

HEALTH AND BENEFIT TRUST FUND OF THE INTERNATIONAL UNION OF OPERATING ENGINEERS LOCAL 94-94A-94B, AFL-CIO

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

Effective Date: This Notice is effective as of February 16, 2026

This Notice is required by law. The Health and Benefit Trust Fund of the International Union of Operating Engineers Local 94-94A-94B, AFL-CIO (the “Plan”) is required by law to take reasonable steps to maintain the privacy of your protected health information (PHI) 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,
- Any breaches of your unsecured 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 PHI held by the Plan and the Plan’s “business associates” (*i.e.*, persons or entities that provide certain services to the Plan) that help administer the Plan. **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 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 generally 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 the United States Department of Health and Human Services 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 your health care and related services. The Plan may disclose your PHI to your health care providers who are involved in your care. For example, the Plan may disclose the name of your treating physician to a treating orthopedist so that the orthopedist can obtain your x-rays from your physician.

Payment includes, but is not limited to, actions to make coverage determinations and payment (including billing, claims management, eligibility determinations, coordination of benefits, adjudication of claims, subrogation, reviews for medical necessity and appropriateness of care, utilization review, and pre-authorizations). The Plan may use and disclose your PHI for the Plan's payment activities or the payment activities of another plan or health care provider. For example, the Plan may use your PHI to pay claims from your health care provider. If the Plan contracts with third parties, 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, population-based activities relating to improving health or reducing health care costs, receiving and responding to participant complaints, underwriting, premium rating and other insurance activities relating to creating or renewing insurance contracts. It also includes disease management, case management, coordination of care, credentialing and health care provider evaluation, 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. The Plan may use and disclose your PHI for certain health care operations of other group health plans or health care providers. 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 Plan's Board of Trustees, which serves as the Plan Sponsor, or its designated committee, for purposes related to Plan administration functions (*i.e.*, 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 members of the Plan's Board of Trustees 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" to the Plan's Board of Trustees 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.

Other Use or Disclosure of Your PHI For Which Consent, Authorization or Opportunity to Object is Not Required

The Plan is 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. The Plan may use and disclose your PHI to a person or entity as required by federal, state, or local law. For example, the Plan may disclose your PHI when required by national security laws or public health disclosure laws
2. For public health purposes. The Plan may use and disclose your PHI to an authorized public health authority if required by law or for public health and safety purposes. 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. PHI may also be used or disclosed for purposes of preventing or controlling disease, injury or disability (*e.g.*, if you have been exposed to a communicable disease or are at risk of spreading a disease or condition, if authorized by law).
3. In domestic violence or abuse situations. The Plan may use and disclose your PHI to any public health authority authorized by law to receive information about child abuse or neglect. In addition, the Plan may disclose your PHI when authorized by law to report information about abuse, neglect or domestic violence to public authorities 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.
4. For health oversight activities. The Plan may use and disclose your PHI to a health oversight agency for oversight activities authorized by law. These activities include civil, administrative or criminal investigations, inspections, licensure or disciplinary actions (*e.g.*, to investigate complaints against health care providers) and other activities necessary for appropriate oversight of benefit programs (*e.g.*, to the Department of Labor). Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs, and compliance with civil rights laws.

5. In legal proceedings. The Plan may use and disclose your PHI when required for judicial or administrative proceedings 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. For example, your PHI may be disclosed in response to a subpoena or discovery request that is accompanied by a court order.
6. For law enforcement health purposes. The Plan may use and disclose your PHI when required by law for law enforcement purposes (e.g., to report certain types of wounds).
7. For law enforcement emergency purposes. The Plan may use and disclose your PHI 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. When determining cause of death and organ donation. The Plan may use and disclose your PHI 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. If you are an organ donor, the Plan may also use or disclose your 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. For funeral purposes. The Plan may use and disclose your PHI when authorized by law to be given to funeral directors to carry out their duties with respect to the decedent. If necessary for funeral directors to carry out their duties, the Plan may also disclose your PHI prior to, and in reasonable anticipation of, death
10. For research. The Plan may disclose your PHI to 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 PHI and certain other requirements are met.
11. If there are Health or safety threats. The Plan may disclose your PHI 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 you or another 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. To workers' compensation programs. The Plan may use and disclose your PHI when authorized by and to the extent necessary to comply with laws relating to workers' compensation or other similar programs, established by law, that provide benefits for work-related injuries or illness without regard to fault.
13. If you are an inmate. If you are an inmate of a correctional institution or are in the custody of a law enforcement official, the Plan may use and disclose your PHI to the correctional institution or law enforcement official if the PHI is necessary (i) for the institution to provide you with health care; (ii) to protect your health and safety or the health and safety of others; or (iii) for the safety and security of the correctional institution.
14. To the Food and Drug Administration. The Plan may use and disclose your PHI 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.

15. To Specialized Government Functions. If you are a member of the armed forces, the Plan may use or disclose your protected health information for activities deemed necessary by appropriate military command authorities, or to a foreign military authority if you are a member of that foreign military service. The Plan may also use or disclose your PHI to authorized federal officials for lawful intelligence, counterintelligence and other national security activities, including the protective services for the President.

Except as otherwise indicated in this Notice, uses and disclosures will be made only with your written authorization, which you have the right to revoke in writing 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 with 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.

Redisclosure

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 the Plan 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 Official 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 generally 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 use or disclose your PHI for marketing. In any event, before the Plan could use or disclose your PHI for marketing, it would have to obtain your written authorization 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.

Sale of PHI

The Plan does not sell your PHI. In any event, before the Plan could sell your PHI, it would have to obtain your written authorization. For this purpose, sale of PHI generally means a disclosure of PHI by the Plan where the Plan directly or indirectly receives remuneration from or on behalf of the recipient of the PHI in exchange for the PHI, but does not include a disclosure of PHI otherwise permitted by HIPAA.

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 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. In addition, 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 or disclose your PHI for fundraising, it would have to obtain your written authorization for such use or disclosure, and with respect to SUD Records and other PHI, 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 the Privacy Official identified in Section 7 below. If a form is required, it will be available from the Privacy Official.

Requests with respect to PHI held by your insurer or HMO, if applicable, 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 (e.g., disclosures to your spouse).

You May Request Confidential Communications

You have the right to ask the Plan to communicate with you using an alternative means or at an alternative location. 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 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 and HHS.

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 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.

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. 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 will charge a reasonable, cost-based fee for each subsequent accounting.

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).

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.

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 with notice of its legal duties and privacy practices.

The Plan is required to comply with the terms of this Notice currently in effect. 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, even if the Plan received the PHI prior to that date. If a privacy practice is materially changed, a revised version of this Notice will be posted on the Plan's website by the effective date and will be provided to you in the Plan's next annual mailing.

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 the United States Department of Health and Human Services 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:

Derek Davis
Privacy Official
Health and Benefit Trust Fund of the International Union of Operating Engineers
Local 94-94A-94B, AFL-CIO
331-337 West 44th Street
New York, NY 10036

You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services (“HHS”). Please contact the nearest office of the Department of Health and Human Services, listed in your telephone directory, 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:

Derek Davis
Privacy Official
Health and Benefit Trust Fund of the International Union of Operating Engineers
Local 94-94A-94B, AFL-CIO
331-337 West 44th Street
New York, NY 10036
(212) 331-1842

Section 9: Conclusion

PHI use and disclosure by the Plan is regulated by the federal Health Insurance Portability and Accountability Act of 1996, as amended, 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.