

**CEMENT AND CONCRETE WORKERS DISTRICT COUNCIL**  
**WELFARE FUND**

**HIPAA 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.**

This Notice of Privacy Practices (“Notice”) is effective February 16, 2026.

***I. Introduction***

This Notice applies to the medical, vision, dental, hearing and prescription drug benefits under the Cement and Concrete Workers District Council Welfare Fund (collectively, the “Fund”). This Notice describes how the Fund protects any protected health information that it has about you (“Protected Health Information” or “PHI”), and how the Fund may use or disclose this PHI. PHI is information about you, including demographic information, that can reasonably be used to identify you and that relates to your past, present or future physical or mental health or condition, the provision of health care to you, or the payment for that care. This Notice also describes your rights with respect to the PHI and how you can exercise those rights.

The Fund is required to provide this Notice to you by the federal law known as the Health Insurance Portability and Accountability Act, as amended (“HIPAA”). The Fund must follow the terms of this Notice while it is in effect. Some of the uses and disclosures described in this Notice may be limited in certain cases by applicable state laws that are more stringent than the federal standards.

The Fund is required by law to:

- maintain the privacy of your PHI;
- notify affected individuals following a breach of unsecured PHI;
- provide you with certain rights with respect to your PHI;
- provide you this Notice of the Fund’s legal duties and privacy practices with respect to your PHI; and
- follow the terms of this Notice (as currently in effect or as subsequently amended).

If you have any questions about this Notice, please contact the Fund’s Privacy Official using the information detailed in Section XI. below.

***II. Permitted Uses and Disclosures of Your Protected Health Information***

A. **Uses and Disclosures for Treatment, Payment, and Health Care Operations:** The Fund may use or disclose your PHI in connection with your receiving treatment from a health care provider, the Fund’s payment for such treatment and for Fund health care operations.

1. **For Treatment:** Treatment means the provision, coordination, or management of

your health care. Although the Fund does not provide treatment, the Fund may use or share your PHI to support the provision, coordination, or management of your health care treatment. For example, the Fund or its business associate may disclose the name of your treating physician to a treating orthopedist so that the orthopedist can obtain your x-rays from your physician.

2. **For Payment:** Payment means all activities in connection with processing claims for your health care (including billing, claims management, eligibility, coordination of benefits, adjudication of claims, subrogation, reviews for medical necessity and appropriateness of care and utilization review and pre-authorizations). The Fund may use or disclose PHI for the Fund's payment activities or those payment activities of another health plan or provider. For example, the Fund may use and disclose your PHI to facilitate payment for treatment and services you receive from health care providers, to determine benefit responsibility under the Fund, or to coordinate Fund coverage. In addition, the Fund may use and disclose your PHI for payment-related functions, such as eligibility determinations, resolution of benefit claims, or assisting you with your inquiries or disputes. For example, the Fund may disclose your PHI to your health care provider to determine whether a particular surgery is medically necessary, or to determine whether the Fund will cover that surgery.
  3. **For Health Care Operations:** Health care operations are the support functions of the Fund, such as quality assessment and improvement activities, population-based activities relating to improving health or reducing health care costs, case management, coordination of care, receiving and responding to participant complaints, conducting or arranging for medical review, legal services, and auditing functions, submitting claims for stop-loss (or excess loss) coverage, business planning, business management and general administrative activities. The Fund may use or disclose your PHI for certain health care operations of other group health plans or health care providers. For example, the Fund may need to review your PHI as a part of the Fund's efforts to uncover instances of health care provider abuse and fraud.
- B. **Other Uses and Disclosures of PHI:** The Fund also may use or disclose your PHI, without your authorization, as permitted or required by HIPAA, including, without limitation, to the following persons or entities for the following reasons:
1. **Disclosure to the Fund Sponsor:** The Fund may disclose your PHI to the Fund's Board of Trustees, which serves as the plan sponsor for the Fund, for purposes related to payment of benefits, Fund operations, and other matters pertaining to Fund administration that involve the Board of Trustees (*e.g.*, in connection with appeals that you file following a denial of a benefit claim). This means the Trustees may receive your PHI if necessary for them to fulfill their fiduciary duties with respect to the Fund. When disclosing PHI to the Board of Trustees, the Fund will make reasonable efforts not to disclose more than the minimum necessary amount of PHI to achieve the particular purpose of the disclosure. In accordance with the Plan documents, the Board

of Trustees has agreed that unless it has your written permission, it will not use or disclose your PHI: (1) other than as permitted in this Notice or as required by law, (2) with respect to any employment-related actions or decisions, or (3) with respect to any other benefit plan sponsored by or maintained by the Board of Trustees.

