

WELFARE FUND OF LOCAL NO. ONE, I.A.T.S.E.

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.

Section 1: Purpose of this Notice and Effective Date

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.

Effective date. The effective date of this Notice is 2/16/2026

This Notice is required by law. The Welfare Fund of Local No. One, I.A.T.S.E. (the “Plan”) is required by law to take reasonable steps to ensure the privacy of your PHI (as defined below) and to inform you about:

- The Plan’s uses and disclosures of PHI,
- Your rights to privacy with respect to your PHI,
- The Plan’s duties with respect to your PHI,
- 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
- The person or office you should contact for further information about the Plan’s privacy practices.

This Notice applies to your health information held by the Plan and the benefits it provides on a self-funded basis. **You will receive a separate Privacy Notice, if applicable, from the insurer or HMO that you have selected for your health coverage.** Please share these Notices with your covered family members, as their PHI is also protected under federal law.

Section 2: Your Protected Health Information

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 or condition, the provision of health care to you, or the payment for health care. PHI includes information maintained by the Plan in oral, written, or electronic form.

Section 3: Use or disclosure for which your authorization or consent is not required

When the Plan May Use or Disclose Your PHI

Under the law, the Plan may disclose your PHI without your consent or authorization, or the opportunity to agree or object, in the following cases:

1. At your request. If you request it, the Plan is required to give you access to certain PHI in order to allow you to inspect and/or copy it.
2. As required by HHS. The Secretary of HHS may require the disclosure of your PHI to investigate or determine the Plan's compliance with the privacy regulations.
3. For treatment, payment or health care operations. The Plan and its business associates will use or disclose PHI in order to carry out treatment, payment, or health care operations.

Treatment is the provision, coordination, or management of health care and related services. For example, the Plan may disclose PHI to a physician who is treating you.

Payment includes but is not limited to actions to make coverage determinations and payment. It also includes billing, claims management, eligibility, coordination of benefits, adjudication of claims, subrogation, reviews for medical necessity and appropriateness of care and utilization review and pre-authorizations. For example, the Plan may use health information to pay claims from your health care provider. If the Plan contracts with third parties to help, such as a third party claims administrator, the Plan will also disclose information to them and they may conduct these activities on the Plan's behalf. These third parties are known as "business associates."

Health care operations includes but is not limited to quality assessment and improvement, underwriting, premium rating and other insurance activities relating to creating or renewing insurance contracts. It also includes population-based activities relating to improving health or reducing health care costs, coordination of care, credentialing and health care provider evaluation, disease management, 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. For example, the Plan or its third party administrators may use information about your claims to refer you to a disease management program, a well-pregnancy program, project future benefit costs or audit the accuracy of its health care payments.

The Plan is prohibited from using or disclosing your genetic information for underwriting purposes.

Disclosure to the Plan Sponsor

The Plan will also disclose PHI to the Board of Trustees, as the Plan Sponsor, for purposes related to payment and health care operations, and has amended the Plan Documents to permit this use and disclosure as required by federal law. For example, the Plan may disclose

information to certain individuals to allow them to decide appeals of eligibility determinations, negotiate renewals of insurance contracts or audit the accuracy of health care payments.

In addition, the Plan may use or disclose “summary health information” for the purpose of obtaining premium bids (except with respect to PHI that is genetic information) or modifying, amending or terminating the Plan. Summary information summarizes the claims history, claims expenses or type of claims experienced by individuals for whom the Plan has provided health benefits.

