

# **Plumbers and Pipefitters Local Union #94 Health & Welfare Fund**

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## **NOTICE OF PRIVACY PRACTICES OF THE PLUMBERS AND PIPEFITTERS LOCAL UNION #94 HEALTH & WELFARE FUND**

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED BY THE PLUMBERS AND PIPEFITTERS LOCAL UNION #94 HEALTH & WELFARE FUND AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY AND CONTACT THE FUND OFFICE IF YOU HAVE ANY QUESTIONS.**

The Plumbers and Pipefitters Local Union #94 Health & Welfare Fund (the “Plan”) is required under the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) to give you this Notice about our privacy practices, our legal duties, and your rights concerning your health information. The law also requires us to notify you in case of breaches that compromise the security or privacy of your unsecured health information. Unsecured health information means health information that has not been made unusable, unreadable or indecipherable to unauthorized persons by an approved methodology or technology.

This Notice explains our privacy practices and describes how we may use and disclose health information about you that specifically identifies you or could be used to identify you (your “protected health information” or “PHI”). This Notice also provides you with important information about your privacy rights and how you may exercise those rights.

Please note that others involved in your health care (for example, other health plans, physicians, dentists, and pharmacies) may send you separate notices describing their privacy practices. This Notice only applies to health-related information received by or on behalf of the Plan.

This Notice is effective on January 1, 2026. We must follow the privacy practices that are described in this Notice while it is in effect. This Notice will remain in effect until we replace it. We reserve the right to change our privacy practices and the terms of this Notice at any time, provided such changes are permitted by applicable law. We reserve the right to make changes in our privacy practice outlined in this Notice and to make the new privacy practice effective for all health information that we maintain, including health information we created or received prior to making the change. If we need to make a significant change to our privacy practices, we will send a new notice to the participants at the time of the change by mail, e-mail, or other means permitted by law.

You may request a copy of this Notice at any time. For more information about our privacy practices, or for additional copies of this Notice, please contact the Fund Office.

## Permitted Uses and Disclosures of Health Information

We use and disclose health information about you for treatment, payment, health care operations, and health-related services. Your authorization is not required for these permitted uses.

**Treatment:** We may use or disclose your health information to physicians, dentists, pharmacies, hospitals, or other health care providers in order to provide treatment to you. For example, we may use your health information in providing mail-order pharmacy services and may send certain information to doctors for patient-safety or other treatment-related reasons.

**Payment:** We may use and disclose your health information to pay claims from physicians, hospitals, and other providers for services delivered to you that are covered by the Plan, to determine your eligibility for benefits, to coordinate benefits, to examine medical necessity, to obtain premiums, to issue Explanations of Benefits (“EOBs”) to person enrolled in the Plan, and the like. For example, we may exchange your PHI with your spouse’s health plan for coordination of benefits purposes. We may also disclose your health information to a health care provider or entity subject to the federal privacy rules so they can obtain payment or engage in these payment activities.

**Health Care Operations:** Except as described below under the heading “Uses and Disclosures Requiring Your Authorization,” we may use and disclose your health information in connection with our health care operations. Health care operations include:

- Rating our risk and determining premiums for the Plan, except that we may not use or disclose your genetic information for this purpose;
- Performing quality assessment and improvement activities;
- Reviewing the competence or qualifications of health care professionals, evaluating practitioner and provider performance, and conducting training programs, accreditation, certification, licensing or credentialing activities;
- Conducting or arranging for medical review, legal services, and auditing, including fraud and abuse detection and compliance programs;
- Engaging in business planning and development; and
- Engaging in business management and general administrative activities, including management activities relating to privacy, customer service, resolution of internal grievances, and creating de-identified health information or a limited data set.

We may disclose your health information to another entity that has a relationship with you when your PHI at issue pertains to that relationship, or when it is about health care operations relating to quality assessment and improvement activities, reviewing the competence or qualifications of health care professionals, or detecting or preventing health care fraud and abuse.

**Health-Related Services:** We may use your health information to contact you with information about health-related benefits and services or about treatment alternatives that may be of interest to you. We may disclose your health information to a business associate to assist us in these activities, provided we receive satisfactory assurance that the associate will appropriately safeguard your PHI. We also may disclose health information about you to you, to your family members, and

others involved in your care, to the Board of Trustees (only as described below), to certain public or private entities engaged in disaster relief, and as may otherwise be authorized or required by law. Your authorization is not required for these permitted disclosures.

**To You (the Participant):** We are permitted to disclose your health information to you. For example, we may inform you of the status of a claim payment. In addition, we may contact you to provide information about treatment alternatives or other health-related benefits and services that may be of interest to you as long as we are not being paid to do so.

