

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.

BUFFALO LABORERS WELFARE FUND NOTICE OF PRIVACY PRACTICES

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

This Notice applies to benefits under the Buffalo Laborers Welfare Fund (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 and 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.

This Notice applies only to PHI maintained by the Fund Office in connection with administration of Fund benefits, including the Fund’s health reimbursement account (“HRA”). Health insurers that provide insured benefits under the Fund are separate HIPAA covered entities and maintain their own notices of privacy practices, which govern how they use and disclose the PHI that they maintain.

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. If you have any questions about this Notice or about the Fund’s privacy practices, please reach out to the Contact Person listed at the end of this Notice.

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).

PERMITTED USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION

The Fund may use and disclose your PHI in various ways, including:

- **For Treatment:** Treatment means the provision, coordination, or management of your health care. The Fund may disclose PHI about you to health care providers, including doctors, nurses, technicians, medical students, or other hospital personnel who are involved in your care. For example, the Fund may disclose the name of your treating physician to a treating orthopedist so that the orthopedist can obtain your x-rays from your physician.
- **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 and disclose your PHI for the Fund's payment activities or the payment activities of another Fund or of a health care 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.
- **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 and 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.

OTHER USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

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:

- **Plan Administration and Sponsorship** – 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 claim for reimbursement from your HRA). This means the Board of 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 Fund 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 to obtain premium bids (except with respect to PHI that is genetic information) or to modify, amend or terminate the Fund or the benefits provided under the Fund. Summary health information summarizes the claims history, claims expenses or type of claims experienced under a group health plan, and does not include information that would identify any individual.

- **Business Associates** – 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.
- **Treatment Alternatives or Health-Related Benefits and Services** – to you about treatment alternatives or other health-related benefits and services that might be of interest to you.
- **As Required by Law** – to a person or entities as required to do so by federal, state, or local law. For example, the Fund may disclose your PHI when required by national security laws or public health disclosure laws.
- **Law Enforcement and Legal Proceedings** – to federal, state and local law enforcement officials if requested by law enforcement as part of certain law enforcement activities, or in the course of any judicial or administrative proceeding in response to a court or administrative order. The Fund may also disclose your PHI under certain conditions in response to a subpoena, discovery request, or other lawful process by someone involved in a legal dispute, but only if reasonable efforts have been made to tell you about the request and give you an opportunity to object to the disclosure or to seek a qualified protective order.
- **Health Oversight** - 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.
- **Public Health Risks** - for public health and safety purposes to a public health authority that is permitted by law to collect or receive the information. 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.

- **To Avert a Serious Threat to Health or Safety** – consistent with applicable laws, to someone able to help prevent a serious threat to your health and safety, or the health and safety of the public or another person 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. For example, the Fund may disclose your PHI in a proceeding regarding the licensure of a physician.
- **Abuse or Neglect** - 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 by law to receive reports 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 law. The Fund will inform you that such a disclosure has been or will be made unless that notice will place you at risk of serious harm or that notice will go to a personal representative who is believed to be responsible for the abuse, neglect, or violence.
- **Workers' Compensation** – to persons 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.
- **Food and Drug Administration** - to a person 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.
- **Military and National Security and Intelligence** – if you are a member of the armed forces, for activities deemed necessary by appropriate military command authorities, or to a foreign military authority if you are a member of that foreign military service. The Fund may also use or disclose PHI to authorized federal officials to conduct lawful intelligence, counterintelligence, or other national security activities, including the protection of the president.
- **Organ and Tissue Donation** – if you are an organ donor, the Fund may release PHI to organizations that handle organ procurement or organ, eye, or tissue transplantation or to an organ donation bank to facilitate organ or tissue donation and transplantation.
- **Coroners and Medical Examiners** – to a coroner or medical examiner for identification purposes or for determining a cause of death, or other duties authorized by law.
- **Funeral Directors** – to funeral directors, as authorized by law, to carry out his/her duty. The Fund may disclose PHI in reasonable anticipation of death.