The Plan is also allowed under federal law to use and disclose your PHI without your consent or authorization under the following circumstances:

1. When required by applicable law.
2. Public health purposes. For public health and safety purposes, to an authorized public health authority that is permitted by law to collect or receive the information. If directed by the public health authority, the Plan may also disclose your PHI to a foreign government agency that is collaborating with the public health authority. For example, your PHI may be used or disclosed for the purpose of preventing or controlling disease (including communicable diseases), injury or disability.
3. Domestic violence or abuse situations. When authorized by law to report information about abuse, neglect or domestic violence to governmental entity or agency if a reasonable belief exists that you may be a victim of abuse, neglect or domestic violence. In such case, 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 or that notice will go to a personal representative who is believed to be responsible for the abuse, neglect, or violence. The Plan may also disclose PHI to any public health authority authorized by law to receive information about child abuse or neglect.
4. Health oversight activities. To a health oversight agency for oversight activities authorized by law. These activities include civil, administrative or criminal investigations, inspections, licensure or disciplinary actions (for example, to investigate complaints against health care providers) and other activities necessary for appropriate oversight of benefit programs (for example, to the Department of Labor).
5. Legal proceedings. In the course of any judicial or administrative proceeding in response to a court or administrative order. The Plan may also disclose your PHI under certain conditions in response to a subpoena, discovery request, or other lawful process by someone involved in a legal dispute, but only if reasonable efforts have been made to tell you about the request and give you an opportunity to object to the disclosure or to seek a qualified protective order.
6. Law enforcement health purposes. When required for law enforcement purposes (for example, to report certain types of wounds).
7. Law enforcement emergency purposes. For certain law enforcement purposes, including identifying or locating a suspect, fugitive, material witness or missing person, and disclosing information about an individual who is or is suspected to be a victim of a crime.
8. Determining cause of death and organ donation. When authorized by law to be given to a coroner or medical examiner to identify a deceased person, determine a cause of death or other authorized duties. The Plan may also disclose PHI to organizations that handle organ

procurement or organ, eye, or tissue transplantation or to an organ donation bank to facilitate organ or tissue donation and transplantation.

9. Funeral purposes. When authorized by law to be given to funeral directors to carry out their duties with respect to the decedent.
10. Research. For research, when the research has been approved by an institutional review board or privacy board that has established protocols to ensure the privacy of your PHI and certain other requirements are met.
11. Health or safety threats. When, consistent with applicable law and standards of ethical conduct, 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 reasonably able to prevent or lessen the threat, including the target of the threat. The Plan may also disclose your PHI to any authorized public or private entities assisting in disaster relief efforts.
12. Workers' compensation programs. When authorized by and to the extent necessary to comply with workers' compensation or other similar programs established by law that provide benefits for work-related injuries or illness without regard to fault.
13. Specialized Government Functions. If you are a member of the armed forces, for activities deemed necessary by appropriate military command authorities or to foreign military authorities under certain circumstances, or to authorized federal officials for lawful intelligence, counterintelligence and other national security activities.
14. Food and Drug Administration. To a person 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.

Except as otherwise indicated in this notice, uses and disclosures of your PHI will be made only with your written authorization, which you have the right to revoke at any time. Your revocation will not apply to any disclosure the Plan has already made in reliance on your previous authorization. However, the Plan will not make any further disclosures until a new written authorization is received.

Other Uses or Disclosures

The Plan may contact you to provide you information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Additional restrictions on use and disclosure

Some federal and state laws may require special privacy protections that restrict the use and disclosure of certain sensitive health information such as alcohol and substance use disorder, (including Part 2 Programs); biometric information; child or adult abuse or neglect, including sexual assault; communicable diseases; genetic information; HIV/AIDS; mental health; minors' information; prescriptions; reproductive health; and sexually transmitted diseases. In such case, the Plan will follow the more stringent or protective law, to the extent that it applies.

Note, information that is disclosed by the Plan in accordance with HIPAA's Privacy Rule is subject to redisclosure by the recipient and may no longer be protected by the Privacy Rule.