In addition, the Fund may disclose “summary health information” to the Board of Trustees for obtaining premium bids or modifying, amending or terminating the benefits provided under the Fund. Summary PHI summarizes the claims history, claims expenses or type of claims experienced by individuals for whom a plan sponsor (such as the Board of Trustees) has provided health benefits under a group health plan. Identifying information will be deleted from summary PHI, in accordance with federal privacy rules.

2. Business Associates: The Fund may disclose your PHI to persons or entities that provide services to the Fund (*i.e.*, a business associate). Examples of business associates include third-party administrators, data processing companies, or companies that provide general administrative services. For example, the Fund may input PHI about your health care treatment into an electronic claims processing system maintained by the Fund’s business associate so your claim may be paid. In so doing, the Fund will disclose your PHI to its business associates so the business associates can perform claims payment functions. However, the Fund will require its business associates, through written contract, to appropriately safeguard your PHI.
3. Required by Law: The Fund may use or disclose your PHI to the extent that the Fund is required to do so by applicable law. You will be notified, if required by law, of any such uses or disclosures. For example, the Fund may disclose your PHI when required by national security laws or public health disclosure laws.
4. Disclosure to Your Personal Representatives: The Fund may disclose your PHI with your personal representative in accordance with applicable state law and HIPAA (*e.g.*, to parents if you are an unemancipated child under 18, to those people with unlimited powers of attorney or health care proxies, etc.) In addition, you may authorize a personal representative to receive your PHI and act on your behalf. Contact the Privacy Official to obtain a copy of the appropriate form to authorize the people who may receive this information.
5. Individuals Involved in Your Care or Payment for Your Care: Unless you object in writing, the Fund may disclose PHI to a close friend or family member involved in or who helps pay for your health care, but only to the extent relevant to that friend or family member’s involvement in your care or payment for your care. For example, if a family member or a caregiver calls the Fund with prior knowledge of a claim, the Fund may confirm if the claim has been received and paid. The Fund may also disclose your PHI to any authorized public or private entities assisting in disaster relief efforts.
6. Public Health Risks: The Fund may disclose your PHI for public health and safety purposes to a public health authority that is permitted by law to collect or receive the information. Your PHI may be used or disclosed for the purpose of preventing or controlling disease (including communicable disease), injury, or disability. If directed

- by the public health authority, the Fund may also disclose your PHI to a foreign government agency that is collaborating with the public health authority. For example, your PHI may be used or disclosed for the purpose of preventing or controlling disease (including communicable diseases), injury, or disability.
7. Health Oversight: The Fund may disclose your PHI to a health oversight agency for activities authorized by law, such as audits, investigations, inspections and legal actions. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs, and civil rights laws.
  8. Food and Drug Administration: The Fund may disclose your PHI to a person or company 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.
  9. Abuse or Neglect: The Fund may disclose your PHI to any public health authority authorized by law to receive information about child abuse or neglect. In addition, the Fund may disclose your PHI to a governmental entity or agency authorized to receive information about abuse, neglect, or domestic violence if the Fund reasonably believes that you have been a victim of abuse, neglect, or domestic violence. In this case, the disclosure will be made consistent with the requirements of applicable laws. The Fund will inform you that such a disclosure was made unless this would place you at risk or if the information would go to a personal representative who is believed to be responsible for the abuse, neglect, or violence.
  10. To Avert a Serious Threat to Health or Safety: Consistent with applicable laws, the Fund may disclose your PHI, if the Fund believes in good faith that the disclosure is necessary to prevent or lessen a serious and imminent threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone reasonably able to help prevent or lessen the threat. For example, the Fund may disclose your PHI in a proceeding regarding the licensure of a physician.
  11. Legal Proceedings and Law Enforcement: The Fund may disclose your PHI to federal, state and local law enforcement officials if requested as part of certain law enforcement activities, or in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal. In addition, the Fund may disclose your PHI under certain conditions in response to a subpoena, court-ordered discovery request or other lawful process, in which case reasonable efforts must be undertaken by the party seeking the PHI to notify you and give you an opportunity to object to the disclosure or to seek a qualified protective order.
  12. Coroners, Funeral Directors, and Organ Donation: The Fund may disclose your PHI to a coroner or medical examiner for identification purposes or for determining a cause of death, or other duties authorized by law. The Fund may also disclose your PHI to a

funeral director, as authorized by law, to permit the funeral director to carry out his/her duties. The Fund may also disclose such information in reasonable anticipation of death. If you are an organ donor, the Fund may also disclose PHI for cadaveric organ, eye or tissue donation, and transplant purposes.

