



AUTOMOBILE MECHANICS' LOCAL 701 WELFARE FUND

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NOTICE OF PRIVACY PRACTICES AUTOMOBILE MECHANICS' LOCAL NO. 701 UNION AND INDUSTRY WELFARE FUND

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.

The Automobile Mechanics' Local No. 701 Union and Industry Welfare Fund (the "Fund") is required by law pursuant to the Health Insurance Portability and Accountability Act of 1996 and the Health Information Technology for Economic and Clinical Health Act and the related regulations thereunder (collectively, "HIPAA") to take reasonable steps to ensure the privacy of personally identifiable health information ("protected health information" or "PHI") and to inform you about:

- The Fund's uses and disclosures of PHI;
- Your rights with respect to PHI;
- The Fund's duties regarding PHI and related matters;
- Your right to complain to the Fund and to the Department of Health and Human Services if you believe that your privacy rights have been violated;
- The person to contact regarding issues relating to your privacy rights including complaints and questions regarding this Notice; and
- The Effective Date of this Notice.

USE AND DISCLOSURE OF PHI

The Fund may use or disclose PHI for certain purposes. PHI generally includes all individually identifiable health information, including demographic information, collected, transmitted, maintained, used or disclosed by the Fund regardless of the form of this information, including oral, written and electronic information. PHI also includes substance use disorder information to the extent that the Fund receives, maintains, or transmits records that are subject to 42 C.F.R. Part 2, Confidentiality of Substance Use Disorder Patient Records ("Part 2"). PHI does not include "de-identified" information, which is information that does not identify an individual and with respect to which there is no reasonable basis to believe that the information can be used to identify an

individual. The purposes for which use and disclosure of PHI can be made are (1) for disclosure to you; (2) for carrying out treatment, payment and health care operations; (3) for disclosure to the plan sponsor, the Board of Trustees of the Fund, for the purposes of administering the Fund and for other functions specifically authorized under HIPAA; (4) for particular purposes for which use or disclosure is required or permitted under HIPAA; (5) for disclosure to family members, other relatives and close personal friends of information relevant to your care or for their notification, following, if practicable, provision of opportunity for you to agree or disagree with the disclosure; and (6) for other purposes following your execution of written authorization for use and disclosure. These purposes are described more fully below. As also set forth below, with certain specific exceptions, the Fund will only disclose the “minimum necessary” amount of PHI.

1. Disclosure to You.

The Fund may disclose PHI to you. Procedures for you to obtain this information are set forth in the section concerning your rights with respect to your PHI.

2. Use and Disclosure to Carry Out Treatment, Payment or Health Care Operations.

The Fund may use or disclose PHI for purposes of treatment, payment or health care operations. This can include disclosure to the plan sponsor, the Board of Trustees of the Fund, as discussed in Section 3, below.

a. Treatment

The Fund may use or disclose PHI for the purpose of treatment. “Treatment” is the provision, coordination or management of health care and related services. It also includes, but is not limited to, consultations and referrals between one or more providers.

For example, the Fund may disclose to a treating orthodontist the name of a treating dentist so that the orthodontist may ask for dental X-rays from the treating dentist.

b. Payment

The Fund may use or disclose your PHI for the purpose of “payment.” “Payment” includes, but is not limited to, actions regarding coverage determinations and payment, including billing, claims management and determination, subrogation, plan reimbursement, reviews for medical necessity and appropriateness of care, utilization review and preauthorization.

For example, the Fund may provide information regarding your coverage or health care treatment to another health plan under which you are covered to coordinate payment of benefits.

c. Health Care Operations

The Fund may use or disclose PHI for the purpose of conducting its “health care operations.” Health care operations include such activities as:

- Quality assessment and improvement activities.
- Activities designed to improve health or reduce health care costs.
- Clinical guideline and protocol development, case management and care coordination.
- Contacting health care providers and participants with information about treatment alternatives and other related functions.
- Health care professional competence or qualifications review and performance evaluation.
- Accreditation, certification, licensing or credentialing activities.
- Underwriting (excluding however, PHI which is genetic information because the Fund is prohibited from using or disclosing such genetic information for underwriting purposes), premium rating or related functions to create, renew or replace health insurance or health benefits.
- Conducting or arranging for medical reviews, legal services, compliance programs and auditing functions, including fraud and abuse prevention.
- Business planning and development including cost management and planning related analyses and formulary development.
- Business management and general administrative activities of the Fund, including customer service and resolution of internal grievances.
- Certain marketing activities (but only if you have authorized such disclosure as explained in Section 6, below).

