**NEW YORK STATE TEAMSTERS COUNCIL HEALTH & HOSPITAL FUND**

# PRIVACY NOTICE

**February 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.**

This Notice is being provided to you in accordance with the requirements of the Standards for Privacy of Individually Identifiable Health Information of the Health Insurance Portability and Accountability Act of 1996 (the "**HIPAA Privacy Rules**"), and the Health Information Technology for Economic and Clinical Health Act of 2009 ("**HITECH**").

The HIPAA Privacy Rules require covered entities, such as New York State Teamsters Council Health & Hospital Fund (the "Plan"), to take certain actions to protect the privacy of your "**Protected Health Information"** or **"PHI"** (defined below). The purpose of this Notice is to advise you of the uses and disclosures of your PHI that may be made by the Plan, and to advise you of your rights and the Plan's legal duties with regard to your PHI. If you have a question about this Notice, contact the Plan's Privacy Officer (described below).

## What is Protected Health Information ("PHI")?

PHI means information related to a past or present health condition that identifies you or could reasonably be used to identify you and that is transferred or maintained by the Plan in written, electronic, or any other form. PHI also includes "genetic information" as that term is defined in the HIPAA Privacy Rules.

## Will the Plan have access to my PHI?

Yes. As an individual covered by the Plan, you should be aware that the Plan may have access to your PHI. The Plan may receive your PHI in a variety of ways. For example, the Plan may receive PHI when your health care provider submits bills to be paid by the Plan for services provided to you.

## May the Plan use or disclose my PHI?

Yes. However, as described in more detail below, with respect to uses or disclosures of PHI that are not made for "treatment," "payment," or "health care operations" purposes, and for which no other exception applies, the Plan must obtain your approval (i.e., your written "**Authorization**") to disclose your PHI to a particular person or entity for a particular purpose. You may revoke an Authorization at any time, but a revocation is not effective if the Plan has already relied upon your Authorization. For example, an Authorization would be required if the Plan were to use or disclose PHI to your employer for disability, fitness for duty or drug testing purposes, or if you request that the Plan use or disclose your PHI to a third party.

## When may the Plan make a use or disclosure of my PHI without my Authorization?

The Plan may use or disclose PHI about you, without your written authorization, for the purposes described below. The examples provided are not meant to be exhaustive. In most of these situations, the Plan will use and disclose only the minimum amount of information necessary to accomplish the intended purpose.

Treatment: Treatment means the provision, coordination, or management of health care and related services by health care providers, including the coordination or management of health care with the Plan. For example, the Plan may use or disclose your PHI in order to make pre-authorization decisions.

Payment: Payment means activities undertaken by the Plan to determine or fulfill its responsibility for coverage and provision of benefits under the Plan. Examples of when the Plan might use or disclose PHI for payment purposes include disclosures to facilitate the payment of claims made on the Plan by health care providers, the Plan's activities to obtain or provide reimbursement for the provision of health care, or the Plan's activities in collecting premiums.

Health Care Operations: The term "health care operations" means those other functions and activities that the Plan performs in connection with providing health care benefits. For example, the Plan may use or disclose PHI for business administration or business planning purposes, to assess compliance with applicable law or to ensure proper record-keeping and accounting procedures. Although underwriting is generally permitted under the definition of "health care operations," the Plan may not (even with your Authorization) use or disclose PHI that is "genetic information" as that term is defined in the HIPAA Privacy Rules for "underwriting purposes" as that term is defined in the HIPAA Privacy Rules. The term "underwriting purposes" generally refers to activities associated with determining eligibility for benefits or coverage, determining deductibles or other cost-sharing mechanisms, the computation of premiums or contribution amounts, and other activities relating to the creation, renewal or replacement of a health insurance contract or health insurance benefits.