**To Your Family Members and Others Involved in Your Care:** We may disclose your health information to a family member or others involved in your care to the extent necessary to help with your health care or with payment for your health care. This is done for the convenience of you and your family so that the people close to you may continue to be involved in your care. For example, if your spouse calls the Fund Office, we may provide your spouse information about the status of your claim payment, but only if he or she is able to tell us certain information about you. We also may use or disclose your name, location, and general condition or death to notify, or assist in the notification of (including identifying or locating), a person involved in your care.

Before we disclose your health information to a family member or other representative, we will provide you an opportunity to object to such disclosure. If you are not present, or in the event of your incapacity or an emergency, we will disclose your health information based on our judgment of whether the disclosure would be in your best interest.

If for any reason you do not want us to disclose your health information to your family members or others involved in your care, you have the right to request a restriction on this disclosure. See below in the section labeled “Your Individual Rights.”

**To the Board of Trustees and the Plan’s Professionals:** We may disclose your health information to the Board of Trustees and the Plan’s professionals so they can perform their administrative functions. Generally, we provide them only summary or de-identified data that cannot be linked to you because certain elements have been removed, such as your name, Social Security number, and other private information.

**Disaster Relief:** We may disclose your health information to a public or private entity authorized by law or by its charter to assist in disaster relief efforts.

**Public Interest or Welfare:** We may disclose your health information as authorized by law for the following purposes deemed to be in the public interest or benefit:

- As required by law, including to the U.S. Department of Health and Human Services, so it may investigate complaints and review our compliance with federal privacy laws;
- For public health activities, including for disease and vital-statistics reporting, child-abuse reporting and FDA oversight;
- To employers regarding work-related illness or injury;
- As authorized by state workers’ compensation laws;
- To appropriate authorities to report adult abuse, neglect, or domestic violence;

- To health oversight agencies;
- In response to court and administrative orders and for other lawful processes;
- To law enforcement officials pursuant to subpoenas and other lawful processes;
- To appropriate authorities or entities in connection with, and concerning, crime victims, suspicious deaths, crimes on our premises, to report crimes in emergencies, and for purposes of identifying or locating a suspect or other person;
- To correctional institutions regarding inmates;
- To coroners, medical examiners, and funeral directors;
- To organ-procurement organizations;
- To avert a serious threat to health or safety;
- In connection with certain research activities; and
- To the military and to federal officials for lawful intelligence, counterintelligence, and national security activities.

### **Uses and Disclosures Requiring Your Authorization**

Finally, we may use and disclose health information about you for any other purpose or to any other person if you authorize us in writing to do so. You may give us written authorization to use your health information or to disclose it to anyone for any purpose. If you give us such written authorization, you may revoke it in writing at any time, as described below.

The following uses and disclosures of your health information are permitted only with your written authorization.

**Marketing Use:** Except as described below, we are permitted to use or disclose your health information for marketing purposes only with your written authorization. Marketing means a communication about a product or service that encourages you to purchase or use that product or service. We do not need your authorization, however, and are permitted without your authorization to make communications in the form of face-to-face communications or promotional gifts of nominal value we may provide.

We also do not need your authorization and are permitted without your authorization: (a) to send refill reminders or other communications to you about your currently prescribed drugs or biologics, as long as the only payment we receive for making the communication is to cover our costs of doing so; or (b) as long as we are not being paid to do so, to send you communications describing products and services that are covered by the Plan, identifying the in-network health care providers for the Plan, informing you about treatment alternatives and about replacements and enhancements to the Plan, or about health-related products and services that add value to your benefits and are available only to the Plan's covered persons.

**Sale of Your Health Information:** We will not sell your health information unless you authorize us in writing to do so. Sale of your health information means providing it to someone in exchange for payment and not for purposes of providing and paying for your medical treatment, for public health purposes, for research purposes (as long as the payment is to cover our costs to prepare and transmit the information), or because we are legally required to provide it.

**Any Other Use or Disclosure Not Described in This Notice:** Unless you give us a written authorization, we cannot use or disclose your health information for any reason or to any person or entity except as described in this Notice. If you give us written authorization for any use or disclosure that requires your authorization, you may revoke it in writing at any time, but your revocation will not affect any use or disclosure of your health information that was permitted by your authorization while it was in effect.

### **Your Individual Rights**

You have the following PHI rights.

