

# I.U.P.A.T. WELFARE FUND OF WESTERN PA

## 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.**

**Protected health information.** This section applies to "protected health information," which is health information that:

- is created or received by a health care provider, health plan, employer, or health care clearinghouse, and
- relates to the past, present, or future physical or mental health or condition of an individual, the provision of health care to an individual, or the past, present, or future payment for the provision of health care to an individual, and
- identifies the individual (or with respect to which there is a reasonable basis to believe that the information can be used to identify the individual).

Please note that employment records maintained by an Employer in its capacity as employer are not "health information" and therefore cannot be "protected health information." This includes, for example, records of date of hire, employment classification, and hours worked (even though that information may bear on eligibility for the Plan), as well as medical information developed to administer employment policies relating to paid time off, disability, and workers' compensation, for example.

In this description, we will call protected health information "PHI" for short.

**Treatment, payment, and health care operations.** The privacy rules generally allow the use and disclosure of your PHI without your permission (known as an authorization) for purposes of health care treatment, payment activities, and health care operations.

- Treatment includes providing, coordinating, or managing health care by health care providers or doctors. Treatment can also include coordination or management of care between a provider and a third party, and consultation and referrals between providers. For example, the Plan may share PHI about you with physicians who are treating you.
- Payment includes activities by the Plan, other plans, or providers to obtain premiums, make coverage determinations, and provide reimbursement for health care. This can include eligibility determinations, reviewing services for medical necessity or appropriateness, utilization management activities, claims management, and billing, as well as risk adjustment, collection, or reinsurance. For example, the Plan may share

information about your coverage or the expenses you have incurred with another health plan in order to coordinate payment of benefits.

- Health care operations include activities by the Plan (and in limited circumstances other plans or providers) such as wellness and risk assessment programs, quality assessment and improvement activities, customer service, and internal grievance resolution. Health care operations also include vendor evaluations, credentialing, training, accreditation activities, underwriting, premium rating, arranging for medical review and audit activities, and business planning and development. For example, the Plan may use information about your claims to review the effectiveness of wellness programs.

Treatment, payment, and health care operations may also include contacting you to provide appointment reminders or information about alternative treatments or about other health-related benefits and services that may be of interest to you.

The amount of PHI used or disclosed will be limited to the minimum necessary for these purposes, as defined under the HIPAA rules. The Plan may also contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

**Other disclosures.** In certain cases, your PHI can be disclosed without authorization to a family member, close friend, or other person you identify who is involved in your care or payment for your care. Information describing your location, general condition, or death may be provided to a similar person (or to a public or private entity authorized to assist in disaster relief efforts). You'll generally be given the chance to agree or object to these disclosures (although exceptions may be made, for example if you are not present or if you are incapacitated). In addition, your PHI may be disclosed without authorization to your legal representative.

The Plan is also allowed to use or disclose your PHI without your written authorization for uses and disclosures required by law, for public health activities, and other specified situations, including:

- disclosures to workers' compensation or similar legal programs, as authorized by and necessary to comply with such laws,
- disclosures related to situations involving threats to personal or public health or safety,
- disclosures related to situations involving judicial proceedings or law enforcement activity,
- disclosures to a coroner or medical examiner to identify the deceased or determine cause of death; and to funeral directors to carry out their duties,
- disclosures related to organ, eye or tissue donation, and transplantation after death,

- disclosures subject to approval by institutional or private privacy review boards and subject to certain assurances by researchers regarding necessity of using your PHI and treatment of the information during a research project, and
- disclosures related to health oversight activities, specialized government or military functions and Health and Human Services investigations.

Except as described in this notice, other uses and disclosures will be made only with your written authorization. You may revoke your authorization as allowed under the HIPAA rules. However, you can't revoke your authorization if the Plan has taken action relying on it. In other words, you can't revoke your authorization with respect to disclosures the Plan has already made.

If the Plan receives or maintains your PHI from a substance use disorder treatment program that is covered by 42 CFR Part 2 (a "Part 2 Record") through a general consent provided to the treatment program to use and disclose the Part 2 Record for purposes of treatment, payment or health care operations, the Plan may use and disclose the Part 2 Record for treatment, payment and health care operations purposes as described in this Notice. If the Plan receives or maintains a Part 2 Record through specific consent that you provided to the Plan or to a third party, the Plan will only use and disclose the Part 2 Record as expressly permitted in the consent provided.

