Notice Of Privacy Practices

(rev. effective 2/16/2026)

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 District No. 9, I.A.M.A.W. Welfare Trust (the Plan) has a duty under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) to outline its legal obligations regarding your private medical information. In general, the Plan is required by this law to maintain the privacy of your health information. The Plan must also provide you with a notice of its legal duties and current privacy practices.

The Plan has the legal obligation to abide by the terms of this notice but retains the right to change those terms when necessary. Any changes may be effective for any current health information about you and any information that may be obtained in the future. Such changes will be appropriately reflected in this Notice of Privacy Practices. The most recent version of our full notice will always be available to you through our office.

A. Standard Use and Disclosure of Your Medical Information

The Plan is permitted by law to use or disclose your protected health information (PHI) to provide payment of health benefits and to conduct necessary healthcare operations. There are other purposes for which the Plan may use or disclose your PHI, but these are the primary instances. Federal law permits the Plan to conduct these activities without express written consent from you. The following are some examples of what these uses and disclosures may entail:

1. Treatment

The Plan may use or disclose your health information to facilitate your health care treatment. For example, the Plan might disclose information to your health care provider to assist the provider in making a determination on a course of treatment for you or it might disclose your health information to a case manager retained by the Plan.

2. Payment

The Plan may be required to use or disclose your medical information in order to facilitate payment for medical services you receive. This may include, but is not limited to the following actions:

a. **Determining your eligibility for plan benefits** – For example, the Plan may use information obtained from your employer to determine whether you have met the Plan's requirements for active eligibility.

b. **Determining and fulfilling benefit obligations** – For example, the Plan may review your health care claims to determine if specific services or treatments that you received are covered by the Plan.

c. **Providing payment for treatment and services** – For example, the Plan may send your doctor a payment with an explanation of how the amount paid was determined.

d. **Pre-certifying or pre-authorizing health care services** – For example, the Plan may consider a request from you or your Physician to verify coverage for a specific hospital admission or surgical procedure.

e. **Subrogating health claim benefits for which a third party is liable** – For example, the Plan may exchange information about an accidental injury with your attorney who is pursuing reimbursement from another party.

f. **Coordinating benefits with other plans under which you have health coverage** – For example, the Plan may disclose information about your Plan benefits related to a specific claim to another group health plan in which you or a dependent may participate.

g. **Obtaining payment under a contract of reinsurance** – For example, if the total amount of your claim(s) exceeds a certain amount the Plan may disclose the necessary information about your claim(s) to a stop-loss insurance carrier in order to obtain payment.

3. Health Care Operations

The Plan may also use and disclose your medical information in its everyday health care operations. This may include, but is not limited to the following actions:

a. **Case management and care coordination** – For example, a case manager may contact home health agencies to determine whether they may be of assistance in providing you with services that you need or may contact you or a provider regarding treatment alternatives.

b. **Conducting quality assessment and improvement activities** – For example, a contracted third-party auditor may review your data while performing a claim audit. All third parties who have access to the PHI maintained by the Plan will be contractually obligated to uphold the Plan's high privacy standards.

c. **Employee training** – For example, the Plan may need to demonstrate the processing of claims for health benefits for a new employee. Generally, generic data will be used, but in some cases, it may be necessary to train the employee using actual data while under close supervision.

d. **Contracting for reinsurance** – For example, your PHI may be disclosed to carriers of stop loss insurance to obtain premium quotes. However, consistent with the Genetic Information Nondiscrimination Act (GINA), the Plan is prohibited from disclosing genetic information for underwriting purposes.

e. **Reporting to Trustees** – For example, the Plan may disclose information to the Board of Trustees of the District No. 9, I.A.M.A.W. Welfare Trust, acting as Plan Sponsor, for appeals or other Plan operations.

