

PLUMBERS & STEAMFITTERS UNION NO. 33 WELFARE TRUST

Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

A. Pledge Regarding Your Protected Health Information

This Notice explains how the Plan uses and discloses your Protected Health Information and the rights that you have with respect to accessing that information and keeping it confidential. “Protected Health Information” means information that individually identifies you, and relates to payment for your health care, your health or condition, or health care you receive, including demographic information. The Plan creates, receives and maintains eligibility and enrollment information, information about your health care claims paid under the Plan, and other Protected Health Information that is necessary to administer the Plan.

The Plan is required by law to maintain the privacy of your Protected Health Information and to provide this Notice to you. This Notice explains the Plan’s legal duties and privacy practices, and your rights regarding your Protected Health Information. The Plan is committed to protecting the privacy of your Protected Health Information by complying with all applicable laws.

While this Notice is in effect, the Plan must follow the privacy practices described. This Notice takes effect on the date shown at the bottom of this Notice and will remain in effect until it is replaced. The Plan reserves the right to change its privacy practices and the terms of this Notice at any time, provided that applicable law permits such changes. The Plan reserves the right to make such changes effective for all Protected Health Information that the Plan maintains, including information created or received before the changes were made. The Plan will make a revised copy of the Notice available to you in accordance with applicable law.

You may request a copy of the Plan’s Privacy Notice at any time. For more information about the Plan’s privacy practices, or for additional copies of this Notice, please contact the Plan using the information listed at the end of this Notice.

B. Uses and Disclosures of Your Protected Health Information

The following categories describe the different ways that the Plan uses and discloses your Protected Health Information. Not every use or disclosure within a category is listed, but all uses and disclosures fall into one of the following categories.

1. **Payment.** The Plan may use and disclose Protected Health Information about you for payment purposes, such as determining your eligibility for Plan benefits, facilitating payment for treatment and health care services you receive, determining benefit responsibility under the Plan, coordinating benefits with other Plans, determining medical necessity, and so on. For example, the Plan may share Protected Health Information with third-party administrators hired to provide claims services and other administrative services to the Plan.

2. **Health Care Operations.** The Plan may use and disclose Protected Health Information about you for health care operations. These uses and disclosures are necessary to operate the Plan. For example, the Plan uses and discloses Protected Health Information to conduct quality assessment and improvement activities, and for cost management and business management purposes. The Plan may use and disclose Protected Health Information for underwriting, premium rating and other activities relating to Plan coverage; submitting claims for stop-loss coverage; conducting or arranging for medical review, legal services, audit services, and fraud and abuse detection programs; and business planning, management and general administration. To the extent the Plan uses or discloses health information for underwriting purposes, under HIPAA the Plan is prohibited from using or disclosing Protected Health Information that is genetic information of an individual for such purposes.
3. **Treatment.** The Plan may use or disclose Protected Health Information for treatment purposes, including helping providers to coordinate your care. Only the minimum amount of information necessary will be disclosed. For example, an emergency care provider may contact the Plan to find out what other providers you use, so that he or she can contact them to get medical records necessary to your care, if you are unable to provide that information.
4. **Disclosures to the Plan Sponsor.** The Plan may disclose your Protected Health Information to the Trustees, but only to permit the Trustees to perform Plan administration and fiduciary functions.
5. **Disclosures to Other Plans.** This Plan may disclose your Protected Health Information to another health plan sponsored to facilitate claims payments and certain health care operations of the other plan.
6. **Plan Communications with Individuals Involved in Your Care (or Payment for Your Care).** In general, the Plan will communicate directly with you about your claims and other Plan-related matters that involve your Protected Health Information. In some cases, however, it may be appropriate to communicate about these matters with other individuals involved in your health care or payment for that care, such as your family, relatives, or close personal friends (or anyone else, if you choose to designate them).

If you agree, the Plan may disclose to these persons Protected Health Information about you that is directly relevant to their involvement in these matters. The Plan may also make such disclosures to these persons if you are given the opportunity to object to the disclosures and do not do so, or if the Plan reasonably infers from the circumstances that you do not object to disclosure to these persons. The Plan would not need to obtain your written authorization. For example, if you are an employee and are attempting to resolve a claims dispute with the Plan, and you orally inform the Plan that your spouse will be calling the Plan for additional discussion of these issues, the Plan would be permitted to disclose Protected Health Information directly relevant to that dispute to your spouse.

The Plan also may use or disclose your name, location and general condition (or death) to notify, or help to notify persons involved in your care about your

situation. If you are incapacitated or in an emergency, the Plan may disclose your Protected Health Information to persons involved in your care (or payment) if it determines that the disclosure is in your best interest.