Section 4: Use or disclosure for which your authorization or consent is required

When the Plan obtains or receives a valid authorization for its use or disclosure of PHI, such use or disclosure will be consistent with such authorization. If you have authorized us to use or disclose your PHI for a purpose that requires authorization, you may revoke your authorization in writing at any time. If you revoke your authorization, the Plan will no longer be able to use or disclose PHI about you for the reasons covered by your written authorization. However, the Plan will be unable to take back any disclosures it has already made with your permission. Requests to revoke a prior authorization must be submitted in writing to the Privacy Officer identified in Section 7. The following situations require your authorization:

Use of psychotherapy notes

The Plan does not routinely obtain psychotherapy notes. However, if it is necessary to use or disclose them, it must obtain your written authorization. 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.

Marketing of PHI

The Plan does not engage in the marketing of your PHI. In any event, before the Plan could market your PHI, it would have to obtain your authorization for any use or disclosure of PHI for marketing purposes and disclose whether remuneration will be received. Note face-to-face communications made by the Plan to you and promotional gifts of nominal value provided by the Plan are not considered as marketing.

Substance use disorder treatment records

Substance use disorder treatment records (SUD Records) received from a program covered by 42 CFR Part 2 (a "Part 2 Program"), or testimony relaying the content of such records, shall not be used or disclosed in civil, criminal, administrative, or legislative proceedings against the individual unless based on written consent, or a court order after notice and an opportunity to be heard is provided to the individual or the holder of the record, as provided under law. A court order authorizing use or disclosure must be accompanied by a subpoena or other legal requirement compelling disclosure before the requested SUD Record is used or disclosed.

If the Plan receives SUD Records about you from a Part 2 Program pursuant to a consent you provided to the Part 2 Program to use and disclose your SUD records for all future purposes of treatment, payment or health care operations, the Plan may use and disclose your SUD records for the purposes of treatment, payment or health care operations, as described above, consistent with such consent until the Plan receives notification that you have revoked such consent in writing. When disclosed to the Plan for treatment, payment, and health care operations activities, the Plan may further disclose those SUD records in accordance with

HIPAA regulations, except for uses and disclosures for civil, criminal, administrative, and legislative proceedings against you.

Fundraising

The Plan will not use or disclose your PHI (including, but not limited to SUD Records) for any fundraising activities whether for the benefit of the Plan, or for or on behalf of others. In any event, before the Plan could use your PHI for fundraising, it would have to obtain your written authorization for such use or disclosure, and with respect to SUD Records, give you the opportunity to elect not to receive any fundraising communications.

Section 5: Your Individual Privacy Rights

All requests under this section with respect to information about the Plan should be in writing and addressed to Privacy Official. If a form is required, it will be available from the Privacy Official.

Requests with respect to PHI held by your insurer or HMO should be directed to them at the address indicated on their Privacy Notice.

You May Request Restrictions on PHI Uses and Disclosures

You may request the Plan to:

1. Restrict the uses and disclosures of your PHI to carry out treatment, payment or health care operations, or
2. Restrict uses and disclosures to family members, relatives, friends or other persons identified by you who are involved in your care.

The Plan, however, is generally not required to agree to your request except if you request that the Plan restrict disclosure to another health plan for purposes of carrying out payment or health care operations activities and the PHI you want to restrict relates solely to a health care item or service for which the health care provider involved was paid out-of-pocket in full.

In your written request to the Privacy Official, you must advise: (1) what information you want to limit; (2) whether you want to limit the Plan's use, disclosure, or both; and (3) to whom you want the limit(s) to apply - for example, disclosures to your spouse.

You May Request Confidential Communications

The Plan will accommodate an individual's reasonable request to receive communications of PHI by alternative means or at alternative locations where the request includes a statement that disclosure could endanger the individual.

You or your personal representative will be required to complete a form to request restrictions on uses and disclosures of your PHI.

You May 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.

The Plan must provide the requested information within 30 days. A single 30-day extension is allowed if the Plan is unable to comply with the 30-day deadline.

You or your personal representative will be required to complete a form to request access to the PHI in your designated record set. A reasonable fee may be charged.

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 exercise your review rights and a description of how you may complain to the Plan.

Designated Record Set: includes enrollment, payment, claims adjudication and other information used to make decisions about payment for care.

