

NOTICE OF PRIVACY PRACTICES
for the
OPERATING ENGINEERS LOCAL #49 HEALTH AND WELFARE FUND

Effective Date of 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.

Introduction

The Plan is required by law to give you this NOTICE OF PRIVACY PRACTICES which tells you about how the Plan protects the privacy of your medical information (also called protected health information or "PHI"). The term PHI under the Health Insurance Portability and Accountability Act ("HIPAA") and its privacy regulations includes all individually identifiable health information transmitted or maintained by the Plan, regardless of form (oral, written, electronic). You may find these rules at 45 Code of Federal Regulations Parts 160 and 164 (the "Privacy Regulations").

1. When the Plan Uses and Discloses Your PHI

A. Uses and Disclosures Required by the Privacy Regulations

The Plan is required to give you access to certain PHI, if you ask, so you can inspect and copy it.

The Plan is required to release your PHI to the Secretary of the federal Department of Health and Human Services to review the Plan's compliance with the Privacy Regulations.

B. Uses and Disclosures to Carry Out Treatment, Payment, and Health Care Operations.

The Plan and its "business associates" have the right to and will use PHI without your consent, authorization or opportunity to agree or object so the Plan can carry out "treatment, payment and health care operations." Business associates may use and disclose PHI only after they agree in writing to implement appropriate safeguards regarding your PHI. The Plan can also disclose PHI to the Board of Trustees and to certain agents of the Board of Trustees (such as Union business agents and the Trustees' office staffs) for purposes related to treatment, payment and health care operations. The Summary Plan Description has been amended to protect your PHI as required by federal law.

Treatment includes providing, coordinating or managing health care and related services. It also includes but is not limited to consultations and referrals between one or more of your providers.

For example, the Plan may release your PHI to a treating doctor so that the doctor may obtain information concerning your treatment from your prior treating doctor.

Payment includes determining coverage and paying benefits (including billing, claims management, subrogation, plan reimbursement, reviews for medical necessity and appropriateness of care and utilization review and preauthorizations).

For example, the Plan may tell a doctor whether you are eligible for coverage or what percentage of the doctor's bill for your visit to the doctor will be paid by the Plan.

Health care operations includes quality assessment and improvement, reviewing competence or qualifications of health care professionals, determining the appropriate contribution rates to the

Plan, underwriting, premium rating and other insurance activities relating to creating or renewing insurance contracts or determining the appropriate contribution rates for the Plan.

It also includes disease management, case management, conducting or arranging for medical review; legal services and auditing functions, including fraud and abuse compliance programs; planning and development, Plan management and general administrative activities.

For example, the Plan may use information about your claims to refer you to a disease management program, project future benefit costs or audit the accuracy of its claims processing functions.

C. Uses and Disclosures that Require Your Written Authorization.

Other uses or disclosures of your PHI will only be made with your written authorization. For example, in general and subject to specific conditions, the Plan will not use or disclose your psychiatric psychotherapy notes and substance use disorder counseling notes; the Plan will not use or disclose your PHI for marketing; and the Plan will not sell your PHI, unless you provide a written authorization to do so.

If the Plan receives substance use disorder treatment records created by a federally assisted program or health care provider under 42 CFR part 2, the Plan may only use or disclose such records in accordance with the written consent you provided to the program or provider. If such records were disclosed to the Plan with your written consent for treatment, payment, and health care operations, the Plan may further disclose the records for these purposes without obtaining an additional written consent.

Your authorization will also generally be obtained before the Plan will release your PHI to persons not specifically authorized to receive the information under the Privacy Regulations, such as your spouse. When your authorization is required for a release of your PHI, you will also have the right to revoke the authorization at any time.

D. Uses and Disclosures that Require that You Have an Opportunity to Agree or Disagree before the Information is Used or Released.

The Plan can disclose your PHI to family members, other relatives and your close personal friends if the information is directly relevant to the family or friend's involvement with your care or payment for that care; and you have either agreed to the disclosures or have been given an opportunity to object and have not objected.