7. **Communication about Benefits, Products, and Services.** The Plan may use and disclose Protected Health Information to tell you about or recommend possible treatment options or alternatives, or to tell you about health-related products or services (or payment or coverage for such products or services) that may be of interest to you. The Plan may use your Protected Health Information to contact you with information about benefits under the Plan, including certain communications about health plan networks, health plan changes, and value-added health plan-related products or services. The Plan may communicate with you face-to-face regarding any benefits, products or services. The Plan may use or disclose Protected Health Information to distribute small promotional gifts.
8. **Required by Law.** The Plan may use or disclose your Protected Health Information when required to do so by law. For example, disclosures to the Secretary of Health and Human Services for the purpose of determining the Plan's compliance with federal privacy law.
9. **Disaster Relief.** The Plan may use or disclose your name, location and general condition (or death) to a public or private organization authorized to assist in disaster relief efforts.
10. **Public Health and Safety.** The Plan may disclose your Protected Health Information to the extent necessary to avert a serious and imminent threat to your health or safety or the health or safety of others (but only to someone in a position to help prevent the threat). The Plan may disclose your Protected Health Information to a government agency authorized to oversee the health care system or government programs or its contractors, and to public health authorities for public health purposes. The Plan may disclose your Protected Health Information to appropriate authorities if it reasonably believes that you are a possible victim of abuse, neglect, domestic violence or other crimes.
11. **Lawsuits and Disputes.** The Plan may disclose your Protected Health Information in response to a court or administrative order, subpoena, discovery request, or other lawful process, in accordance with specified procedural safeguards.
12. **Law Enforcement.** Under circumstances, such as a court order, or court-issued warrant, subpoena or summons, or grand jury subpoena, the Plan may disclose your Protected Health Information to law enforcement officials. The Plan also may disclose limited Protected Health Information to a law enforcement official concerning a suspect, fugitive, material witness, and crime victim or missing person. The Plan may disclose Protected Health Information about the victim of a crime (under limited circumstances); about a death the Plan believes may be the result of criminal conduct; to report a crime on the premises of the Plan; or, in an emergency, information relating to a crime not on the premises. If you are an inmate of a correctional institution, the Plan may disclose Protected Health Information to the institution or to law enforcement.
13. **Research.** The Plan may use or disclose Protected Health Information for research purposes, provided that the researcher follows certain procedures to protect your

privacy. To the extent it is required by State law, the Plan will obtain your consent for a disclosure for research purposes.

14. **Decedents (Death, Organ/Tissue Donation).** The Plan may disclose the Protected Health Information of a deceased person to a coroner, medical examiner, funeral director, or organ procurement organization, for certain limited purposes.
15. **Military and National Security.** The Plan may disclose to military authorities the Protected Health Information of armed forces personnel under certain circumstances. The Plan may disclose to authorized federal officials Protected Health Information required for intelligence, counter-intelligence, and other national security activities authorized by law.
16. **Workers' Compensation.** The Plan may disclose Protected Health Information about you for workers' compensation or similar programs established by law to provide benefits for work-related injuries or illness.
17. **De-Identified Data.** The Plan may create a collection of information that can no longer be traced back to you (i.e., does not contain individually identifying information).
18. **Substance Use Disorder Treatment.** If the Plan receives or maintains any information about you from a substance use disorder treatment program that is covered by 42 CFR Part 2 (a "Part 2 Program") through a general consent you provide to the Part 2 Program, the Plan may use and disclose your Part 2 Program record for treatment, payment and health care operations purposes as described in this Notice. However, if the Plan receives or maintains your Part 2 Program record through specific consent you provide to the Plan or another third party, the Plan will use and disclose your Part 2 Program record only as expressly permitted by you in your consent as provided to the Plan.

In no event will the Plan use or disclose your Part 2 Program record, or testimony that describes the information contained in your Part 2 Program record, in any civil, criminal, administrative, or legislative proceedings by any Federal, State, or local authority against you, unless authorized by your consent or court order after it provides you notice and an opportunity to be heard. A court order authorizing use or disclosure must be accompanied by a subpoena or other legal requirement compelling disclosure before the Plan will use or disclose your Part 2 Program record.

C. Specific Disclosures Which Require Authorization Under HIPAA

1. **Uses and Disclosures You Specifically Authorize.** You may give the Plan written authorization to use your Protected Health Information or to disclose it to anyone for any purpose. If you give the Plan an authorization, you may revoke it in writing at any time. If you revoke your permission, the Plan will stop using or disclosing your Protected Health Information in accordance with that authorization, except to the extent the Plan has already relied on it. Without your written authorization, the Plan may not use or disclose your Protected Health Information for any reason except those described in this Notice.
2. **Psychotherapy Notes.** The Plan must obtain an authorization for any use or

disclosure of psychotherapy notes, except in limited circumstances as provided in 45 C.F.R. §164.508(a)(2).