For example, the Fund may use information about claims to audit the accuracy of its claims processing function.

3. Disclosure to the Fund Sponsor for Purposes of Plan Administration and other Authorized Purposes.

The Fund may disclose your PHI to the plan sponsor, the Board of Trustees of the Fund, for the purposes of its administration of the Fund and for other functions specifically authorized under HIPAA. This disclosure may be for purposes of the Fund’s treatment, payment and health care operations.

a. Disclosure to Board of Trustees of “Summary Health Information” for Insurance Procurement and Amendment, Modification or Termination of the Fund.

The Fund may disclose to the Board of Trustees “summary health information” (information which summarizes claims history, claims expenses, or types of claims experienced by individuals for whom the Trustees provide coverage under the Fund and from which aspects permitting identification, other than a five digit zip code, have been eliminated) in order for the Board of Trustees to obtain premium bids from health plans for providing health insurance coverage under the Fund or for the Board of Trustees to modify, amend or terminate the Fund.

b. Disclosure to Board of Trustees of Enrollment Related Information.

In addition, the Fund may disclose to the Board of Trustees PHI concerning whether you participate in the Fund or have enrolled or disenrolled from a health insurance issuer or HMO, in the event the Fund were to ever have such options.

c. Disclosure to Board of Trustees with Authorization.

The Fund may disclose PHI to the Board of Trustees pursuant to an “authorization” discussed in Section 6 below.

d. Disclosure to Business Associates.

The Fund may disclose PHI to third parties that assist the Fund in its operations. For example, the Fund may share your PHI with its business associate if the business associate is responsible for paying medical claims for the Fund. The Fund’s business associates have the same obligation to keep PHI confidential as the Fund. The Fund must require its business associates to ensure that your PHI is protected from unauthorized use or disclosure.

e. Disclosure to Board of Trustees for Purposes of Plan Administration.

The Fund may disclose PHI to the Board of Trustees in order for the Trustees to carry out its responsibilities to administer the Fund.

For example, the Fund may disclose to the Board of Trustees information relevant to the Board of Trustees responsibilities to resolve an appeal regarding denial of a claim you might have for payment of benefits regarding your hospitalization for a particular type of medical services, such as cosmetic surgery, which is excluded from the Fund.

In order to disclose PHI to the Board of Trustees for this purpose and for any other purpose other than those set forth in Sub-Sections (a) through (d) above, the Board of Trustees must certify to the Fund that the plan documents have been amended to restrict uses and disclosures of such information by the Board of Trustees to those permitted by HIPAA.

4. Use and Disclosure Required or Permitted under HIPAA Without Your Authorization or Opportunity to Disagree With Use or Disclosure.

Under HIPAA, the Fund is required or permitted to use or disclose PHI for certain purposes without either your authorization or opportunity to disagree with the use or disclosure.

a. Use or Disclosure Required by Law.

The Fund may use or disclose PHI when it is required to do so by federal, state or local law. For example, the Fund may disclose your PHI for the following purposes:

- For judicial and administrative proceedings pursuant to court or administrative order, legal process and authority.
- To report information related to victims of abuse, neglect, or domestic violence.
- To assist law enforcement officials in their law enforcement duties.

b. Use or Disclosure for Health and Safety.

The Fund may use or disclose PHI when permitted under HIPAA for purposes of public health activities, such as preventing or controlling disease or disability. In addition, your PHI may be disclosed to avert a threat to the health or safety of you, any other person, or the public, pursuant to applicable law.

c. Use or Disclosure Concerning Deceased Individuals.

The Fund may use or disclose PHI when required to be given to a coroner or medical examiner for the purposes of identifying a deceased person, determining a cause of death or other duties as authorized by law. Also, disclosure is permitted to funeral directors, consistent with applicable law, to carry out duties with respect to a dead person or, if necessary, in reasonable anticipation of the person's death.

d. Use or Disclosure for Organ, Eye or Tissue Donation Purposes.

The Fund may use or disclose PHI in communications with organ procurement organizations or other agencies engaged in the procurement, banking or transplantation of organs, eyes or issue for the purpose of facilitating donation and transplantation.

e. Use or Disclosure for Research Purposes.

The Fund may use or disclose PHI for research purposes, to the extent permitted under HIPAA.

f. Use or Disclosure for Specialized Government Functions.

The Fund may, to the extent permitted under HIPAA, use or disclose your PHI to facilitate specialized governmental functions related to the military and veterans, national security and intelligence activities, protective services for the President and other public officials, and correctional institutions and inmates. Your PHI may also be disclosed to health oversight agencies that monitor the health care system for audits, investigation, licensure, and other oversight activities.

g. Use or Disclosure for Workers' Compensation.