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

**Request for restrictions.** You may ask the Plan to restrict the use and disclosure of your PHI to treatment, payment, and health care operations, except for uses or disclosures required by law. You may ask the Plan to restrict the use and disclosure of your PHI to family members, close friends, or other persons you identify as being involved in your care or payment for your care. You also have the right to ask the Plan to restrict use and disclosure of PHI to notify those persons of your location, general condition, or death or to coordinate those efforts with entities assisting in disaster relief efforts.

Your request to the Plan must be in writing. The Plan is not required to agree to a requested restriction. If the Plan does agree, a restriction may later be terminated by your written request, by agreement between you and the Plan (including an oral agreement), or unilaterally by the Plan for PHI created or received after you're notified that the Plan has removed the restrictions. The Plan may also disclose PHI about you if you need emergency treatment, even if the Plan has agreed to a restriction.

**Confidential communication of PHI.** If you think that disclosure of your PHI by the usual means could endanger you in some way, the Plan will accommodate reasonable requests to receive communications of PHI from the Plan by alternative means or at alternative locations.

Your request to the Plan must be in writing and you must include a statement that disclosure of all or part of the information could endanger you. This right may be conditioned on your

providing an alternative address or other method of contact and, when appropriate, on your providing information on how payment, if any, will be handled.

**Inspecting and copying PHI.** With certain exceptions, you may inspect or obtain a copy of your PHI in a “designated record set.” This may include medical and billing records maintained for a health care provider; enrollment, payment, claims adjudication, and case or medical management record systems maintained by a plan; or a group of records the Plan uses to make decisions about individuals. As an exception, you do not have a right to inspect or obtain copies of psychotherapy notes or information compiled for civil, criminal, or administrative proceedings.

Your request to the Plan must be in writing. If your request is denied, you may request a review of the denial. If the Plan doesn’t maintain the PHI but knows where it is maintained, you will be informed of where to direct your request.

**Amending inaccurate or incomplete PHI.** With certain exceptions, you may request that the Plan amend your PHI in a designated record set. Your request may be denied if the PHI is accurate and complete, was not created by the Plan (unless the person or entity that created the information is no longer available), is not part of the designated record set, or is not available for inspection (e.g., psychotherapy notes or information compiled for civil, criminal, or administrative proceedings). Your request to the Plan must be in writing, and you must include a statement to support the requested amendment.

**Accounting of disclosures.** You have the right to a list of certain disclosures the Plan has made of your PHI. This is often referred to as an “accounting of disclosures.” Generally, you can get an accounting of disclosures if the disclosure is required by law, in connection with public health activities, or in similar situations listed above, unless otherwise indicated below. You may be entitled to an accounting of disclosures that the Plan should not have made without authorization from you. You may receive information on disclosures of your PHI going back for six (6) years from the date of your request.

You do not have a right to receive an accounting of any disclosures made:

- for treatment, payment, or health care operations,
- to you about your own PHI,
- incidental to other permitted or required disclosures,
- where authorization was provided,
- to family members or friends involved in your care (where disclosure is permitted without authorization),
- for national security or intelligence purposes or to correctional institutions or law enforcement officials in certain circumstances, or
- as part of a “limited data set” (PHI that excludes certain identifying information).

In addition, your right to an accounting of disclosures to a health oversight agency or law enforcement official may be suspended at the request of the agency or official.

Your request to the Plan must be in writing. You may make one request in any 12-month period at no cost to you, but the Plan may charge a fee for subsequent requests. You'll be notified of the fee in advance and have the opportunity to change or revoke your request.

**Paper copy of this notice.** If you are not receiving this notice on paper, you may have a paper copy from the Plan on request. Just contact the Fund Office.

**Breaches.** In the event of a "breach" of "unsecured" PHI, as defined in 45 C.F.R. § 164.402, if your PHI has been, or is reasonably believed to have been, accessed, acquired, used or disclosed, you will be notified as provided in the regulation.

**Effective date and changes.** This privacy policy originally took effect with the applicable regulations (generally, April 14, 2003). This version of the policy is effective as of February 16, 2026. Changes may be made in accordance with the normal procedure for amending the Plan, in which event you will receive a copy of the new policy as soon as possible.

**Complaints.** Complaints relating to your PHI should be directed to the Plan Administrator. You may also complain to the Secretary of the federal Department of Health and Human Services, 200 Independence Ave., Washington, D.C. 20201. You will not be retaliated against for filing a complaint.