B. The Plan's Disclosure of PHI to the Trustees

In the course of conducting its business, the Plan may disclose information to Board of Trustees of the District No. 9, I.A.M.A.W. Welfare Trust, acting as Plan Sponsor, for reviewing and making determinations regarding appeals or for monitoring benefit claims or analyzing benefit structure and claim experience, including those that may or do involve stop-loss insurance. Generally, the

Plan will disclose PHI to the Plan Sponsor only if necessary for Plan operations. With respect to PHI, the Plan Sponsor agrees to:

- Not use or further disclose PHI other than as permitted or required by the Plan documents or as required by law;
- Ensure that any agents, including subcontractors to whom it provides PHI received from the Plan, agree to the same restrictions and conditions that apply to Plan Sponsor with respect to such information;
- Not use or disclose PHI for employment-related actions and decisions;
- Not use or disclose PHI in connection with any other benefit or employee benefit plan of Plan Sponsor;
- Report to Health Plan's Privacy or Security Officer any PHI use or disclosure that it becomes aware of which is inconsistent with the uses or disclosures provided for;
- Make PHI available to an individual based on HIPAA access requirements;
- Make PHI available for amendment and incorporate any PHI amendments based on HIPAA amendment requirements;
- Make available the information required to provide an accounting of disclosures;
- Make its internal practices, books and records relating to the use and disclosure of PHI received from the Health Plan available to the Secretary of the U.S. Department of Health and Human Services to determine the Health Plan's compliance with HIPAA;
- Ensure that the adequate separation between the group health plan and the Plan Sponsor is established as required by HIPAA (45 CFR 164.504(f)(2)(kkk)); and
- If feasible, return or destroy all PHI received from the Health Plan that Plan Sponsor still maintains in any form and retain no copies of such PHI when no longer needed for the specified disclosure purpose. If return or destruction is not feasible, Plan Sponsor will limit further uses and disclosures to those purposes that make the return or destruction infeasible.

The Plan Sponsor agrees to the preceding protections with respect to electronic PHI (ePHI) and also to:

- Implement administrative, physical and technical safeguards that reasonably and appropriately protect the confidentiality, integrity, and availability of the ePHI that it creates, receives, maintains, or transmits on behalf of the Plan.
- Ensure "adequate separation" supported by reasonable and appropriate security measures. "Adequate separation" means the Plan Sponsor will use ePHI only for Plan administration activities and not for employment-related actions or for any purposes unrelated to Plan administration. Any employee or fiduciary of the Plan or Plan Sponsor who uses or discloses ePHI in violation of the Plan's security or privacy policies and procedures shall be subject to the Plan's disciplinary procedure.
- Ensure that any agent or subcontractor to whom it provides ePHI agrees to implement reasonable and appropriate security measures to protect the information.
- Report to the Plan Security Officer any Security Incident of which it becomes aware.

C. Additional Uses and Disclosures

In addition to the general uses and disclosures of your information mentioned above, there may be other special situations where it is necessary and permissible for the Plan to use or disclose your health information. Examples include, but are not limited to:

1. **As Required by Law** – The Plan may use or disclose PHI to the extent that such use or disclosure is required by law and complies with and is limited to the relevant requirements of such law. The covered entity also must comply with other requirements, including notifying the individual of such disclosure except as otherwise provided.
2. **For Public Health Activities** – Where disclosures are necessary for public health activities, the Plan may disclose to certain designated agencies, authorities and organizations.
3. **About Victims of Abuse, Neglect, or Domestic Violence** – The Plan may disclose PHI about an individual whom the covered entity reasonably believes to be a victim of abuse, neglect or domestic violence to an appropriate government authority.
4. **For Health Oversight Activities** – A health oversight agency may receive PHI for designated oversight activities.
5. **For Judicial and Administrative Proceedings** – the Plan may disclose PHI in the course of any judicial or administrative proceeding; in response to an order of a court or administrative tribunal, provided only that PHI expressly authorized is disclosed; or in response to a subpoena, discovery request or other lawful process if certain specific requirements are met.
6. **For Law Enforcement Purposes** – the Privacy Standards prescribe several specific circumstances of appropriate disclosure for law enforcement purposes, including: pursuant to legal process and as otherwise required by law; for identification and location purposes, as long as no more than the specified limited information is released; for identification of a victim of a crime if certain protective requirements are met; about decedents; to report crime on the covered entity's premises; and to report crime in emergencies. Again, disclosure is appropriate only in the specific situations described in the Privacy Standards and only after the specific requirements are met.
7. **About Decedents** – Certain disclosures may be made to coroners, medical examiners and funeral directors related to deceased individuals.
8. **For Cadaveric Organ, Eye or Tissue Donation Purposes** – The Plan may use or disclose PHI to organ procurement organizations or other entities engaged in the procurement, banking or transplantation of cadaveric organs, eyes or tissue for donation and transplantation purposes.
9. **For Research Purposes** – Certain limited uses and disclosures of PHI may occur for academic research purposes. Research falling under the auspices of general data analysis is not affected by this requirement.
10. **To Avert a Serious Threat to Health or Safety** – The Plan may disclose limited PHI, consistent with applicable laws and standards of ethical conduct, if the covered entity, in good faith, believes the use or disclosure is necessary to prevent or lessen a serious and

