

**THE BOARD OF TRUSTEES OF THE  
OHIO CONFERENCE OF PLASTERERS AND CEMENT MASONS  
HEALTH AND WELFARE FUND**

**NOTICE OF PRIVACY PRACTICES**

**Effective Date of Notice: January 29, 2026**

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***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.***

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The Conference of Plasterers and Cement Masons Health and Welfare Fund (“Plan”) is required by the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”), 45 C.F.R. Parts 160 and 164 (“Privacy Regulations”) to take reasonable steps to ensure the privacy of your personally identifiable health information and to inform you about:

1. the Plan’s uses and disclosures of records containing Protected Health Information (“PHI”), which includes the Plan’s uses and disclosures of records pertaining to Substance Use Disorders (“SUD”) (collectively referred to as “PHI” throughout this Notice);
2. your privacy rights with respect to your PHI;
3. the Plan’s duties with respect to your PHI;
4. your right to file a complaint with the Plan and to the Secretary of the U.S. Department of Health and Human Services (“HHS”); and
5. the person or office to contact for further information about the Plan’s privacy practices.

PHI includes all individually identifiable health information transmitted or maintained by the Plan, regardless of form (oral, written, or electronic).

**Section 1**  
**Business Associate Agreements**

The Plan will enter into a Business Associate Agreement with all service providers who receive or retain PHI for Plan Participants that will obligate the Business Associate to protect PHI in accordance with the HIPAA Privacy Regulations. For purposes of compliance with HIPAA, the term “Business Associate Agreement” means any contract between the Plan and a Business Associate that satisfies the requirements of HIPAA. For this purpose, the term “Business Associate” means a person or entity that performs certain functions or activities on behalf of, or that provides certain services to, the Plan involving access by the Business Associate to PHI.

Functions and activities that are performed by a Business Associate include claims processing or administration; data analysis, processing, or administration; utilization review; quality assurance; billing; benefit management; and repricing. In addition, the services that are performed by a Business Associate include legal, actuarial, accounting, consulting, administrative, and financial services.

The term “Business Associate” also includes a subcontractor that creates, receives, maintains, or transmits PHI on behalf of another Business Associate. Contracts between Business Associates and Business Associates that are subcontractors are subject to the same requirements under HIPAA as contracts between the Plan and Business Associates.

### **Notice of PHI Uses and Disclosures**

Upon your request, the Plan is required to give you access to your PHI records in order to inspect and copy it. Use and disclosure of your PHI may be required by the Secretary of HHS to investigate or determine the Plan’s compliance with the privacy regulations.

### **Uses and Disclosures to Carry Out Treatment, Payment and Health Care Operations**

The Plan and its business associates will use PHI without your authorization to carry out treatment, payment and health care operations defined below. The Plan and its business associates (and any health insurers providing benefits to Plan Participants) may also disclose the following to the Plan’s Board of Trustees (“Board” or “Trustees”): (1) PHI for purposes related to Plan administration (payment and health care operations); (2) summary health information for purposes of health or stop loss insurance underwriting or for purposes of modifying the Plan; and (3) enrollment information (whether an individual is eligible for benefits under the Plan). The Trustees have amended the Plan to protect your PHI as required by federal law.

***Treatment:*** is the provision, coordination or management of health care and related services. It also includes but is not limited to consultations and referrals between one or more of your providers. For example, the Plan may disclose to a treating physician the name of your treating radiologist so that the physician may ask for your X-rays from the treating radiologist.

***Payment:*** includes but is not limited to actions to make coverage determinations and payment (including billing, claims processing, subrogation, reviews for medical necessity and appropriateness of care, utilization review and pre-authorizations). For example, the Plan may tell a treating 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 quality assessment and improvement, reviewing competence or qualifications of health care professionals, underwriting, premium rating and other insurance activities relating to creating or renewing insurance contracts. It also includes case management, conducting or arranging for medical review, legal services and auditing functions including fraud and abuse compliance programs, business planning and development, business management and general administrative activities. However, no genetic

information can be used or disclosed for underwriting purposes. For example, the Plan may use information to project future benefit costs or audit the accuracy of its claims processing functions.

