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.

INTRODUCTION

This Notice of Privacy Practices ("Notice") describes how the Local 99 Health and Welfare Fund ("Plan") may use and disclose your protected health information ("PHI") as well as your rights regarding PHI created, received, maintained, or transmitted by the Plan. The Plan is required by the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), as amended, and regulations thereunder, to maintain the privacy of your PHI, provide you with this Notice, and abide by the terms of this Notice. This Notice also explains the Plan's legal obligations regarding your PHI and your legal rights concerning your PHI held by the Plan.

PHI is all individually identifiable health information (including demographic data relating to an individual's past, present or future physical or mental health or condition; the provision of health care to the individual; or the past, present, or future payment for the provision of health care to the individual) held or transmitted by a covered entity or its business associate, in any form or media, whether electronic, paper, or oral.

When using or disclosing PHI the Plan makes reasonable efforts to limit the PHI to the minimum necessary to accomplish the intended purpose of the use, disclosure, or request.

USES AND DISCLOSURES OF PHI FOR WHICH YOUR AUTHORIZATION IS NOT REQUIRED

The Plan may use and disclose your PHI for the following purposes:

A. Treatment, Payment, & Health Care Operations

1. **Treatment**: To facilitate medical treatment or services by providers.

2. **Payment**: To determine eligibility for Plan benefits, to facilitate payment for health services, and to coordinate benefits.

3. **Health Care Operations**: For quality assessment, case management, care coordination, contacting health care providers and patients, and other related functions.

B. Other Uses and Disclosures of PHI for which Authorization is Not Required

The Plan may use and disclose your PHI without your written consent for the following purposes:

1. **As Required by Law**: When required by federal, state, or local law, including disclosures to the U.S. Department of Health and Human Services and the use or disclosure complies with and is limited to the relevant requirements of such law.

2. **Public Health Activities**: For public health activities such as preventing or controlling disease, injury, or disability, including, but not limited to, the reporting of disease, injury, vital events such as birth or death, and the conduct of public health surveillance, public health investigations, and public health interventions; or, at the direction of a public health authority, to an official of a foreign government agency that is acting in collaboration with a public health authority.

3. **Disclosures about Victims of Abuse, Neglect, or Domestic Violence**: About an individual whom the Plan reasonably believes to be a victim of abuse, neglect, or domestic violence to a government authority, including a social service or protective services agency, authorized by law to receive reports of such abuse, neglect, or domestic violence.

   In such a case, the Plan will inform the individual about the report unless the Plan (a) believes informing the individual would place the individual at risk of serious harm; or (b) would be informing a personal representative, and the Plan reasonably believes the personal representative is responsible for the abuse, neglect, or other injury, and that informing such person would not be in the best interests of the individual.

4. **Health Oversight Activities**: To a health oversight agency for activities authorized by law including audits; civil, administrative, or criminal investigations; inspections; licensure or disciplinary actions; and civil, administrative, or criminal proceedings or actions.

5. **Judicial and Administrative Proceedings**: In response to a court or administrative order, subpoena, discovery request, or other lawful process.

6. **Law Enforcement**: To law enforcement officials for law enforcement purposes in response to a court order, court-ordered warrant, subpoena, grand jury subpoena, or administrative request.

7. **Decedents**: 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.

8. **Organ and Tissue Donation**: To organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of cadaveric organs, eyes, or tissue for the purpose of facilitating organ, eye or tissue donation and transplantation.

9. **Research**: For research studies that meet privacy requirements.

10. **To Avert a Serious Threat to Health or Safety**: To prevent or lessen a serious threat to your health and safety or the health and safety of others.

11. **Military and Veterans**: If you are a member of the armed forces, as required by military command authorities.

12. **National Security and Intelligence Activities**: To authorized federal officials for intelligence, counterintelligence, and other national security activities.

13. **Workers' Compensation**: For workers' compensation or similar programs.

USES AND DISCLOSURES OF PHI FOR WHICH YOUR AUTHORIZATION IS REQUIRED

The Plan may use and disclose your PHI with your authorization for the following purposes:

1. **Psychotherapy Notes**: The Plan will not disclose or share notes recorded by a health care provider who is a mental health professional documenting or analyzing the contents of conversation during a private counseling session or a group, joint, or family counseling session to anyone without your written permission except to defend itself in a legal action or other proceeding brought by you.