13. Research: The Fund is permitted to 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.
14. Military Activity and National Security: When the appropriate conditions apply, the Fund may use or share PHI of individuals who are Armed Forces personnel: (1) for activities deemed necessary by military command authorities; or (2) to a foreign military authority if you are a member of that foreign military service. The Fund may also share your PHI with authorized federal officials conducting national security and intelligence activities, including protecting the president.
15. Workers' Compensation: The Fund may disclose your PHI to comply with workers' compensation laws and other similar legally established programs, that provide benefits for work-related injuries or illness without regard to fault.
16. Inmates: If you are an inmate of a correctional institution or under the custody of a law enforcement official, the Fund may disclose your PHI to the institution or official if the PHI is necessary for the institution to provide you with health care; to protect the health and safety of you or others; or for the security of the correctional institution.
17. Government Audits: The Fund must make disclosures of PHI to the Secretary of the U.S. Department of Health and Human Services to investigate or determine the Fund's compliance with the federal regulations regarding privacy.

### **III. Uses and Disclosures of Your PHI that Require Your Written Authorization**

In all situations other than those described above, you must provide the Fund with your written authorization before the Fund uses or discloses your PHI. Without limitation, this includes the sale of your PHI or the use or disclosure of your PHI for marketing.

In addition, except for certain narrow exceptions permitted by law (such as legal defense in a proceeding you bring against the Fund), the Fund will not use or disclose any mental health professional's psychotherapy notes (*i.e.*, discrete notes that document the contents of conversations during counseling sessions) without your prior written authorization.

Further, the Fund will not use or disclose substance use disorder treatment records received from programs subject to 42 CFR part 2, or testimony relaying the content of such records, in civil, criminal, administrative, or legislative proceedings against you unless you provide written consent, or a court order after notice and an opportunity to be heard is provided to you or the holder of the record, as provided in 42 CFR 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.

If you have given the Fund a written authorization, you may revoke it in writing at any time. Your revocation will not apply to any disclosure the Fund has already made in reliance on your previous authorization. However, the Fund will not make any further disclosures until a new written authorization is received. If you have questions regarding authorizations, please call the Privacy Official using the contact information provided in Section XI. below.

#### **IV. Substance Use Disorder Treatment Records**

If the Fund receives substance use disorder treatment records pursuant to your consent for all future uses and disclosures of such records for treatment, payment, or health care operations, the Fund may use and disclose those records for the purposes of treatment, payment or health care operations, until the Fund receives notice that you have revoked your consent in writing. In addition, the Fund may further disclose such records in accordance with HIPAA, except for uses and disclosures for civil, criminal, administrative, and legislative proceedings against you.

#### **V. No Use or Disclosure of Genetic Information for Underwriting**

The Fund is prohibited by law from using or disclosing PHI that is genetic information of an individual for underwriting purposes. Generally, genetic information involves information about differences in a person's DNA that could increase or decrease his or her chance of getting a disease (e.g., diabetes, heart disease, cancer, or Alzheimer's disease).

#### **VI. Additional Special Protections**

Additional special privacy protections, under federal or state law, may apply to certain sensitive information, such as genetic information, HIV-related information, alcohol and substance abuse treatment information, and mental PHI. If you have questions or would like more information, please contact the Privacy Official using the contact information provided in Section XI. below.

#### **VII. Redisclosure**

PHI disclosed in accordance with this Notice may be subject to redisclosure by the recipient and may no longer be protected by HIPAA.

#### **VIII. Your Rights with Respect to Your PHI**

You have the following rights regarding the PHI that the Fund maintains:

- A. **Right to Request a Restriction on the Use and Disclosure of Your PHI:** You may ask the Fund to restrict the uses and disclosures of your PHI to carry out treatment, payment, or health care operations. You may also request that the Fund restrict uses and disclosures of your PHI to family members, relatives, friends, or other persons identified by you who are involved in your care. However, the Fund is not required to agree to a restriction that you request except if you request that the Fund 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. If the Fund does agree to the request, the Fund will not use or disclose your PHI in violation of that restriction unless it is needed to provide emergency treatment, or the Fund terminates the restriction with or without your

agreement. If you do not agree to the termination, the restriction will continue to apply to PHI created or received prior to the Fund's notice to you of the Fund's termination of the restriction. To request a restriction, you must write to the Privacy Official at the address below in Section IX indicating (1) what information you want to restrict; (2) whether you want to restrict use, disclosure, or both; and (3) to whom you want the restriction to apply.

