

Amalgamated Meat Cutters & Retail Food Employees Union, Local 342 Welfare Fund

Amalgamated Meat Cutters & Retail Food Employees Union, Local 342 Health Care Fund

HIPAA 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.**

This Notice is effective February 16, 2026.

This Notice is required by law. A federal law, the Health Insurance Portability and Accountability Act (HIPAA), has established rules, known as the Privacy Rules, regulating the use and disclosure of personal health information. The Plan is required by law 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 Protected Health Information (PHI),
2. Your rights to privacy 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 with the Secretary of the United States Department of Health and Human Services (HHS), and
5. The person or office you should contact for further information about the Plan's privacy practices.

Protected Health Information (PHI) Defined

The term "Protected Health Information" (PHI) includes all individually identifiable health information related to your past, present or future physical or mental health condition or to payment for health care. PHI includes information maintained by the Plan in oral, written, or electronic form.

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Inspect and get a copy of health and claims records

- You can ask to see or get a copy of your health information and claims records the Plan has about you.
- The Plan will provide a copy or a summary of your health and claims records upon written request to the Privacy Officer, usually within 30 days of your request. The Plan may charge a reasonable, cost-based fee. The request must be submitted in writing and indicate the specific health information requested. In your request, please indicate in which form you want to receive it (*i.e.*, paper or electronic).
- The Plan may deny your request in certain limited circumstances. If your request is denied, you will be provided with a written denial explaining why your request was denied, a description of how you may exercise your review rights, and information on how to file a complaint with the Plan and HHS.

Ask the Plan to correct health and claims records

- You can ask the Plan to correct your health information and claims records if you think they are incorrect or incomplete. You can make a written request to amend with the Privacy Officer. You must specify the health information to be amended and the change you request.
- The Plan has 60 days from receiving your request to act on it. The Plan is allowed a single 30-day extension if the Plan is unable to comply with the 60-day deadline. If the Plan denied your request in whole or part, the Plan must provide you with a written denial that explains the basis for the decision. 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 that PHI.

Request confidential communications

- You can ask the Plan to contact you in a specific way (for example, home or cell phone) or to send mail to a different address. To request confidential communications, you must make your request in writing to the Plan and specify how or where you wish to be contacted.
- The Plan will consider all reasonable requests, and must say “yes” if you tell the Plan you would be in danger if the Plan does not.

Ask the Plan to limit what health information the Plan uses or shares

- You can ask the Plan not to use or share certain PHI for treatment, payment, or our operations.

- You should submit your request in writing to the Plan and your request should include: (i) what information you want to limit; (ii) whether you want to limit the Plan’s use, disclosure, or both; and (iii) to whom you want the limit(s) to apply (*e.g.*, your spouse).
- The Plan is not required to agree to your request, and the Plan may say “no” if it would affect your care.

Get a list of those with whom the Plan has shared health information

- You can ask for a list (accounting) of certain non-routine disclosures of your health information, including the times the Plan has shared your health information for a period of six years (or less) prior to the date you ask, who it shared was with, and why. The Plan does not have to provide you with an accounting of disclosures related to treatment, payment, or health care operations, or disclosures made to you or authorized by you in writing.
- To request this list, you must submit your request in writing to the Plan. Your request must state the time period for which you want to receive a list of disclosures, which shall be no more than six years from the date on which the list is requested. Your request should indicate in what form you want the list (*e.g.*, paper or electronic).
- The Plan has 60 days to provide the accounting. The Plan is allowed an additional 30 days if the Plan gives you a written statement of the reasons for the delay and the date by which the accounting will be provided. The Plan will provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

You can ask the Plan for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. Upon request, the Plan will provide you with a paper copy.

Choose someone to act for you

- You may exercise your rights through a personal representative. Your personal representative will be required to produce evidence of authority to act on your behalf before the personal representative will be given access to your PHI or be allowed to take any action for you. Proof of such authority will be a completed, signed and approved Appointment of Personal Representative form. You may obtain this form by calling the Fund Office.
- The Plan retains discretion to deny access to your PHI to 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.
- The Plan will recognize a parent or guardian as the personal representative of an unemancipated minor unless applicable law requires otherwise. Unemancipated minors may, however, request that the Plan restrict information that goes to family members as described above at the beginning of this Section.