The Fund may disclose your PHI as 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.

5. Use and Disclosure Requiring, if Practicable, Opportunity for You to Agree or Disagree.

The Fund may also use or disclose PHI for the purposes listed in Sub-Sections (a) and (b), if the conditions in Sub-Section (c) are followed:

a. Disclosure to a Family Member, Relative, Friend or Other Identified Person Involved in Your Health Care of Information Relevant to Their Involvement in Your Health Care or Payment for Care.

The Fund may disclose to your family member, other relative, your close personal friend or any other person you identify, PHI relevant to that person's involvement with your health care or with payment related to your health care. Disclosure will be limited to the information which is directly relevant to that person's involvement with your health care.

b. Disclosure to a Family Member, Your Personal Representative or Other Person Responsible for Your Care of Your Location, General Condition or Death.

The Fund may disclose to a family member, your personal representative (provided you have authorized such representative with the formalities required by the Fund) or other person responsible for your care, information concerning your location, general condition or death.

c. Conditions on Disclosures Set Forth in Sub-Section (a) and (b).

If you are present or otherwise available prior to a disclosure being made under either Sub-Section (a) or (b) and you have the capacity to make health care decisions, the Fund will not make the disclosure unless (1) your

agreement to the disclosure is obtained, (2) you are given an opportunity to object to the disclosure and do not, or (3) the Fund reasonably infers from the circumstances, based on professional judgment, that you do not object to the disclosure.

If you are not present or otherwise available prior to a disclosure being made under either Sub-Section (a) or (b) or if you cannot be given an opportunity to agree or disagree with disclosure due to your incapacity or because of emergency, the Fund may, in the exercise of professional judgment, determine whether disclosure is in your best interests and, if so, disclose only the PHI that is directly relevant to the particular person's involvement with your health care.

6. Use and Disclosure Requiring Your Authorization.

Except as stated in Sections 1 through 5, above, the Fund will not disclose PHI other than with your written authorization. Any written authorization must meet the formalities required by the Fund. You may revoke your authorization in writing at any time subject to applicable law. For example, your authorization will be required (unless an exception applies) to disclose your PHI as follows: (1) most uses and disclosures of psychotherapy notes; (2) uses and disclosures for marketing purposes; (3) disclosures that constitute a sale of your PHI.

7. Use and Disclosure of the "Minimum Necessary" Amount of PHI.

When using or disclosing PHI or when requesting PHI from another covered entity, the Fund 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:

- Disclosure to or requests by a health care provider for treatment;
- Uses or disclosures made to you;
- Uses or disclosures made pursuant to your written authorization, except for authorizations requested by a covered entity, as described under HIPAA;
- Disclosures made to the Department of Health and Human Services;
- Uses or disclosure that are required by law; and
- Uses or disclosures that are required for the Fund's compliance with legal regulations.

YOUR RIGHTS WITH RESPECT TO PHI

You have the following rights regarding PHI that the Fund collects and maintains. You are required to submit a written request related to these rights, as described below, and you should address such requests to Ms. Jenny Earth, Fund Administrator, Automobile Mechanics' Local No. 701 Union and Industry Welfare Fund, 361 S. Frontage Road, Suite 100, Burr Ridge, IL 60527, Telephone: (708) 482-0110.

1. Right to Request Restrictions on Use and Disclosure of PHI.

You may make a request in writing to the Fund to restrict uses and disclosures of your PHI to carry out treatment, payment or health care operations, or to restrict uses and disclosures to family members, relatives, friends or other persons identified by you who are involved in your care or payment for your care. However, the Fund is not required to agree to your request, unless the restriction relates to disclosures involving PHI related to service for which the health care provider involved has been paid out-of-pocket in full by you or another person. If you wish to make a request for restrictions, please contact Ms. Jenny Earth, Fund Administrator, Automobile Mechanics' Local No. 701 Union and Industry Welfare Fund, 361 S. Frontage Road, Suite 100, Burr Ridge, IL 60527, Telephone: (708) 482-0110.

2. Right to Receive Confidential Communications.

You have the right to request that the Fund communicate with you in a certain way if you feel the disclosure of your PHI could endanger you. For example, you may ask that the Fund only communicate with you at a certain telephone number or by email. If you wish to receive confidential communications, please make your request in writing to the Fund Administrator at the address above. The Fund will attempt to honor your reasonable requests for confidential communications.