3. **Marketing.** The Plan must obtain an authorization for any use or disclosure of Protected Health Information for marketing (as defined under HIPAA), except if the communication is in the form of a face-to-face communication made by the Plan to an individual; or a promotional gift of nominal value provided by the Plan. If the marketing involves financial remuneration, as defined in paragraph (3) of the definition of marketing at 45 C.F.R. §164.501, to the Plan from a third-party, the authorization must state that such remuneration is involved.
4. **Sale of Protected Health Information.** Except in limited circumstances covered by the transition provisions in 45 C.F.R. §164.532, the Plan must obtain an authorization for any disclosure of Protected Health Information which is a sale of Protected Health Information, as defined in 45 C.F.R. §164.501. Such authorization must state that the disclosure will result in remuneration to the covered entity.

D. Your Rights

1. **Access.** You have the right to look at or get copies of Protected Health Information maintained by the Plan that may be used to make decisions about your Plan eligibility and benefits, with limited exceptions. The Plan reserves the right to require you to make this request in writing. If you request copies, you may be charged a fee to cover the costs of copying, mailing, and other supplies. If you prefer, the Plan will prepare a summary or an explanation of your Protected Health Information for a fee.

The Plan may deny your request in very limited circumstances. If the Plan denies your request, you may be entitled to a review of that denial. You will be told how to obtain a review. The Plan will abide by the outcome of that review.

2. **Amendment.** If you feel that your Protected Health Information is incorrect or incomplete, you have the right to request that the Plan amend it. The Plan reserves the right to require this request be in writing, including a reason to support your request.

The Plan may deny your request if the Plan did not create the information you want amended or for certain other reasons. If the Plan denies your request, the Plan will provide you a written explanation and the process to be followed for any additional action.

3. **Accounting of Disclosures.** You have the right to receive a list of disclosures the Plan has made of your Protected Health Information. This right does not apply to disclosures for treatment, payment, health care operations, and certain other purposes. Your request for the accounting must be in writing.

You are entitled to such an accounting for the six (6) years prior to your request, though not earlier than April 14, 2003. The Plan will provide you with the date on which it made a disclosure, the name of the person or entity to whom it disclosed your Protected Health Information, a description of the Protected Health Information it disclosed, the reason for the disclosure, and certain other

information. If you request this list more than once in a 12-month period, the Plan may charge you a reasonable, cost-based fee for responding to these additional requests. You will be notified of the cost involved and be given the opportunity to withdraw or change your request before any costs are incurred.

4. **Restriction Requests.** You have the right to request that the Plan place additional restrictions on its use or disclosure of your Protected Health Information for treatment, payment, or health care operations. The Plan is not required to agree to these restrictions, (except in the case of disclosure protected under 45 C.F.R. §164.522(a)(1)(vi)) but if it does, the Plan will abide by its agreement (except in a medical emergency). Any such agreement by the Plan must be in writing signed by a person authorized to make such an agreement on our behalf; without this written agreement, the Plan will not be bound by the requested restrictions. Please use the contact information at the end of this Notice to get more information about how to make such a request.
5. **Confidential Communication.** You have the right to request that the Plan communicate with you about your Protected Health Information by alternative means or to an alternative location. For example, you may ask that the Plan contact you only at work or by mail. You must make your request in writing and must specify how or where you wish to be contacted. Your request must state that the information could endanger you if it is not communicated in confidence as you request. The Plan will accommodate all reasonable requests. Please use the contact information at the end of this Notice to get more information about how to make such a request.
6. **Copy of this Notice.** You are entitled to receive a printed (paper) copy of this Notice at any time. Please contact the Plan using the information listed at the end of this Notice to obtain a copy of this Notice in printed form.
7. **Electronic Record.** You have the right to receive your records in electronic form, but only if the records already exist in electronic form. If you choose to receive your records in electronic form, you should have proper security controls for your computer.

E. Obligations of the Plan

The Plan is required to:

1. Maintain the privacy and security of Protected Health Information;
2. Make available to you this Notice which describes the Plan's legal duties and privacy practices with respect to your health information;
3. Abide by the terms of this Notice;

4. Notify you if we are unable to agree to a requested restriction on how your information is used or disclosed;
5. Notify you of any breach of your unsecured Protected Health Information;
6. Accommodate reasonable requests you may make to communicate health information by alternative means or at alternative locations.

F. Questions and Complaints

If you want more information about the Plan's privacy practices, have questions or concerns, or believe that the Plan may have violated your privacy rights, please contact the Plan using the following information:

Plumbers & Steamfitters Local 33 Health and Welfare Fund
c/o Jama Barbour
2501 Bell Avenue
Des Moines, IA 50321
(515) 558-0487

You also may submit a written complaint to the U.S. Department of Health and Human Services. The Plan will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon request.

The Plan supports your right to protect the privacy of your health information. The Plan will not retaliate in any way if you choose to file a complaint with the Plan or with the U.S. Department of Health and Human Services.

G. Conclusion

Uses and disclosures of your Protected Health Information by the Plan are regulated by the federal HIPAA law. This Notice attempts to summarize the Privacy Regulations. The Privacy Regulations will supersede any discrepancy between the information in this Notice and the regulations.

EFFECTIVE DATE: This Notice is an updated Notice and is effective February 16, 2026.