E. Other Uses and Disclosures for which Consent, Authorization or Opportunity to Object is Not Required.

The Plan can use and disclose your PHI without your consent, authorization or request under the following circumstances; however, as a general rule the Plan will release PHI in these situations only when necessary to protect a person's health or safety:

1. When required by law, such as releases to the Secretary of Health and Human Services.
2. When permitted for purposes of public health activities, including when necessary to report if you have been exposed to a communicable disease or are at risk of spreading a disease or condition.
3. To report information about abuse, neglect or domestic violence to public authorities.
4. To a public health oversight agency for oversight activities such as civil, administrative or criminal investigations; inspections; licensing or disciplinary actions (for example, to investigate complaints against providers); and other activities necessary for appropriate

oversight of government benefit programs (for example, to investigate Medicare or Medicaid fraud).

5. When required for judicial or administrative proceedings. For example, your PHI may be disclosed in response to a subpoena or discovery request.
6. When required for law enforcement purposes (for example, to report certain types of wounds).
7. For other law enforcement purposes, including identifying or locating a suspect, fugitive, material witness or missing person.
8. To a coroner or medical examiner for the purpose of identifying a deceased person, determining a cause of death or other duties as authorized by law. Disclosure is also permitted to funeral directors, as necessary to carry out their duties with respect to the decedent.
9. For research, subject to certain conditions.
10. To prevent or lessen a serious and imminent threat to the health or safety of a 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.
11. When authorized by and to the extent necessary to comply with workers' compensation or other similar programs established by law.

F. Prohibited uses and disclosures of PHI

If the Plan receives substance use disorder records created by a federally assisted program or health care provider under 42 CFR part 2, the Plan may not use or disclose such records, or testimony relating to the content of such records, in any civil, criminal, administrative, or legislative proceedings against you unless based on your specific written consent or a court order. The Plan may only use or disclose records based on a court order after: (1) a notice and an opportunity to be heard is provided to you or the holder of the record, where required by 42 CFR part 2; and (2) the court order is accompanied by a subpoena or other similar legal requirement compelling the disclosure.

2. Your Rights

A. Right to Request Restrictions on PHI Uses and Disclosures

You may request the Plan 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 Plan is not required to agree to your request.

The Plan will accommodate reasonable requests to receive communications of PHI by alternative means or at alternative locations.

You or your personal representative will be required to complete a form to request restrictions on uses and disclosures of your PHI.

These requests should be made to the Plan's "Contact Person" listed at the end of this Notice.

B. Right to 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.

Designated Record Set includes your medical records and billing records maintained by or for a covered health care provider; enrollment, payment, billing, claims adjudication and case management record systems maintained by or for the Plan; or other information used in whole or in part by or for the Plan to make decisions about you. Information used for quality control or peer review analyses and not used to make decisions about individuals is not in the designated record set.

The requested information will be provided within 30 days if the information is maintained on site or within 60 days if the information is maintained offsite. 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. Requests for access to PHI should be made to the Plan's Contact Person.

If the Plan denies you access, you or your personal representative will be provided with a written denial stating the basis for the denial, a description of how you can exercise those review rights and a description of how you can complain to the Secretary of the U.S. Department of Health and Human Services.

C. Right to Amend PHI

You have the right to request the Plan to amend your PHI or a record about you in a designated record set as long as the PHI is maintained in the designated record set. The request must be made in writing and must provide your reasons supporting your request.

The Plan has 60 days after the request is made to act on the request. A single 30-day extension is allowed if the Plan cannot comply with the deadline. If the request is denied in whole or part, the Plan will provide you with a written denial that explains the basis for the denial. You or your personal representative can then submit a written statement disagreeing with the denial and have that statement included with any future disclosures of your PHI.

Requests to amend your PHI in a designated record set should be made to the Plan's Contact Person at the Plan Administrator's office. You or your personal representative will be required to complete a form to request amendment of the PHI in your designated record set.

D. The Right to Receive an Accounting of PHI Disclosures

At your request, the Plan will also give you with an accounting of the Plan's disclosures of your PHI during the six years prior to the date of your request. However, the accounting need not include PHI disclosures made (1) to carry out treatment, payment or health care operations; (2) to individuals about their own PHI; or (3) prior to the compliance date.

If the accounting cannot be provided within 60 days, an additional 30 days is allowed if the Plan gives you a written statement about the reasons for the delay and the date by which 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 additional accounting.