You Have the Right to Amend Your PHI

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

The Plan has 60 days after 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 denies 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.

You or your personal representative will be required to complete a form to request amendment of the PHI.

You Have the Right to Receive an Accounting of the Plan’s PHI Disclosures

At your request, the Plan will also provide you with an accounting of certain disclosures of your PHI that the Plan has made within six years (or less) of the date on which the list is requested. To request this list, you must submit your request in writing to the Privacy Official. Your request must state the time period for which you want to receive a list of disclosures, which time period 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.*, on paper or electronically). Among other disclosures, 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. 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.

If you request more than one accounting within a 12-month period, the Plan may charge a reasonable, cost-based fee for each subsequent accounting.

Receive a Paper Copy of This Notice

You have the right to obtain a paper copy of this Notice upon request. You may write to the Privacy Official to request a written copy of this Notice at any time, even if you previously agreed to accept the Notice electronically.

You Have the Right to be Notified of a Breach

You have the right to be notified in the event that the Plan (or its business associate) discovers a breach of unsecured PHI.

Your Personal Representative

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 or other form acceptable under state or federal law.

The Plan retains discretion to deny access to your PHI to a personal representative if the Plan has a reasonable belief that you have been or may be subjected to domestic violence, abuse or neglect by such person, if treating the person as your personal representative could endanger you, or if the Plan, in the exercise of professional judgment, decides that it is not in your best interest to treat the person as your personal representative.

Use or Disclosure of Your PHI to Family Members

Disclosure of your PHI to family members, other relatives, your close personal friends, and any other person you choose is allowed under federal law if:

1. The information is directly relevant to the family or friend's involvement with your care or payment for that care, and
2. You have either agreed to the disclosure or have been given an opportunity to object and have not objected or the Plan reasonably infers from the circumstances – based on the exercise of professional judgment – that you do not object to the disclosure.

Section 6: The Plan's Duties

Maintaining Your Privacy

The Plan is required by law to maintain the privacy of your PHI and to provide you and your eligible dependents with notice of its legal duties and privacy practices.

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, if the Plan has a reasonable belief that you have been or may be subjected to

domestic violence, abuse or neglect by such person, if treating the person as your personal representative could endanger you, or if the Plan, in the exercise of professional judgment, decides that it is not in your best interest to treat the person as your personal representative. even if the Plan received the PHI prior to that date. If a privacy practice is changed, a revised version of this notice will be provided to you by mail.

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:

1. Disclosures to or requests by a health care provider for treatment,
2. Uses or disclosures made to you or pursuant to your written authorization,
3. Disclosures made to the Secretary of HHS pursuant to its enforcement activities under HIPAA,
4. Uses or disclosures required by law, and
5. 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:

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

Section 7: 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 file a complaint with the Plan in care of the following person:

Privacy Official
Welfare Fund of Local No. One, I.A.T.S.E.
320 West 46th Street, 6th Floor
New York, NY 10036
(212)247-5225

You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services ("HHS") by sending a letter to 200 Independent Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6755, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/. You may also visit the HHS website at www.hhs.gov, or contact the Privacy Official for more information about how to file a complaint. The Plan will not retaliate against you for filing a complaint.

Section 8: If You Need More Information

If you have any questions regarding this notice or the subjects addressed in it, or would like a paper copy of this Notice, you may contact the following Privacy Official:

Privacy Official
Welfare Fund of Local No. One, I.A.T.S.E.
320 West 46th Street, 6th Floor
New York, NY 10036
(212)247-5225

Section 9: Conclusion

PHI use and disclosure by the Plan is regulated by the federal Health Insurance Portability and Accountability Act, known as HIPAA. You may find these rules at 45 Code of Federal Regulations Parts 160 and 164. This Notice attempts to summarize the regulations. The regulations will supersede this Notice if there is any discrepancy between the information in this Notice and the regulations. Information that is disclosed by the Plan in accordance with this Notice is subject to redisclosure by the recipient and no longer protected by HIPAA.