File a complaint if you feel your rights are violated

- You can complain if you feel the Plan has violated your rights by contacting the Plan using the information at the end of the notice.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- The Plan will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell the Plan your choices about what the Plan shares. If you have a clear preference for how the Plan shares your health information in the situations described below, reach out to the Privacy Officer (identified below). Tell the Plan what you want to be done, and the Plan will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share health information with your family, close friends, or others involved in payment for your care
- Share health information in a disaster relief situation

If you are not able to tell us your preference, for example if you are unconscious, the Plan may go ahead and share your health information if the Plan believes it is in your best interest. The Plan may also share your health information when needed to lessen a serious and imminent threat to health or safety.

In these cases we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information

Our Uses and Disclosures

How does the Plan typically use or share your health information?

The Plan typically uses or shares your health information in the following ways. In addition, PHI disclosed in accordance with this notice may be subject to redisclosure by the recipient and may no longer be protected by HIPAA.

Help manage the health care treatment you receive

- The Plan can use your health information and share it with professionals who are treating you. The Plan may also use or share your health information to support the provision, coordination, or management of your health care treatment.

Example: A doctor may use information about your diagnosis and treatment plan so the Plan can arrange additional services.

Run the Plan

- The Plan can use and disclose your health information to run the Plan as part of its general administrative or business functions, for certain health care operations of other health plans or providers, and to contact you when necessary.
- The Plan may use your health information in connection with conducting quality assessment and improvement activities and other activities relating to Plan coverage, submitting claims for stop-loss (or excess loss) coverage, and conducting or arranging for medical review, legal services, or audit services.
- The Plan is not allowed to use genetic information to decide whether the Plan will give you coverage and the price of that coverage.

Example: The Plan may use health information about you to uncover instances of health care provider abuse and fraud.

Pay for your health services

- The Plan can use and disclose your health information for the Plan's payment activities or those payment activities of another health plan or provider.
- **Payment** includes all activities in connection with processing claims for your health care (including billing, claims management, eligibility, coordination of benefits, adjudication of claims, subrogation, reviews for medical necessity and appropriateness of care, utilization reviews, and pre-authorizations).

Example: The Plan may disclose your health information to your health care provider to determine whether a particular procedure is medically necessary or to determine whether the Plan will cover that procedure.

Administer your plan

- The Plan may disclose your health information to the Board of Trustees for plan administration (*e.g.*, in connection with appeals you file following a denial of a benefit claim).
- The Plan may also disclose your health information to individuals or companies that perform functions on behalf of the Plan. These individuals or companies are called business associates. In

any circumstance where the Plan discloses health information to a business associate, the Plan will have a contract with such business associate, which will require the business associate to also protect the privacy of your health information.

How else can the Plan use or share your health information?

The Plan is allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. The Plan has to meet many conditions in the law before the Plan can share your health information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues

The Plan can share health information about you for certain situations such as:

- **Public health and safety.** The Plan may disclose your health information for public health and safety purposes to a public health authority that is permitted by law to collect or receive the information. Your health information may be used or disclosed for the purpose of preventing or controlling disease (including communicable disease), injury, or disability. If directed by the public health authority, the Fund may also disclose your health information to a foreign government agency that is collaborating with the public health authority.

The Plan may also help public efforts to facilitate product recalls and report adverse reactions to medications. The Plan may disclose your health information to a person or company subject to the jurisdiction of the Food and Drug Administration (FDA) with respect to an FDA-regulated product or activity for which that person has responsibility, for the purpose of activities related to the quality, safety, or effectiveness of such FDA-regulated product or activity.

- **Reporting suspected abuse, neglect, or domestic violence.** The Plan may disclose your health information to any public health authority authorized by law to receive information about child abuse or neglect. In addition, the Plan may disclose your health information to a governmental entity or agency authorized to receive information about abuse, neglect, or domestic violence if the Plan reasonably believes that you have been a victim of abuse, neglect, or domestic violence. In this case, the disclosure will be made consistent with the requirements of applicable federal or state laws. The Plan will inform you that such a disclosure was made unless this would place you at risk or if the information would go to a personal representative who is believed to be responsible for the abuse, neglect, or violence.
- **Preventing or reducing a serious threat to anyone's health or safety.** Consistent with applicable federal and state laws, the Plan may disclose your health information, if the Plan believes in good faith that the disclosure is necessary to prevent or lessen a serious and imminent threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone reasonably able to help prevent or lessen the threat.

Do research

The Plan can use or share your health information with researchers when their research has been approved by an institutional review board or privacy board that has established protocols to ensure the privacy of your health information and certain other requirements are met.

Comply with the law

The Plan will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that the Plan is complying with federal privacy law.

