representative) have the right to request an amendment to your PHI in a Designated Record Set for as long as the PHI is maintained in a Designated Record Set. You will be required to complete a request form to amend PHI in a Designated Record Set. This Plan has 60 days after the request is made to act on the request. A single 30-day extension is allowed if this Plan is unable to comply with the deadline. If the request is denied in whole or in part, the Plan must provide a written denial that explains the basis for the denial. You may then submit a written statement disagreeing with the denial and have that statement included with any future disclosures of your PHI.

- **You Have the Right to Receive and Accounting of the Plan’s PHI Disclosures.** You (or your Personal Representative) have the right to request an accounting of disclosures of PHI by this Plan. This Plan will provide such an accounting only for the six-year period preceding the date of the request. However, such accounting will not include PHI disclosures made to carry out treatment, payment or health care operations or made to you about your own PHI. Also, this Plan is not required to provide an accounting of disclosures pursuant to an authorization request or disclosures made prior to the compliance date of the Privacy Rule. You will be required to complete a request form to obtain an accounting of PHI disclosures within 60 days of the request. If the accounting cannot be provided within 60 days, an additional 30 days is allowed if you are given a written statement of the reasons for the delay and the date by which the account will be provided. If more than one request for an accounting is made within a 12-month period, this Plan will charge a reasonable, cost-based fee for each subsequent accounting.
- **You Have the Right to Receive a Paper Copy of this Notice Upon Request.** You have the right to receive a paper copy of this Notice upon request, even if you previously agreed to receive this Notice electronically.
- **Access by Personal Representatives to PHI.** You may exercise your rights through a person authorized to make health related decisions on your behalf under applicable law (“Personal Representative”). As set forth below, your Personal Representative will be required to produce evidence of authority to act on your behalf before the Personal Representative will be given access to your PHI or be allowed to take any action for you. This Plan will treat your Personal Representative as you with respect to uses and disclosures of PHI, and all the rights afforded you by the Privacy Rule, under certain circumstances, but only to the extent such PHI is relevant to their representation. For example, a Personal Representative with limited health care power of attorney regarding specific treatment, such as use of artificial life support, is your representative only with respect to PHI that relates to decisions concerning this treatment. Proof of such authority may take the form of a notarized power of attorney for health care purposes (general, durable or health care power of attorney), a court order of appointment as your conservator or guardian, an individual who is the parent, guardian or other person acting in loco parentis with legal authority to make health care decisions on behalf of a minor child, or an executor of the estate, next of kin, or other family member on behalf of a decedent.

### **The Plan’s Duties**

- **Maintaining Your Privacy.** The Plan is required (1) to maintain the privacy of your PHI, and (2) to provide you and your eligible dependents with notice of its legal duties and privacy practices, in accordance with HIPAA. This Plan is required by law to provide you with its Notice of Privacy Practices (“Notice”) upon enrollment, and thereafter, upon request. You will be advised at least once every three years of the availability of the Notice and how to obtain a copy of it. In accordance with the Privacy Rule, only certain employees may be given access to your PHI. The Administration Office has designated this group of employees to include all employees dealing with the Trust. The employees described above may only have access to and use and disclose PHI for plan administration functions. A process shall be provided for resolving issues of noncompliance, including disciplinary sanctions or termination, to any person who does not comply with the Privacy Rule.

- **Notice of Breaches.** The Plan will promptly notify you if a breach occurs that may have compromised the privacy or security of your information.
- **Right to Amend.** This Plan is required to comply with the terms of the Notice as currently written. However, this Plan reserves the right to change its privacy practices and to apply the changes to any PHI received or maintained by this Plan prior to the date of the change. If there is a material change to the terms of this Notice, we will inform you of such change as provided 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.
- **Disclosing Only the Minimum Necessary PHI.** This Plan will make reasonable efforts not to use, disclose or request more than the minimum amount of PHI necessary to accomplish the intended purpose of the use, disclosure or request, taking into consideration practical and technological limitations. This minimum necessary standard, however, will not apply to disclosures to or requests by a health care provider for treatment purposes, disclosures made to you, uses or disclosures pursuant to your authorization, disclosures made to HHS or its OCR for enforcement purposes, uses or disclosures that are required by law, and uses or disclosures that are required for this Plan’s compliance with HIPAA’s Administration Simplification Rules. 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 group health 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.

### **Complaints**

If you believe your privacy rights have been violated, you may file a complaint with the Plan at the following address:

Paula Dunning HIPAA Privacy Officer / Compliance  
Manager  
BeneSys, Inc.  
700 Tower Drive, Suite 300 Troy, MI 48098  
(248) 813-9800 (telephone)

You may also file a complaint with HHS. We may not retaliate against you or penalize you for filing a complaint.

### **Contact the Plan**

If you have any questions regarding this Notice or the subjects addressed in it, you may contact the Plan at: 3737 Camino Del Rio So., Suite 300, San Diego, CA 92108