imminent threat to health or safety. Further, such disclosure must be to the person reasonably able to appropriately act or must be necessary for law enforcement authorities to identify or apprehend an individual.

11. **For Specialized Government Functions** – The Privacy Standards recognize the need for special disclosure rules for certain military and veterans' activities, national security and intelligence activity, protective services for the President and others, medical suitability determinations, correctional institutions and other law enforcement custodial situations and covered entities that are government programs providing public benefits.

D. All Other Uses Or Disclosures

The Plan may not use or disclose your health information for any purpose other than as described above without your specific written authorization. You may revoke any such authorization in writing at any time. However, any revocation is limited to the extent that the Plan has already acted in reliance on your authorization.

E. Additional Privacy For Substance Use Disorder (SUD) Treatment

The Plan is not a substance use disorder treatment program (an "SUD Program") but it may receive information from an SUD Program about your treatment. If such information is received by the Plan, the Plan will not disclose this information to be used in a civil, criminal, administrative, or legislative proceeding against you unless (i) you provide written consent or (ii) a court order accompanied by a subpoena or other legal requirement compels disclosure but only after you and the Plan were given notice and an opportunity to be heard. The Plan will never use this information to raise funds for its benefit but if it were to, it would first provide you with a clear and conspicuous opportunity to elect not to receive any fundraising communications.

F. Your Rights

The federal law (HIPAA) that protects the privacy of your health information provides you with several individual rights. It is important to recognize that the majority of PHI in the possession of the Plan is contained in copies of records owned by the covered entity that provided the information. Therefore, to invoke some of the following rights you may need to contact the owner of the records. For more details on the processes to follow in order to invoke these rights, please contact the Plan Privacy Officer at the address shown in paragraph G. Complaints, below.

- You have the right to have a copy of this notice of privacy practices. Additional copies can be obtained by contacting the Plan Privacy Officer.
- You have the right to inspect and copy information in the permanent health care record that the Plan maintains.
- You may also request changes to the information contained in your record, which the Plan may approve or deny.
- You have the right to request that restrictions be placed on the use and disclosure of your health information. The Plan may approve or deny this request.
- You also have the right to receive a list of the uses and disclosures of your health information made by the Plan. Certain limitations may apply.
- You have the right to receive communications from the Plan regarding your health information in a confidential manner.

G. Complaints

If you believe that your privacy rights have been violated, you may complain to the organization you believe is at fault. You may also complain to the Department of Health and Human Services. You are protected from retaliation for any complaints you make. For additional information on the complaints process or for any questions related to this notice, contact the Plan at:

District No. 9, I.A.M.A.W. Welfare Trust
Attention: Privacy Officer
12365 St. Charles Rock Road
Bridgeton, Missouri 63044

I. Breach Notification

The Plan is subject to the HITECH breach notification rules. In the unlikely event that your protected health information is breached, as that term is defined under HITECH, the Plan will provide you with written notice of the breach. The notice will be sent without unreasonable delay and in no case later than 60 calendar days after discovery of a breach. The notice will be written in plain language and will contain the following information: (1) a brief description of what happened, the date of the breach if known, and the date of discovery; (2) the type of PHI involved in the breach; (3) any precautionary steps you should take; (4) what the Plan is doing to mitigate the breach and prevent future breaches; and (5) how you may contact the Plan to discuss the breach. The Plan will also report the breach to the U.S. Department of Health and Human Services, and in some cases to the media.