3. Right to Inspect and Copy Your PHI.

You have the right to inspect and copy your PHI, which is contained in a designated record set maintained by the Fund with the exception of psychotherapy notes, information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding or as otherwise precluded under HIPAA. A request to inspect and copy your PHI must be made in writing to the Fund Administrator at the address above. If your health record is maintained electronically, you have the right to receive such electronic PHI in the electronic form and format you request if it is readily producible or, if not, in a readable electronic form and format agreed to by you and The Fund. The Fund may charge you for the cost of any electronic media (other than email) used to provide your electronic PHI.

4. Right to Amend PHI.

If you wish to amend a record maintained by the Fund you may request that the Fund amend the record. The request may be made as long as the information is maintained by the Fund in a designated record set. A request for an amendment of a record must be made in writing to the Fund Administrator at the address above. The Fund may deny the request if it does not include a reason to support the amendment. The request also may be denied if the health information record was not created by the Fund, if the PHI you are requesting to amend is not part of the Fund's designated record set, if the PHI you wish to amend falls within an exception to the PHI you are permitted to inspect and copy under applicable law, or if the Fund determines the records containing your PHI are accurate and complete.

5. Right to an Accounting of Disclosures of PHI.

You have the right to request a list of disclosures of your PHI made by the Fund except for disclosures made (a) for purposes of treatment, payment and health care operations, (b) for other purposes exempt from accounting of disclosures under HIPAA, or (c) to a family member, relative, personal representative, friend or other designated representative for involvement in your health care, payment for your health care or notification. The request must be made in writing to the Fund Administrator at the address above. The request should specify the time period for which you are requesting the information. Accounting requests may not be made for periods of time going back more than six (6) years. The Fund will provide the first accounting you request during any twelve (12) month period without charge. Subsequent accounting requests may be subject to a reasonable cost-based fee. The Fund will inform you in advance of the fee, if applicable.

6. Right to a Breach Notification.

You have a right to be notified in the event that a breach of unsecured PHI is discovered either by the Fund, or a business associate or subcontractor performing work on behalf of the Fund.

7. Right to a Paper Copy of this Notice.

You have a right to request and receive a paper copy of this Notice at any time, even if you have received this Notice previously or agreed to receive the Notice electronically. To obtain a paper copy, please contact the Fund Administrator at the address above. You may also obtain a paper copy of the Notice on the Fund's website at <https://www.mech701-benefits.org/welfare/index.htm>.

**DUTIES OF THE AUTOMOBILE MECHANICS' LOCAL NO. 701
UNION AND INDUSTRY WELFARE FUND**

The Fund is required by law to maintain the privacy of your PHI as set forth in this Notice and to provide you this Notice of its duties and privacy practices. The Fund is required to abide by the terms of this Notice, which may be amended from time to time. The Fund reserves the right to change the terms of this Notice and to make the new Notice provisions effective for all PHI that it maintains. If the Fund changes its policies and procedures, it will revise the Notice and will provide a copy of the revised Notice to you within 60 days of the change.

CONFIDENTIALITY OF SUBSTANCE USE DISORDER RECORDS

To the extent the Fund receives, maintains, or transmits your substance use disorder records that are subject to Part 2, it shall comply with the protections required under Part 2. Specifically, any substance use disorder treatment records received from programs subject to Part 2, or testimony relaying the content of such records, shall not be used or disclosed in civil, criminal, or legislative proceedings against you unless based on written consent, or a court order after notice and opportunity to be heard is provided to you or the holder of the records, as required in Part 2. A court order authorizing use or disclosure must be accompanied by a subpoena or other legal requirement compelling disclosure before the requested record is used or disclosed.

YOUR RIGHT TO COMPLAIN

You have the right to express complaints to the Fund and to the Department of Health and Human Services if you believe that your privacy rights have been violated. Any complaints to the Fund should be made in writing to the Fund Administrator at the address above. You may also file a complaint with the Office for Civil Rights, U.S. Department of Health and Human Services by sending a letter to 200 Independence Avenue, S.W., Room 509F, HHH Building, Washington D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/. The Fund encourages you to express any concerns you may have regarding the privacy of your information. You will not be retaliated against in any way for filing a complaint.

CONTACT PERSON

The Fund has designated the following as its contact person for all issues regarding your privacy rights, including complaints and questions regarding this Notice:

Ms. Jenny Earth
Fund Administrator
Automobile Mechanics' Local No. 701 Union and Industry Welfare Fund
361 S. Frontage Road, Suite 100
Burr Ridge, IL 60527
Telephone: (708) 482-0110

EFFECTIVE DATE

The Notice is effective February 16, 2026.