

San Francisco Culinary, Bartenders & Service Employees Trust Funds

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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.

USE AND DISCLOSURE OF HEALTH INFORMATION

The San Francisco Culinary, Bartenders & Service Employees Welfare Fund (“Health Plan”) may generally use and disclose your health information, that is, the minimum necessary information that constitutes protected health information as defined in the Privacy Rule of the Administrative Simplification provision of the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”), without your permission (known as an authorization) for purposes of health care Treatment, Payment activities and Health Care Operations. Here are some examples of what that might entail:

Treatment. Treatment includes providing, coordinating or managing health care by one or more 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 Health Plan may disclose that you are eligible for benefits to a health care provider who contacts Health Plan to verify your eligibility.

Payment. Payment includes activities by this 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 other functions such as risk adjustment, collection or reinsurance. For example, Health Plan may provide information regarding your coverage or health care treatment to other health plans to coordinate payment of benefits.

Health Care Operations. Health Care Operations include activities by this Health 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.

OTHER ALLOWABLE USES OR DISCLOSURES OF YOUR HEALTH INFORMATION

For Treatment Alternatives. Health Plan may use and disclose your health information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

For Distribution of Health-Related Benefits and Services. Health Plan may use or disclose your health information to provide to you information on health-related benefits and services that may be of interest to you.

Public Health Risks. Health Plan may disclose medical information about you for public health activities. These activities generally include the following:

- To prevent or control disease, injury or disability;
- To report births and deaths;
- To report child abuse or neglect;
- To report reactions to medications or problems with products;
- To notify people of recalls of products they may be using;
- To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- To notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. Health Plan will only make this disclosure if you agree or when required or authorized by law.

For Disclosure to the Plan Sponsor. Health Plan may disclose your health information to the plan sponsor for plan administration functions performed by the plan sponsor on behalf of Health Plan. Health Plan also may provide summary health information to the plan sponsor so that the plan sponsor may solicit premium bids from other health plans or modify, amend or terminate the plan.

When Legally Required. Health Plan will disclose your health information when it is required to do so by any federal, state or local law.

Organ and Tissue Donation. If you are an organ donor, Health Plan may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

To Conduct Health Oversight Activities. Health Plan may disclose your health information to a health oversight agency for authorized activities including audits, civil administrative or criminal investigations, inspections, licensure or disciplinary action. Health Plan, however, may not disclose your health information if you are the subject of an investigation and the investigation does not arise out of or is not directly related to your receipt of health care or public benefits.

In Connection With Judicial and Administrative Proceedings. As permitted or required by law, Health Plan may disclose your health information in the course of any judicial or administrative proceeding in response to an order of a court or administrative tribunal as expressly authorized by such order or in response to a subpoena, discovery request or other lawful process, but only when Health Plan makes reasonable efforts to either notify you about the request or to obtain an order protecting your health information.

For Law Enforcement Purposes. As permitted or required by law, Health Plan may disclose your health information to a law enforcement official for certain law enforcement purposes, including, but not limited to, if Health Plan has a suspicion that your death was the result of criminal conduct or in an emergency to report a crime.

To Coroners, Medical Examiners and Funeral Directors. Health Plan may release your health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or to determine the cause of death. Health Plan may also release your health information to funeral directors as necessary to carry out their duties.

In the Event of a Serious Threat to Health or Safety. Health Plan may, consistent with applicable law and ethical standards of conduct, disclose your health information if Health Plan, in good faith, believes that such disclosure is necessary to prevent or lessen a serious and imminent threat to your health or safety or to the health and safety of the public. Any disclosure would be to someone able to help prevent the threat.

For Specified Government Functions. In certain circumstances, federal regulations require Health Plan to use or disclose your health information to facilitate specified government functions related to the military and veterans, national security and intelligence activities, protective services for the President and others, and correctional institutions and inmates.

For Workers' Compensation. Health Plan may release your health information to the extent necessary to comply with laws related to workers' compensation or similar programs.

Individual Involved in Your Care or Payment of Your Care. The Health Plan may use or disclose your health information to a close friend or family member involved in or who helps pay for your health care. The Health Plan may advise a family member or close friend about your condition, your location (for example, that you are in the hospital) or death.

HHS Investigations. The Health Plan may release your information to the Department of Health and Human Services ("HHS") to investigate or determine the Health Plan's compliance with the HIPAA privacy rule.

Business Associates. There are certain services that are provided to the Health Plan by third parties known as "business associates". For example, the Health Plan may input information about your health care treatment into an electronic claims processing system maintained by the Plan's business associate so your claim may be paid. In doing so, the Health Plan will disclose your health information to its business associate so it can perform its claims payment function. However, the Health Plan will require its business associates to appropriately safeguard your health information.

AUTHORIZATION TO USE OR DISCLOSE HEALTH INFORMATION

Other than as stated above, Health Plan will not disclose your health information other than with your written authorization. If you authorize Health Plan to use or disclose your health information, you may revoke that authorization in writing at any time. However, you cannot revoke that authorization if the Health Plan has taken action relying upon it. In other words, you cannot revoke your authorization with respect to disclosures the Health Plan has already made.

RESTRICTIONS ON USE OF YOUR HEALTH INFORMATION

Substance Use Disorder. There are additional restrictions on the use and disclosure of records that would identify an individual as having or having had a substance use disorder, and that contain substance use disorder or alcohol use disorder information obtained or maintained by a federally assisted substance/alcohol use disorder program for the purposes of treating, diagnosing, or making a referral for treatment.

Except when presented with a valid court order, the Plan may **not** use or disclose such information (1) for initiating or substantiating any criminal charges against you, or (2) to conduct any criminal investigation of you. Records will only be used or disclosed based on a court order after notice and an opportunity to be heard is provided and the court order is accompanied by a subpoena or other legal mandate compelling disclosure.