### **Conditions of Disclosure for Plan Administration**

The Board agrees that with respect to any PHI (other than enrollment/disenrollment information and Summary Health Information, which are not subject to these restrictions, provided that such information has been de-identified in accordance with HIPAA) disclosed to it by the Plan (or a health insurance issuer), the Board shall:

1. ensure that any Business Associates, providers, agents or plan representatives, to whom the Board provides PHI received from the Plan, agree to the same restrictions and conditions that apply to the Board with respect to such information by executing written Business Associate Agreements;
2. make internal practices, books, and records relating to the use and disclosure of PHI, received from the Plan, available to the Secretary of the HHS for the purposes of determining compliance by the Plan with HIPAA and the Privacy Regulations;
3. if feasible, return or destroy all PHI received from the Plan that the Board still maintains, in any form, and retain no copies of such information when no longer needed for the purpose for which the permissible disclosure was made. If return or destruction is not feasible, limit further uses and disclosures to those purposes that make the return or destruction infeasible; and
4. implement administrative, physical, and technical safeguards that reasonably de-identifies and appropriately protects the confidentiality, integrity, and availability of the electronic PHI that it creates, receives, maintains, or transmits on behalf of the Plan; and provide for adequate separation, which is supported by reasonable and appropriate security measures between the Plan and the Board.

### **Uses and Disclosures That Require That You Be Given an Opportunity to Agree or Disagree Prior to the Use or Release**

Unless you object, the Plan may provide relevant portions of your PHI to a family member, friend or other person you indicate is involved in your health care or in helping you receive payment for your health care. Also, if you are not capable of agreeing or objecting to these disclosures because of, for instance, an emergency situation, the Plan will disclose PHI (as the Plan determines) in your best interest. After the emergency, the Plan will give you the opportunity to object to future disclosures to family and friends.

### **Uses and Disclosures for Which Your Consent, Authorization or Opportunity to Object Is Not Required**

The Plan is allowed to use and disclose your PHI without your authorization under the following circumstances:

1. For treatment, payment and health care operations.
2. Enrollment information can be provided to the Trustees.
3. Summary health information can be provided to the Trustees for the purposes designated above.
4. When required by law.
5. When permitted for purposes of public health activities, including when necessary to report product defects and to permit product recalls. PHI may also be disclosed if you have been exposed to a communicable disease or are at risk of spreading a disease or condition, if required by law.
6. When required by law to report information about abuse, neglect or domestic violence to public authorities if there exists a reasonable belief that you may be a victim of abuse, neglect or domestic violence. In such cases, the Plan will promptly inform you that such a disclosure has been or will be made unless that notice would cause a risk of serious harm. For the purpose of reporting child abuse or neglect, it is not necessary to inform the minor that such a disclosure has been or will be made. Disclosure may generally be made to the minor's parents or other representatives although there may be circumstances under federal or state law when the parents or other representatives may not be given access to the minor's PHI.
7. The Plan may disclose your PHI to a public health oversight agency for oversight activities required by law. This includes uses or disclosures in civil, administrative or criminal investigations; inspections; licensure or disciplinary actions (for example, to investigate complaints against providers); and other activities necessary for appropriate oversight of government benefit programs (for example, to investigate Medicare or Medicaid fraud). Provided, however, the Plan may not provide records related to "Reproductive Health Care" when it is sought to investigate or impose civil, criminal or administrative liability on any person seeking, obtaining, providing, or facilitating lawful Reproductive Health Care or to identify persons for such activities as set forth in the section entitled "Uses and Disclosures for Records Pertaining to Reproductive Health Care," below.
8. The Plan may disclose your PHI when required for judicial or administrative proceedings. For example, your PHI may be disclosed in response to a subpoena or discovery request. Provided, however, the Plan may not provide records related to "Reproductive Health Care" when it is sought to investigate or impose civil, criminal or administrative liability on any person seeking, obtaining, providing, or facilitating lawful Reproductive Health Care or to identify persons for such activities as set forth in the section entitled "Uses and Disclosures for Records Pertaining to Reproductive Health Care," below.
9. When required for law enforcement purposes, including for the purpose of identifying or locating a suspect, fugitive, material witness or missing person. Also, when disclosing information about an individual who is or is suspected to be a

victim of a crime but only if the individual agrees to the disclosure or the Plan is unable to obtain the individual's agreement because of emergency circumstances. Furthermore, the law enforcement official must represent that the information is not intended to be used against the individual, the immediate law enforcement activity would be materially and adversely affected by waiting to obtain the individual's agreement and disclosure is in the best interest of the individual as determined by the exercise of the Plan's best judgement. Provided, however, the Plan may not provide records related to "Reproductive Health Care" when it is sought to investigate or impose civil, criminal or administrative liability on any person seeking, obtaining, providing, or facilitating lawful Reproductive Health Care or to identify persons for such activities as set for in the section entitled "Uses and Disclosures for Records Pertaining to Reproductive Health Care," below.