Respond to organ and tissue donation requests and work with a medical examiner or funeral director

- The Plan can share health information about you with organ procurement organizations.
- The Plan can share health information with a coroner or medical examiner for identification purposes or for determining a cause of death, or other duties authorized by law.
- The Plan can share health information with a funeral director, as authorized by law, to permit the funeral director to carry out their duties. The Plan may also share health information in reasonable anticipation of death.

Address workers' compensation, law enforcement, and other government requests

The Plan can use or share health information about you:

- To comply with workers' compensation laws and other similar legally established programs.
- For law enforcement purposes or to a health oversight agency for activities authorized by law, such as audits, investigations, inspections, and legal actions. Oversight agencies include government agencies that oversee the health care system, government benefit programs, or other government regulatory programs, and civil rights laws.
- For special government functions involving authorized federal officials such as military, national security, and presidential protective services.
- If you are an inmate of a correctional institution or under the custody of a law enforcement official, to the institution or official if the health information is necessary for the institution to provide you with health care; to protect the health and safety of you or others; or for the security of the correctional institution.

Respond to lawsuits and legal actions

- The Plan can share health information about you in response to a court or administrative order so long as the health information shared is expressly authorized by the order.
- The Plan may also disclose your health information under certain conditions in response to a subpoena, court-ordered discovery request, or other lawful process, in which case reasonable

efforts must be undertaken by the party seeking the health information to notify you and give you an opportunity to object to the disclosure.

Use and disclose substance use disorder treatment records

- To the extent that the Plan has substance use disorder treatment records about you, subject to 42 CFR part 2, the Plan will not use or share information in those records in civil, criminal, administrative, or legislative investigations or proceedings against you without (1) your consent or (2) a court order and a subpoena.

Additional special protections.

Additional special privacy protections, under federal or state law, may apply to certain sensitive information, such as genetic information, HIV-related information, and mental health information. If you have questions or would like more information, please contact the Privacy Officer at the address or phone number listed below.

Minimum necessary information.

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.

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

- Disclosures to or requests by a health care provider for treatment,
- Uses or disclosures made to you,
- Disclosures made to the Secretary of the United States Department of Health and Human Services pursuant to its enforcement activities under HIPAA,
- Uses or disclosures required by law, and
- Uses or disclosures required for the Plan's compliance with the HIPAA privacy regulations.

This notice does not apply to information that has been de-identified. De-identified information is information that:

- Does not identify you, and
- With respect to which there is no reasonable basis to believe that the information can be used to identify you.

Written Authorization

In certain cases, including for marketing purposes or the sale of your information, the Plan never shares your information unless you give us written permission. The Plan will also never share information pertaining to psychotherapy notes except for certain narrow exceptions permitted by law and described below, such as defense in a proceeding you bring against the Plan.

If the Plan uses or discloses your PHI for reasons other than those listed in this Section or otherwise contained in this notice, the Plan is required to obtain a written authorization. For example, the Plan will seek a written authorization if the Pension Plan needs information from the Plan in order to administer the Pension Plan. The Plan will also seek an authorization (or allow you to object if you are present) to disclose information about your PHI to anyone other than you.

Use and disclosure of psychotherapy notes

- Although the Plan does not routinely obtain psychotherapy notes, it must generally obtain your written authorization before the Plan will use or disclose psychotherapy notes about you. However, the Plan may use and disclose such notes when needed by the Plan to defend itself against litigation filed by you.
- ***Psychotherapy notes*** are separately filed notes about your conversations with your mental health professional during a counseling session. They do not include summary information about your mental health treatment.

Our Responsibilities

- The Plan is required by law to maintain the privacy and security of your protected health information.
- The Plan will let you know if a breach occurs that may have compromised the privacy or security of your information.
- The Plan must follow the duties and privacy practices described in this notice and give you a copy of it.
- The Plan will not use or share your information other than as described here unless you tell us the Plan can in writing. If you tell us the Plan can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of this Notice

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 mailed to you and to all past and present participants for whom the Plan still maintains PHI. Such mailings will occur within 60 days of the effective date of any material change to:

- The uses or disclosures of PHI;
- Your individual rights;
- The duties of the Plan, or;
- Other privacy practices stated in this notice.

Contact Person

If you have any questions regarding this notice or the subjects addressed in it, you may contact the Privacy Officer at the Fund Office:

Privacy Officer: Jackie Serpico
Local 342 Affiliated Welfare Funds
1461 Lakeland Avenue, Suite 1
Bohemia, NY 11716