2. **Marketing**: The Plan will not engage in communication about a product or service that encourages recipients of the communication to purchase or use the product or service without your consent.

3. **Sale of PHI**: The Plan does not sell your PHI. If the Plan were to sell your PHI, it would not do so without first obtaining your written authorization and disclosing that the sale will result in remuneration to the Plan.

4. **Substance Use Disorder Treatment Records**: The Plan may receive substance use disorder treatment records from Part 2 Programs to whom you have provided written consent. If substance use disorder records are disclosed to the Plan for treatment, payment, and health care operations, the Plan may further use and disclosure such records to the extent the HIPAA regulations permit such disclosure, except that such uses and disclosures may not be for civil, criminal, administrative, and legislative proceedings against you.

   The Plan will not use or disclose records, or testimony relaying the content of such records, in any civil, criminal, administrative, or legislative proceedings by any Federal, State, or local authority, against you unless authorized by your consent or as authorized by a court order provided (1) you have received notice of the potential use or disclosure and an opportunity to be heard on the use or disclosure; and (2) the court order authorizing the use or disclosure is accompanied by a subpoena or other similar legal mandate compelling disclosure.

5. **Fundraising**: The Plan may contact you for fundraising efforts, but you may opt out of receiving fundraising communications.

You may revoke an authorization at any time in writing to the Plan Office at the address listed below.

PROHIBITED USES AND DISCLOSURES

The Plan will not use or disclose your genetic information for underwriting purposes or sell your PHI in a way the Plan directly or indirectly receives remuneration from or on behalf of the recipient of the PHI in exchange for the PHI except as you have authorized in writing.

YOUR RIGHTS

You have the following rights with respect to your PHI:

1. **Right to Request Restrictions**: You have the right to request restrictions on certain uses and disclosures of your PHI. The Plan is not required to agree to your request.

2. **Right to Request Confidential Communications**: You have the right to request that the Plan communicate with you about health matters in a certain way or at a certain location if you believe that the disclosure of your PHI could endanger you.

3. **Right to Access and Obtain Copies of Your PHI**: You have the right to access and obtain copies of PHI about you that is contained in a "designated record set" for as long as the Plan maintains the PHI. A designated record set includes enrollment, payment, claims adjudication records, and any other records the Plan uses to make decisions regarding your health care benefits.

4. **Right to Request Amendment**: If you believe that your PHI is incorrect or incomplete, you have the right to request that the Plan amend your PHI. Your request must be in writing and must include the reason for the request.

5. **Right to an Accounting of Disclosures**: You have the right to receive a list of disclosures of your PHI made by the Plan, except for disclosures made for treatment, payment, or health care operations, permitted or required by law, pursuant to an authorization, or for national security or intelligence purposes, among others.

6. **Right to a Paper Copy of This Notice**: You have the right to receive a paper copy of this Notice upon request, even if you have agreed to receive this Notice electronically.

7. **Right to Choose Someone to Act for You**: If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your PHI. However, the Plan may elect not to treat a person as the personal representative if the Plan has a reason to believe (a) the individual has been or may be subjected to domestic violence, abuse, or neglect by such person; or (b) treating such person as the personal representative could endanger the individual.

THE PLAN'S DUTIES

The Plan is required by law to:

1. Maintain the privacy of your PHI.

2. Provide you with this Notice of its legal duties and privacy practices with respect to your PHI.

3. Abide by the terms of this Notice.

4. Notify you if a breach of your unsecured PHI occurs.

The Plan reserves the right to change the terms of this Notice and to make new provisions regarding your PHI. The Plan will provide you with a revised Notice within 60 days of any material change.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the Plan's Privacy Officer or with the Secretary of the U.S. Department of Health and Human Services. You will not be penalized for filing a complaint. If you are complaining about the Plan, you can submit your complaint in writing to the Privacy Officer at the contact listed below.

CONTACT INFORMATION

For more information about this Notice, please contact:

Privacy Officer
Local 99 Health and Welfare Fund
703 McCarter Highway
Newark, NJ 07102
Phone: 973-735-6464
Fax: 973-735-6465
Email: drich@local99healthfund.org

Effective Date of this Notice: February 16, 2026