10. When required to be given to a coroner or medical examiner for the purpose of identifying a deceased person, determining a cause of death or other duties as authorized by law. Provided, however, the Plan may not provide records related to "Reproductive Health Care" when it is sought to investigate or impose civil, criminal or administrative liability on any person seeking, obtaining, providing, or facilitating lawful Reproductive Health Care or to identify persons for such activities as set forth in the section entitled "Uses and Disclosures for Records Pertaining to Reproductive Health Care," below. Also, disclosure is permitted to funeral directors, consistent with applicable law, as necessary to carry out their duties with respect to the decedent.
11. When consistent with applicable law and standards of ethical conduct, if 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 that is reasonably able to prevent or lessen the threat, including the target of the threat.
12. When authorized by and to the extent necessary to comply with workers' compensation or other similar programs established by law.

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

### **Uses and Disclosures for Records Pertaining to Reproductive Health Care**

The Plan, and its business associates, are prohibited from using or disclosing PHI related to Reproductive Health Care, if the purpose is for a criminal, civil, or administrative investigation or proceeding against any person in connection with seeking, obtaining, providing, or facilitating reproductive health care that is lawful under the circumstances in which such health care is provided, or to identify any person for the purpose of initiating such activities.

Reproductive Health Care is health care that affects the health of the individual in all matters relating to the reproductive system and to its functions and processes. Reproductive Health Care includes, but is not limited to, contraception, including emergency contraception; pregnancy-

related health care; fertility or fertility-related health care; and other types of care or services related to the reproductive system.

### **Attestation Form Required When Reproductive Health Care Records Are Requested**

Prior to disclosing any PHI related to Reproductive Health Care, the Plan will obtain a written attestation, written in plain and understandable language, from the requesting party, before it releases the PHI. The Attestation must:

1. State that the request is not being made for a prohibited purpose (i.e., it is being requested for health oversight activities, judicial and administrative proceedings, law enforcement purposes, or for decedents to coroners and medical examiners);
2. State that the requesting party is not seeking PHI related to Reproductive Health Care to investigate or impose civil, criminal or administrative liability on any person seeking, obtaining, providing, or facilitating lawful Reproductive Health Care, or to identify persons for such activities;
3. State the information requested and include the name of the person or a description of the class of people whose information is sought, with limited exceptions; and
4. Not be combined with any other document.

This attestation requirement applies when the request is for Reproductive Health Care Information for any of the following:

1. Health oversight activities;
2. Judicial and administrative proceedings;
3. Law enforcement purposes; or
4. Disclosures to coroners and medical examiners.

For disclosures of Reproductive Health Care Information to receive the protection that the written attestation is intended to provide, the Reproductive Health Care Information at issue must be one of the following:

1. lawful under the law of the state in which such health care is provided under the circumstances in which it is provided;

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*Example: If Kristen lives in State A—where abortion is illegal—and travels to State B—where abortion is legal—and has an abortion there, Kristen may not be held liable when she returns home to State A.*

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2. protected, required, or authorized by Federal law, including the United States Constitution, under the circumstances in which such health care is provided, regardless of the state in which it is provided; or

3. provided by another person and the provider is presumed lawful.

The Plan will assume that Reproductive Health Care is legal absent actual knowledge to the contrary. Reproductive Health Care will NOT be assumed by the Plan to be legal if the following apply:

1. The Plan has actual knowledge that the Reproductive Health Care was not lawful under the circumstances in which it was provided.