To the extent the Plan uses or maintains an electronic health record as defined by HITECH with respect to your PHI, you will have the right to obtain from the Plan a copy of such information in an electronic format and, if you so choose, direct the Plan to transmit such copy directly to any entity or person you chose, provided you have specifically identified to the Plan to whom the electronic health record should be sent. Further, to the extent the Plan uses or maintains your PHI in the form of an electronic health record as defined by HITECH, you will have a right to receive an accounting of any disclosures of that PHI made by the Plan in the three years prior to the date on which you request an accounting.

E. The Right to Receive a Paper Copy of This Notice Upon Request.

Please contact the Plan's Contact Person at the Plan Administrator's office to receive a paper copy of this Notice.

F. Personal Representatives

You may exercise your rights through a personal representative. Your personal representative will be required to produce evidence of his or her authority to act on your behalf before that person will be given access to your PHI or allowed to take any action for you. Proof of this authority may take one of the following forms: (1) a power of attorney for health care purposes notarized by a notary public; (2) a court order of appointment of the person as the conservator or guardian of the individual; or (3) an individual who is the parent of a minor child.

The Plan retains discretion to deny access to your PHI to a personal representative to provide protection to those vulnerable people who depend on others to exercise their rights under these rules and who may be subject to abuse or neglect. This also applies to personal representatives of minors.

3. The Plan's Duties

The Plan is required by law to maintain the privacy of PHI and to provide individuals (participants and beneficiaries) with notice of its legal duties and privacy practices.

The Plan is required to comply with the terms of this notice. The Plan, however, reserves the right to change its privacy practices and to apply the changes to any PHI received or maintained by the Plan before that date. If a privacy practice is changed, a revised version of this notice will be provided by mail to all past and present covered persons for whom the Plan still maintains PHI.

Any revised version of this notice will be distributed within 60 days of the effective date of any material change to the uses or disclosures, the individual's rights, the duties of the Plan or other privacy practices stated in this notice.

A. Minimum Necessary Standard

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.

This minimum necessary standard will not apply in the following situations:

1. disclosures to or requests by a health care provider for treatment;
2. disclosures made to the Secretary of the U.S. Department of Health and Human Services;
3. uses or disclosures that are required by law; and
4. uses or disclosures that are required for the Plan's compliance with legal regulations.

B. De-Identified Health Information

This notice does not apply to information that has been de-identified. De-identified information is information that does not identify an individual and with respect to which there is no reasonable basis to believe the information can be used to identify an individual. In other words, if the information is de-identified, it is not individually identifiable health information and, therefore, not PHI.

C. Summary Health Information

The Plan can also use or disclose “summary health information” to the Board of Trustees for obtaining premium bids or modifying, amending or terminating the Plan. Summary health information summarizes the claims history, claims expenses or type of claims experienced by individuals and from which identifying information has been deleted in accordance with the Privacy Regulations.

D. Notification of Breach

The Plan is required by law to maintain the privacy of participants' PHI and to provide individuals with notice of the Plan's legal duties and privacy practices. If your PHI is acquired, used or disclosed in a manner that is not permitted by the HIPAA Privacy Rule and such acquisition, use or disclosure poses a significant risk of financial, reputational, or other harm to you (defined as a “breach”), the Plan will provide you with notice of the breach without unreasonable delay and in no case later than 60 days after the discovery of the breach by the Plan. The breach notification will advise you of the breach, what PHI was involved in the breach, any steps you should take to protect yourself from potential harm, a description of what the Plan is doing to investigate the breach and mitigate any harm to you and contact procedures for you to learn more about the breach.

4. 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 complain to the Plan. Such complaints should be made to the Plan's Privacy Official.

You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services, Hubert H. Humphrey Building, 200 Independence Avenue S.W., Washington, D.C. 20201. The Plan will not retaliate against you for filing a complaint.

5. Who to Contact for More Information

If you have any questions, please contact the Plan at the Plan Administrator's office. Such questions should be directed to the Plan's Privacy Official at: Attention: HIPAA Privacy Official, Operating Engineers Local #49 Health and Welfare Fund, 3001 Metro Drive, Suite 500, Bloomington, MN 55425, and the telephone number is 952-854-0795 or 1-800-535-6373.

Conclusion

PHI uses and disclosures by the Plan are regulated by a federal law known as HIPAA (the Health Insurance Portability and Accountability Act). You may find these rules at 45 Code of Federal Regulations Parts 160 and 164. The Plan intends to comply with these regulations. This Notice attempts to summarize the regulations. The regulations will supersede any discrepancy between the information in this Notice and the regulations.