Plan Sponsor: The Plan may disclose PHI to the Board of Trustees of the New York State Teamsters Council Health & Hospital Fund (the "Board"), such as for making claims and appeals determinations, obtaining premium bids for group insurance coverage or for modifying or amending the Plan or the benefits provided under the Plan. The Board, in its capacity as the Plan Sponsor, has certified to the Plan that it will protect your health information and that it has amended the Plan documents to reflect its obligation to protect your health information.

Required by Law: The Plan may use or disclose PHI to the extent such disclosure is required by law.

National Security: The Plan may disclose PHI to authorized federal officials for the conduct of lawful intelligence, counter-intelligence, and other national security activities and for the provision of protective services to the President and other officials.

Judicial and Administrative Proceedings: The Plan may disclose PHI in response to an order of a court or administrative tribunal. The Plan may also disclose PHI in response to a subpoena, discovery request, or other lawful process if satisfactory assurances are provided showing efforts have been made to inform you of the request or to obtain a qualified protective order, which will provide certain confidentiality protections for the PHI. The Plan may use and disclose PHI for litigation to which it is a party.

Law Enforcement: The Plan may disclose PHI, subject to specific limitations, for certain law enforcement purposes, including: in response to legal process or as otherwise required by law, to identify or locate a suspect, fugitive, material witness, or missing person; to provide requested information about the victim of a crime; to alert law enforcement that a person may have died as a result of a crime; and to report a crime that has occurred on the Plan's premises.

Public Health Activities: The Plan may use or disclose PHI for certain public health activities, including to report to the appropriate authority: information to prevent or control disease, injury, or disability; births and deaths;

information concerning quality, safety, or effectiveness of projects or activities regulated by the FDA; and recalls of products that may be in use.

Abuse, Neglect, or Domestic Violence: The Plan may disclose PHI to an appropriate government agency if it believes it is related to child abuse or neglect. The Plan may also disclose PHI to an appropriate government agency if it believes an individual has been a victim of abuse, neglect, or domestic violence: (a) to the extent (i) such disclosure is required by law; (ii) the individual agrees, or (iii) such disclosure is necessary to prevent serious harm to the individual or another victim; or (b) the individual is unable to agree due to incapacity, it received assurances that the disclosure will not be used against the individual and is necessary for immediate law enforcement activities.

Health Oversight Activities: The Plan may disclose PHI to governmental health oversight agencies for activities authorized by law, such as audits, investigations, inspections, licensure, and disciplinary actions or other proceedings, actions, or similar oversight activities.

Coroners, Medical Examiners, and Funeral Directors: The Plan may disclose PHI to a coroner or medical examiner to identify a deceased person, determine a cause of death, or permit the coroner or medical examiner to fulfill other duties authorized by law. The Plan may disclose PHI to funeral directors as necessary to carry out their duties.

Organ Donation: If applicable, 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.

Research: The Plan may use or disclose PHI for limited research purposes.

Threat to Health or Safety: The Plan may use or disclose PHI to avert or lessen a serious threat to your health or safety or the health or safety of others.

Workers Compensation: The Plan may disclose PHI as authorized by and to comply with the laws and requirements of workers' compensation and other similar programs.

Military: If you are in the military, the Plan may disclose PHI as required by military command authorities.

Custody of Law Enforcement: The Plan may disclose PHI for the health and safety of an individual in the lawful custody of law enforcement or for the safety, security, or good order of the correctional institution.

Personal Representatives: Your health information may be disclosed to people you have authorized or people who have the right to act on your behalf. Examples of personal representatives are parents for unemancipated minors, and those who hold Powers of Attorney for adults.

Substance Use Disorder Records: The Plan provides additional confidentiality protections to certain substance use disorder ("SUD") records. This applies to records of the identity, diagnosis, prognosis, or treatment of any patient which are maintained in connection with the performance of any program or activity relating to SUD education, prevention, training, treatment, rehabilitation, or research, which is conducted, regulated, or directly or indirectly assisted by any department or agency of the United States ("Part 2 records"), that are protected by federal law under 42 C.F.R. Part 2.