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*Example: If Blair travels to State A—where abortion is illegal—and has an abortion and later files a claim with the Plan for coverage of the abortion that occurred in State A, the Plan would have actual knowledge that the Reproductive Health Care Blair received was not legal.*

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2. The Plan receives factual information from the person making the request for the use or disclosure of Reproductive Health Care Information that demonstrates a substantial factual basis that the Reproductive Health Care was not lawful under the circumstances in which it was provided.

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*Example: A law enforcement official provides the Plan with evidence that the information being requested is Reproductive Health Care that was provided by an unlicensed person, where the law requires that such health care be provided by a licensed health care provider. In that case, a substantial factual basis exists that the Reproductive Health Care was not lawful under the circumstances.*

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**Where an Attestation is Not Required** - An Attestation is not required when the request for the use or disclosure of Reproductive Health Care Information is not made to investigate or impose liability on any person for the mere act of seeking, obtaining, providing, or facilitating Reproductive Health Care. An Attestation is also not required when the request for the use or disclosure of Reproductive Health Care Information is not made to investigate or impose liability on any person for the mere act of seeking, obtaining, providing, or facilitating Reproductive Health Care.

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*Example: The Plan could disclose Reproductive Health Care Information to defend any person in a criminal, civil, or administrative proceeding where liability could be imposed on that person for providing Reproductive Health Care.*

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*Example: The Plan could disclose Reproductive Health Care Information to an Inspector General where the Reproductive Health Care Information is sought to conduct an audit for health oversight purposes.*

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## Uses and Disclosures of Substance Use Disorder (“SUD”) Records

The following rules now apply to the use and disclosure of SUD records:

1. **Single Consent:** SUD Records can be disclosed based on a single consent given once for all future uses and disclosures for treatment, payment, and health care operations. You may revoke your consent at any time.

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*Example: Angela has sought treatment for her addiction to opioids. She has signed a release for her Plan claim records to be shared with her treating physicians. Angela is later involved in a vehicle crash. Angela is transported to a local hospital for treatment. The hospital may request Angela’s claim records from the Plan to determine appropriate medication to give to Angela during her hospital stay.*

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2. **Redisclosure:** Permits redisclosure of SUD records between the covered health plan and their business associates in accordance with HIPAA, with certain exceptions, without further consent of the patient.
3. **Right to an Accounting of Disclosures Upon Request:** Provides new rights for SUD patients to obtain an accounting of disclosures showing a list of all the people or entities that have received their SUD records and to request restrictions on certain disclosures, permitted under HIPAA.
4. **Use and Disclosure for Certain Proceedings:** Expands prohibitions on the use and disclosure of SUD records in civil, criminal, administrative, and legislative proceedings.
5. **Enforcement:** Provides HHS enforcement authority, including the potential imposition of civil money penalties for violations for improper treatment of SUD records. Prior to this update, there were no enforcement rules to ensure accountability for those who mishandle patient SUD records.
6. **Breach Rules:** In the event of a breach of SUD records, breach notification requirements for SUD records are now required. For example, you must be notified if there is an unauthorized disclosure of your SUD records. Additionally, large breaches that affect 500 or more individuals are required to be reported to media outlets. This rule also requires the Plan to adopt policies and procedures to prevent unauthorized use and disclosures. For this purpose, the term “breach” means the acquisition, access, use, or disclosure of PHI in a manner which is prohibited by HIPAA and which compromises the security or privacy of the PHI.

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*Example of #5 and #6 above: Rex goes to an outpatient rehab facility for treatment due to abuse of alcohol. As a result of his alcoholism, he has many health problems. Therefore, Rex signed a consent for the rehab facility to share his SUD records with the Plan to prove eligibility for disability benefits. During a file share between the rehab facility and the Plan, a breach containing Rex's SUD records occurred. While the Plan utilized a secure data framework (required under HIPAA), the rehab facility did not. The rehab facility will be held accountable in the same manner that the Plan is.*

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## **Uses and Disclosures That Require Your Written Authorization**

Other uses or disclosures of your PHI not described above will only be made with your written authorization. For example, in general and subject to specific conditions, the Plan will not use or disclose your psychiatric notes; the Plan will not use or disclose your PHI for marketing; and the Plan will not sell your PHI, unless you provide a written authorization to do so. You may revoke written authorizations at any time, so long as the revocation is in writing. Once the Plan receives your written revocation, it will only be effective for future uses and disclosures. It will not be effective for any information that may have been used or disclosed in reliance upon the written authorization and prior to receiving your written revocation.