**To Examine or Get Copies of Your Health Information:** You have the right to look at or get copies of your health information, with limited exceptions. You may request that we provide copies in a format other than photocopies. We will use the format you request unless it is not practicable to do so. If we keep the information electronically, you may request an electronic copy of the information, and we will provide it to you in that form if it is feasible to do so. You must make any such request for access in writing. You may be charged a reasonable, cost-based fee to cover the expense of providing copies of your health information to you. In most cases, to request access, you should contact the Plan's appropriate claims administrator. If you are unsure of who the appropriate claims administrator is for your issue, or if you have a general request that covers more than one claims administrator issue, you should contact the Fund Office.

**To Obtain an Accounting of Our Disclosures:** You have the right to receive a list of instances in which we or our business associates disclosed your health information for purposes other than treatment, payment, health care operations, as authorized by you and, for certain other activities, for the six (6) years prior to the date you request the list. We will provide you with the date on which we made the disclosure, the name of the person or entity to whom we disclosed your health information, a description of the health information we disclosed, the reason for the disclosure, and certain other information. You must make a request in writing to obtain an accounting of disclosures. If you request this accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests. In most cases, you should contact the Plan's appropriate claims administrator to request an accounting of disclosures. If you are unsure of the appropriate claims administrator or have a general request that covers more than one claims administrator issue, you should contact the Fund Office.

**To Request That We Place Restrictions on Our Uses or Disclosures:** You have the right to request that we place additional restrictions on our use or disclosure of your health information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency). Any agreement to additional restrictions must be in writing and signed by a person authorized to make such an agreement on our behalf. We will not be bound unless our agreement is so memorialized in writing. In most cases, you should contact the Plan's appropriate claims administrator to request restrictions on our uses and disclosures. If you are unsure of the appropriate claims administrator or have a general request that covers more than one claims administrator issue, you should contact the Fund Office.

**To Request Alternative Means of Confidential Communication:** You have the right to request that we communicate with you about your health information by alternative means or to alternative locations. You must make your request in writing, and you must state that the information could endanger you if it is not communicated in confidence as you requested. In most cases, you should contact the Plan's appropriate claims administrator to request alternative means of confidential communication. If you are unsure of the appropriate claims administrator or have a general request that covers more than one claims administrator issue, you should contact the Fund Office. We must accommodate your request if it is reasonable, specifies the alternative means or location, and continues to permit us to pay and process claims under the Plan. For example, an EOB for health care you received might contain sufficient information to reveal that you obtained health care for which the Plan paid, even though you requested that we communicate with you about that health care through alternative means and in confidence.

**To Request Amendments to Your Health Information:** You have the right to request that we amend your health information. Your request must be in writing, and it must explain why the information should be amended. In most cases, you should contact the Plan's appropriate claims administrator to request amendments to your health information. If you are unsure of the appropriate claims administrator or have a general request that covers more than one claims administrator issue, you should contact the Fund Office. We may deny your request if we did not create the information you want amended and the originator remains available or for certain other reasons. If we deny your request, we will provide you a written explanation. You may respond with a statement of disagreement to be appended to the information you wanted amended. If we accept your request to amend the information, we will make reasonable efforts to inform others, including people you name, of the amendment and to include the changes in any future disclosures of that information.

**To Receive a Paper Copy of This Notice:** If you accessed this Notice online or received it by email, you are entitled to receive a copy of it in paper form. Please contact the Fund Office to obtain a paper copy.

**To Appoint a Personal Representative:** You may exercise your rights through a personal representative upon appropriate proof of authority (including, for example, a notarized power of attorney). We retain the discretion to deny access to your health information to a personal representative.

**Substance Use Disorder Treatment Records:** There are limitations on how we 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 records received from programs subject to 42 C.F.R. 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. The Plan will never use this information to raise funds for its benefit. But if it were to do so, it would first provide you a clear and conspicuous opportunity to elect not to receive any fundraising communications.

## **Questions and Complaints**

If you want more information about our privacy practices or have questions or concerns, please contact the Fund Office at:

Fund Office  
Plumbers and Pipefitters Local Union #94 Health & Welfare Fund  
3660 Stutz Drive  
Suite 101  
Canfield, Ohio 44406  
Phone: (330) 779-8874  
Website: [www.ualocal94benefits.org](http://www.ualocal94benefits.org)

You also may file a complaint with the Secretary of the U.S. Department of Health and Human Services at:

U.S. Department of Health & Human Services  
Office for Civil Rights  
200 Independence Avenue, S.W.  
Suite 509F, HHH Building  
Washington, D.C. 20201  
Phone: (800) 368-1019  
TDD: (800) 537-7697  
Fax: (202) 619-3818

We support your right to the privacy of your health information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

Sincerely Yours,

BOARD OF TRUSTEES OF THE  
PLUMBERS AND PIPEFITTERS LOCAL UNION #94  
HEALTH & WELFARE FUND