- B. Right to Request to Receive Confidential Communications by Alternative Means or at an Alternative Location:** The Fund will accommodate your reasonable request to receive communications of PHI from the Fund by alternative means or at alternative locations if the request includes a statement that disclosure using the Fund's regular communications procedures could endanger you. For example, you can ask the Fund to only contact you at work or by mail. Please direct your written request to the Privacy Official at the address provided in Section XI. below.
- C. Right to Inspect and Copy:** As long as the Fund maintains it, you may inspect and obtain a copy of your PHI that is contained in a "designated record set" – which are records used in making enrollment, payment, claims adjudication, medical management, and other decisions. To request access to inspect and/or obtain a copy of any of your PHI, you must submit your request in writing to the Privacy Official at the address provided in Section XI. Below indicating the specific information requested. You may also request the Fund to transmit the copy of PHI directly to another person that you designate in writing. If you request a copy of PHI, please indicate in which form you want to receive it (*i.e.*, paper or electronic). The Fund may impose a fee to cover the cost of producing, copying, and mailing the requested PHI. The Fund may deny your request to inspect and copy your PHI in certain limited circumstances. For example, under federal law, you may not inspect or copy psychotherapy notes or information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding. The Fund may also decide to deny access to your PHI if it is determined that the requested access is reasonably likely to endanger the life or physical safety of you or another individual, or to cause substantial harm to you or another individual, or if the records make reference to another person (other than a health care provider) and the requested access would likely cause substantial harm to the other person. In the event access is denied on this basis, that decision to deny access may be reviewable by a licensed health professional who was not involved in the initial denial of access and who has been designated by the Fund to act as a reviewing official. 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 Fund and to the U.S. Department of Health & Human Services.
- D. Right to Amend Your PHI:** If you believe that PHI that the Fund has about you is incorrect or incomplete, you may request that it be amended. Your request must be made in writing and submitted to the Privacy Official. In addition, you must specify the PHI to be amended, the change you request, and provide a reason that supports your request. The Fund may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, the Fund may deny your request if you ask the Fund to amend information that did not originate with the Fund (unless the person or entity

that originated the PHI is no longer available to make the amendment), is not contained in the records maintained by the Fund, is not part of the information that you would legally be permitted to inspect and copy, or is accurate and complete. If the Fund denies your request, you have the right to file a written statement of disagreement with the Fund, or you can request the Fund to include your request for amendment along with the information sought to be amended if and when the Fund discloses it in the future. The Fund may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.

- E. **Right to an Accounting of Disclosures:** You have the right to request an accounting (i.e., a list) of certain non-routine disclosures of your PHI. In general, the list will not include disclosures that were made: in connection with your receiving treatment, payment for such treatment, and for certain health care operations; to you regarding your own PHI; pursuant to your written authorization; to a person involved in your care or for other permitted notification purposes; for national security or intelligence purposes; incident to a use or disclosure permitted or required by law; as part of a limited data set; or to correctional institutions or law enforcement officials. To request a list of disclosures, write to the Privacy Official at the address below. You have the right to receive an accounting of disclosures of PHI made within six years (or less) of the date on which the accounting is requested. Your request should indicate the form in which you want the list (e.g., paper or electronic). The first accounting you request within a 12-month period will be free of charge. The Fund may charge you for responding to any additional requests. The Fund will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.
- F. **Right to be Notified of a Breach:** You have the right to be notified in the event that the Fund (or a Business Associate) discovers a breach of unsecured PHI.
- G. **Right to Obtain a Paper Copy of this Notice:** You may request a paper copy of this Notice, at any time, even if you have previously agreed to accept the Notice electronically. Requests should be made to the Privacy Official at the address below. You may also obtain a copy of this Notice at our website, <https://ccwbf.org/welfare-fund/>.

## ***IX. Complaints***

If you believe that your privacy rights have been violated, you may file a written complaint with the Fund at the address below or 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 or online at [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/). The Fund will not retaliate against you for filing a complaint.

## ***X. Changes to this Notice***

The Fund reserves the right to change the terms of this or any subsequent Notice at any time. If the Fund elects to make a change, the revised Notice will be effective for all PHI that the Fund maintains at that time, even if the Fund received the PHI before the change, as well as any PHI the Fund may receive in the future. If the Fund makes a material change to this Notice, and if the Fund posts this Notice on its website, the Fund will post the revised Notice by the effective date of the

material change and also provide the revised Notice by mail. If the Fund does not post this Notice on its website, within 60 days of any material change of this Notice the Fund will provide the revised Notice to members.

***XI. For Questions or Requests***

If you have any questions about this Notice, or would like further information about the subjects described in this Notice, or would like a paper copy of this Notice, please contact the Fund's Privacy Official:

Privacy Official  
214-38 42<sup>nd</sup> Avenue, 2<sup>nd</sup> Floor  
Bayside, NY 11361  
718-762-6133