## **Section 2** **Rights of Individuals**

### **Right to Request Restrictions on Uses and Disclosures of PHI**

You may request the Plan to restrict the uses and disclosures of your PHI and SUD records. However, the Plan is not required to agree to your request (except that the Plan must comply with your request to restrict a disclosure of your confidential information for payment or health care operations if you paid for the services to which the information relates in full, out of pocket). You or your personal representative will be required to submit a written request to exercise this right. Such requests should be made to the Plan's Privacy Official.

### **Right to Request Confidential Communications**

The Plan will accommodate reasonable requests to receive communications of PHI by alternative means or at alternative locations, if necessary, to prevent a disclosure that could endanger you. You or your personal representative will be required to submit a written request to exercise this right. Such requests should be made to the Plan's Privacy Official.

### **Right to Inspect and Copy PHI**

You have a right to inspect and obtain a copy of your PHI contained in a "designated record set," for as long as the Plan maintains the PHI. If the information you request is in an electronic

designated record set, you may request that these records be transmitted electronically to yourself or a designated individual.

**Protected Health Information:** PHI includes all individually identifiable health information transmitted or maintained by the Plan, regardless of form.

**Designated Record Set:** includes the medical records and billing records about individuals 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 the Plan; or other information used in whole or in part by or for the Plan to make decisions about individuals. Information used for quality control or peer review analyses and not used to make decisions about individuals is not in the designated record set.

The requested information will be provided within 30 days if the information is maintained on site or within 60 days if the information is maintained off site. A single 30-day extension is allowed if the Plan is unable to comply with the deadline.

You or your personal representative will be required to submit a written request to request access to the PHI in your designated record set. Such requests should be made to the Plan's Privacy Official. If access is denied, you or your personal representative will be provided with a written denial, setting forth the basis for the denial, a description of how you may appeal the Plan's decision and a description of how you may complain to the Secretary of HHS. The Plan may charge a reasonable, cost-based fee for copying records at your request.

### **Right to Amend PHI**

You have the right to request the Plan to amend your PHI or a record about you in your designated record set for as long as the PHI is maintained in the designated record set.

The Plan has 60 days after the request is made to act on the request. A single 30-day extension is allowed if the Plan is unable to comply with the deadline. If the request is denied in whole or part, the Plan must provide you with a written denial that explains the basis for the denial. You or your personal representative may then submit a written statement disagreeing with the denial and have that statement included with any future disclosures of your PHI. Such requests should be made to the Plan's Privacy Official. You or your personal representative will be required to submit a written request to request amendment of the PHI in your designated record set.

### **Right to Receive an Accounting of PHI Disclosures**

At your request, the Plan will also provide you with an accounting of disclosures by the Plan of your PHI during the six years prior to the date of your request. However, such accounting will not include PHI disclosures made: (1) to carry out treatment, payment or health care operations; (2) to individuals about their own PHI; (3) pursuant to your authorization; (4) prior to April 14, 2003; and (5) where otherwise permissible under the law and the Plan's privacy practices. In addition, the Plan need not account for certain incidental disclosures.

If the accounting cannot be provided within 60 days, an additional 30 days is allowed if the individual is given a written statement of the reasons for the delay and the date by which the accounting will be provided.

If you request more than one accounting within a 12-month period, the Plan will charge a reasonable, cost-based fee for each subsequent accounting. Such requests should be made to the Plan's Privacy Official.

### **Right to Receive a Paper Copy of This Notice Upon Request**

You have the right to obtain a paper copy of this Notice. Such requests should be made to the Plan's Privacy Official.

### **Persons Entitled to Access to Protected Health Information**

In accordance with HIPAA, only the following employees or classes of employees may be given access to PHI:

1. the Plan's Administrative Manager;
2. staff designated by approved Business Associates; and
3. members of the Board, the Plan's legal counsel, and the Plan's Auditor.

These persons may have access to and use and disclose PHI only for administration functions that are performed on behalf of the Plan. If these persons do not comply with the Plan's limitation on the use of PHI, the Board shall provide for the resolution of issues of noncompliance, including notifying Covered Persons in writing and imposing disciplinary sanctions.