The Plan may disclose such information:

- To medical personnel in order to meet a bona fide medical emergency when your prior written consent cannot be obtained.
- To medical personnel of the Food and Drug Administration (FDA) who assert to us that individuals may be threatened by an error in the manufacture, labeling, or sale of a product

under FDA jurisdiction, and such information will be used for the exclusive purpose of notifying patients or their physicians of potential dangers.

- With your written authorization.
 - You may provide a single consent for all future uses or disclosures of your records related to substance/alcohol use disorders for treatment, payment, and health care operations purposes. You may revoke such consent in writing.

Psychotherapy Notes. The Plan generally may not disclose psychotherapy notes without your written permission except to defend the Plan in legal proceedings initiated by you.

YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION

You have the following rights regarding your health information that Health Plan maintains:

Right to Request Restrictions. You may request restrictions on certain uses and disclosures of your health information, except for uses or disclosures required by law. You have the right to request a limit on Health Plan's disclosure of your health information to someone involved in the payment of your care. However, Health Plan is not required to agree to your request. And if the Health Plan does agree, a restriction may later be terminated by your written request, by agreement between you and the Health Plan or unilaterally by the Health Plan for health information created or received after you are notified that the Health Plan has removed the restrictions. If you wish to make a request for restrictions, your request must be in writing. For further information, please contact the Privacy Official indicated on page 5.

Right to Receive Confidential Communications. You have the right to request that Health Plan communicate with you in a certain way if you feel the disclosure of your health information could endanger you. You may be required to provide a statement that disclosure of your health information could endanger you. For example, you may ask that Health Plan only communicate with you at a certain telephone number. If you wish to receive confidential communications, please make your request in writing to the Privacy Official indicated on page 5. Health Plan will attempt to honor your reasonable requests for confidential communications.

Right to Access Your Health Information. You have the right to access your health information. However, you do not have a right to obtain copies of psychotherapy notes or information compiled for civil, criminal or administrative proceedings. A request to obtain a copy of records (including an electronic copy) containing your health information must be made in writing to the Privacy Official indicated on page 5. If you request a copy of your health information, Health Plan may charge a reasonable fee for copying, assembling costs and postage, if applicable, associated with your request. Health Plan may deny your request in limited situations.

Right to Amend Your Health Information. If you believe that your health information records are inaccurate or incomplete, you may request that Health Plan amend the records. That request may be made as long as Health Plan maintains the information. A request for an amendment of records must be made in writing to Privacy Official indicated on page 5. Health Plan may deny the request if it does not include a reason to support the amendment. The request also may be denied if your health information records were not created by Health Plan, if the health information you are requesting to amend is not part of Health Plan's records, if the health information you wish to amend falls within an exception to the health information you are permitted to obtain a copy of, or if Health Plan determines the records containing your health information are accurate and complete.

Right to an Accounting. You have the right to request a list of certain disclosures the Health Plan has made of your health information. 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 health information;
- 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” (health information 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. The request must be made in writing to Privacy Official indicated on page 5. The request should specify the time period for which you are requesting the information, but may not start earlier than April 14, 2003. Accounting requests may not be made for periods of time going back more than six (6) years. Health Plan will provide the first accounting you request during any 12-month period without charge. Subsequent accounting requests may be subject to a reasonable cost-based fee. Health Plan will inform you in advance of the fee, if applicable.

Right to a Paper Copy of This Notice. You have a right to request and receive a paper copy of this Notice at any time, even if you have received this Notice previously or agreed to receive the Notice electronically. To obtain a paper copy, please contact Privacy Official indicated on page 5.

DUTIES OF HEALTH PLAN

Health Plan is required by law to maintain the privacy of your health information as set forth in this Notice and to provide to you this Notice of its duties and privacy practices. Health Plan has established a policy to guard against unnecessary disclosure of your health information. Health Plan is required to notify Individuals and others, within a reasonable period but not later than 60 calendar days, of any breach of unsecured health information that compromises the privacy or security of such information. Health Plan is required to abide by the terms of this Notice, which may be amended from time to time. Health Plan reserves the right to change the terms of this Notice and to make the new Notice provisions effective for all health information that it maintains. If Health Plan changes its policies and procedures, Health Plan will revise the Notice and will provide a copy of the revised Notice to you within 60 days of the change. You have the right to express complaints to Health Plan and to the Secretary of the Department of Health and Human Services if you believe that your privacy rights have been violated. Any complaints to Health Plan should be made in writing to Privacy Official indicated below. Health Plan encourages you to express any concerns you may have regarding the privacy of your information. You will not be retaliated against in any way for filing a complaint.

PRIVACY OFFICIAL

The Health Plan's Privacy Official is the Board of Trustees of the San Francisco Culinary, Bartenders & Service Employees Welfare Fund.

CONTACT PERSON

The Health Plan has designated Tony Ah-Hing, Plan Manager, as the contact for all issues regarding patient privacy and your privacy rights. You may contact this person at:

Tony Ah-Hing, Plan Manager
San Francisco Culinary, Bartenders & Service Employees Welfare Fund
c/o BeneSys Administrators
1182 Market Street, Suite 320
San Francisco, CA 94102
(925) 208-9999, ext. 8614

EFFECTIVE DATE

Original effective date of this Notice: April 14, 2003
Notice revised effective: February 16, 2026

IF YOU HAVE ANY QUESTIONS REGARDING THIS NOTICE, PLEASE CONTACT THE BOARD OF TRUSTEES, C/O 1182 MARKET STREET, SUITE 320; SAN FRANCISCO, CA 94102.