Except in limited circumstances, the disclosure of Part 2 records requires your explicit written consent. If the Plan receives Part 2 records through a general consent you provide to the Part 2 SUD treatment program, the Plan may use and disclose the Part 2 records for treatment, payment, and health care operations purposes as described in this Notice. If the Plan receives Part 2 records through a specific consent that you provide to the Plan, the Plan will use and disclose your Part 2 records only as specifically permitted.

The Plan is prohibited from using and disclosing Part 2 records or testimony relaying the content of such records in civil, criminal, administrative, or legislative proceedings by any federal, state or local authority conducted against you if you are the patient who is the subject of the Part 2 record, unless specifically authorized by (1) you or (2) the order of a court, accompanied by a subpoena or other lawful process compelling disclosure, after it provides you with notice of the court order and an opportunity to be heard.

The Plan does not use Part 2 records for fundraising purposes.

Redisclosure: Information that the Plan discloses pursuant to the HIPAA Privacy Rules may be subject to redisclosure by the recipient and no longer protected by the HIPAA Privacy Rules.

**May the Plan make any other disclosures of my PHI without my written authorization?**

The Plan may use and disclose PHI as described below, without your written authorization, unless you object.

Persons Involved in Your Health Care/Payment for Care: The Plan may disclose PHI to a family member, relative, close friend, or other person identified by you who is involved in your health care or the payment for your health care. The Plan will limit the disclosure to the PHI relevant to that person's involvement in your health care or payment for your health care.

Notification: The Plan may use or disclose PHI to notify or assist in notifying a family member, personal representative, or other person responsible for your care of your location, general condition, or death. This includes the disclosure of PHI to a disaster relief agency to assist in notifying family members.

**When is an Authorization required for a use or disclosure of my PHI?**

Other uses and disclosures of your PHI that are not described in this Notice will be made only with your written authorization. Generally, the Plan will need to obtain your authorization for uses and disclosures relating to marketing and receiving remuneration for your PHI (as described below). You may revoke your authorization at any time by submitting a written revocation to the Privacy Officer identified below, except to the extent that the Plan has taken action in reliance on your authorization.

**Will the Plan use or disclose my PHI for marketing, fundraising or other similar purposes?**

While the Plan does not anticipate using or disclosing your PHI for marketing, fundraising or other similar purposes, under the HIPAA Privacy Rules, as amended by the HITECH Act, the Plan may make certain of such uses or disclosures with your Authorization, unless the Plan communicates with you face-to-face or provides you with some promotional gift of nominal value, in which case your Authorization would not be required.

**Do I have the right to request additional restrictions on the uses or disclosures of my PHI?**

Yes. You have the right to request additional restrictions relating to the Plan's use or disclosure of your PHI beyond those otherwise required under the HIPAA Privacy Rules; however, the Plan is not required to agree to your request. If you would like to make such a request, please contact the Plan's Privacy Officer.

**May I request that certain communications of my PHI be made to me at alternate locations or by alternative means?**

Yes. The Plan may communicate your PHI to you in a variety of ways, including by mail or telephone. If you believe that the Plan's communications to you by the usual means will endanger you and you would like the Plan to make its communications that involve PHI to you at an alternate location, you may contact the Plan's Privacy Officer to obtain the appropriate request form. The Plan will only accommodate reasonable requests, and may require (i) information as to how payment will be handled, and/or (ii) a written statement that all or part of the PHI to which your request relates could endanger you.

**Do I have the right to obtain access to my PHI?**

Generally, yes. You have the right to request and obtain access to your PHI maintained by the Plan unless an exception applies. The Plan may deny you access to your PHI if the information is not required to be accessible under the HIPAA Privacy Rules or other applicable law. For example, you do not have a right to access information complied by the Plan in anticipation of, or for use in, a civil, criminal or administrative proceeding.