### **A Note About Personal Representatives**

You may exercise your rights through a personal representative. Your personal representative will be required to produce evidence of his/her authority to act on your behalf before that person will be given access to your PHI or allowed to take any action for you. Proof of such authority may take one of the following forms:

1. a power of attorney for health care purposes;
2. a court order of appointment of the person as the conservator or guardian of the individual; or
3. an individual who is the parent of an unemancipated minor child may generally act as the child's personal representative (subject to state law).

The Plan retains discretion to deny access to your PHI by a personal representative to provide protection to those vulnerable people who depend on others to exercise their rights under these rules and who may be subject to abuse or neglect.

### **Section 3** **The Plan's Duties**

The Plan is required by law to maintain the privacy of PHI and to provide individuals (participants and beneficiaries) with notice of the Plan's legal duties and privacy practices.

This Notice is effective June 5, 2025, and the Plan is required to comply with the terms of this Notice. However, the Plan reserves the right to change its privacy practices and to apply the changes to any PHI received or maintained by the Plan prior to that date. If a privacy practice is changed, a revised version of this Notice will be provided to all participants for whom the Plan still maintains PHI. The revised Notice will be distributed in the same manner as the initial Notice was provided or in any other permissible manner.

If the revised version of this Notice is posted on the Plan's website, <https://www.ourbenefitoffice.com/ohcementmasons/Benefits/MedicalBenefits.aspx> you will also receive a copy of the Notice, or information about any material change and how to receive a copy of the Notice in the Plan's next annual mailing. Otherwise, the revised version of this Notice will be distributed within 60 days of the effective date of any material change to the Plan's policies regarding the uses or disclosures of PHI, the individual's privacy rights, the duties of the Plan or other privacy practices stated in this Notice.

#### **Minimum Necessary Standard**

When using or disclosing PHI or when requesting PHI from another covered entity, the 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. When required by law, the Plan will restrict disclosures to the limited data set, or otherwise as necessary, to the minimum necessary information to accomplish the intended purpose.

However, the minimum necessary standard will not apply in the following situations:

1. disclosures to or requests by a health care provider for treatment;
2. uses or disclosures made to the individual;
3. disclosures made to the Secretary of HHS;
4. uses or disclosures that are required by law; and
5. uses or disclosures that are required for the Plan's compliance with legal regulations.

**De-Identified Information:** This Notice does not apply to information that has been de-identified. De-identified information is information that does not identify an individual and with respect to which there is no reasonable basis to believe that the information can be used to identify an individual.

**Summary Health Information:** The Plan may disclose “Summary Health Information” to the Trustees for obtaining insurance premium bids or modifying, amending or terminating the Plan. “Summary Health Information” summarizes the claims history, claims expenses or type of claims experienced by participants and excludes identifying information in accordance with HIPAA.

**Notification of Breach:** The Plan is required by law to maintain the privacy of participants’ PHI and to provide individuals with notice of its legal duties and privacy practices. In the event of a breach of unsecured PHI, the Plan will notify affected individuals of the breach.

#### **Section 4**

### **Your Right to File a Complaint with the Plan or the HHS Secretary**

If you believe that your privacy rights have been violated, you may complain to the Plan. Such complaints should be made to the Plan’s Privacy Official. You may file a complaint with the Secretary of the U.S. Department of Health and Human Services, Hubert H. Humphrey Building, 200 Independence Avenue SW, Washington, D.C. 20201. The Plan will not retaliate against you for filing a complaint.

#### **Section 5**

### **Whom to Contact at the Plan for More Information**

If you have any questions regarding this Notice or the subjects addressed in it, you may contact the Plan’s Privacy Official. Such questions should be directed to the Plan’s Privacy Official at:

Plan Administrator  
BeneSys, Inc.  
3660 Stutz Drive, Suite 101  
Canfield, OH 44406  
(330) 270-0453

#### **Conclusion**

The use and disclosure of PHI by the Plan is regulated by a federal law known as HIPAA. You may find these rules at 45 C.F.R. Parts 160 and 164. The Plan intends to comply with these laws and other applicable departmental regulations. This Notice attempts to summarize the regulations. The regulations will supersede any discrepancy between the information in this Notice and the regulations.