The Plan may charge you a reasonable, cost-based fee for copying as well as any postage costs and costs associated with preparing an explanation or summary of the PHI necessary to adequately respond to your request. If you would like to request access to your PHI, please notify the Plan's Privacy Officer.

**Do I have the right to request an amendment to my PHI?**

Yes. You have the right to request that the Plan amend your PHI. The Plan reserves the right to deny or partially deny requests for amendments that are not required to be granted under the HIPAA Privacy Rules. For example, the Plan may deny a request for amendment when the PHI at issue is accurate and complete or if the Plan is not the creator of the PHI. If you would like to request an amendment of your PHI, please notify the Plan's Privacy Officer.

**Do I have the right to an accounting of disclosures of my PHI made by the Plan?**

Yes. You have the right to request and obtain an accounting of certain disclosures the Plan has made of your PHI. The Plan is not required to account for all uses and disclosures of PHI that the Plan makes. For example, the Plan is not required to provide an accounting for disclosures made for "treatment," "payment," or "health care operations" purposes, or for disclosures made to you or with your Authorization. Additionally, the Plan reserves the right to limit its accountings to disclosures made after the later of the Plan's effective date or compliance date of the HIPAA Privacy Rules, and within a certain number of years of your request in accordance with the HIPAA Privacy Rules. The Plan will provide you with your first accounting at no charge to you. If you request any additional accountings within a 12-month period, the Plan may charge you a reasonable, cost-based fee. If you request a subsequent accounting, the Plan will provide you with information regarding the fees, and you will have the opportunity to withdraw or modify your request if you wish to do so.

If we use or maintain an electronic health record of your PHI, you may obtain a copy of that information in electronic format and, if you choose, you may direct us to transmit a copy directly to an entity or person designated by you.

**Do I have the right to be notified of a breach of my PHI?**

Yes. The Plan does everything in its power to secure the privacy of your PHI. If, however, there is an unauthorized acquisition, use, access, or disclosure of your unsecured PHI that is a reportable "breach" (as that term is defined under the HIPAA Breach Notification Rules), you will be notified.

**If I have an objection to the way my PHI is being handled, may I file a complaint?**

Yes. If you believe that the Plan has violated your privacy rights or has acted inconsistently with its obligations under the HIPAA Privacy Rules, you may file a complaint by contacting the Plan's Privacy Officer. The Plan requests that you first attempt to resolve your complaint with the Plan via these complaint procedures. However, if you believe the Plan has violated your privacy rights, you may also file a complaint with the Office of Civil Rights ("**OCR**"), the division of the U.S. Department of Health and Human Services responsible for enforcement of the HIPAA Privacy Rules. You can file a complaint by mail or fax to the appropriate OCR regional office (see the Privacy Officer or www.hhs.gov/ocr/office/about/rgn-hqaddresses.html.).

You may also complete OCR's complaint package online at

http://www.hhs.gov/ocr/privacy/hipaa/complaints/hipcomplaintform.pdf. If you need assistance or have questions you can also email OCRMail@hhs.gov.

It is against the policies and procedures of the Plan to retaliate against any person who has filed a privacy complaint, either with the Plan or with the government. Should you believe that you are being retaliated against in any way, please immediately contact the Plan's Privacy Officer.

**May the Plan amend this Notice?**

Yes. The Plan reserves the right to change the terms of this Notice at any time and to make the new Notice effective for all PHI maintained by the Plan.

**May I obtain a paper copy of this Notice?**

Yes. If you received this Notice electronically and would like to receive a paper copy, please contact the Plan's Privacy Officer.

**What if I have additional questions that are not answered in this Notice?**

If you have any questions relating to this Notice you should contact the Plan's Privacy Officer.

**How do I contact the Plan's Privacy Officer?**

You may contact the Plan's Privacy Officer, Kenneth R. Stilwell, by calling (315) 455-9790, or by mail at P.O. Box 4928, Syracuse, New York 13221-9790.