- **Inmates** – if you are an inmate of a correctional institution or are in the custody of a law enforcement official, to the correctional institution or law enforcement official if the PHI is necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.
- **Research** – 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.
- **Government Audits** – to the Secretary of the U.S. Department of Health and Human Services when the Secretary is investigating or determining the Fund’s compliance with HIPAA.
- **Your Personal Representatives** – to your personal representative in accordance with applicable state law (*e.g.*, to parents of unemancipated children under 18, to those persons with unlimited powers of attorney or health care proxies, etc.) and HIPAA. In addition, you may authorize a personal representative to receive your PHI and to act on your behalf. Under HIPAA, the Fund does not have to disclose PHI to a personal representative if the Fund has a reasonable belief that: (i) you have been, or may be, subjected to domestic violence, abuse, or neglect by such person; or (ii) treating such person as your personal representative could endanger you; and, in the exercise of professional judgment, it is not in your best interest to treat the person as your personal representative. Contact the Fund Office to obtain a copy of the appropriate form to authorize the person who may receive your PHI.
- **Individuals Involved in Your Care or Payment For Your Care** – 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’s or family member’s involvement in your care or payment for your care, and such disclosures will not be made if you request in writing that the Fund not make these types of disclosures. 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.

**USES AND DISCLOSURES OF 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 Contact Person at the number listed below.

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.

ADDITIONAL SPECIAL PROTECTIONS

Additional special privacy protections, under federal or state law, may apply to certain sensitive information, such as reproductive health care information, genetic information, HIV-related information, alcohol and substance use treatment information, and mental health information. If you would like more information, contact the Contact Person.

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).

REDISCLASURE

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

YOUR RIGHTS

You have the following rights concerning your PHI. If you have questions about any of your rights, please contact the Contact Person at the address or phone number listed below.

- **Right to Request Restrictions.** You have the right to request a restriction or limitation on PHI that the Fund is otherwise permitted to use or disclose about you for treatment, payment, or health care operations. You also have the right to request a limit on your PHI that the Fund uses or discloses to someone who may be involved in your care or payment for your care, such as a family member or friend. **You should note that the Fund is not required to agree to your request** except if you request that the Fund restrict disclosure to another Fund 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 your request, the Fund will comply with your request 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 make your request in writing to the Contact Person. You must advise: (1) what information you want to limit; (2) whether you want to limit the Fund’s use, disclosure, or both; and (3) to whom you want the limit(s) to apply – for example, disclosures to your spouse.
- **Right to Request Confidential Communications.** You have the right to request that the Fund communicate with you about PHI in a certain way or at a certain location if the request includes a statement that disclosure in another manner may endanger you. For example, you can ask the Fund to only contact you at work or by mail. To request confidential communications, you must make your request in writing to the Contact Person and specify how or where you wish to be contacted. The Fund will accommodate reasonable requests.
- **Right to Inspect and Copy Your PHI.** In most cases, you have the right to inspect and obtain a copy of the PHI that is maintained in a “designated record set” by the Fund. A “designated record set” are records used in making enrollment, payment, claims adjudication, medical management, and other decisions. To inspect and copy PHI, you must submit your request in writing to the Contact Person and indicate the specific information requested. If you request a copy of your PHI, please indicate in which form you want to receive it (*i.e.*, paper or electronic). To receive a copy of your PHI, you may be charged a fee for the costs of preparing a summary, copying, mailing or other supplies associated with your request. If the information you requested is maintained electronically, and you request an electronic copy, the Fund will provide a copy in the electronic form and format you request; if the PHI cannot be readily produced in that form and format, the Fund will provide you with a paper copy. In limited circumstances, the Fund may deny your request to inspect and copy your PHI. 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. If access is denied on this basis, the decision 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. Generally, if you are denied access to PHI, you will be provided 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.

- **Right to Amend Your PHI.** If you believe that your PHI is incorrect or that an important part of it is missing, you have the right to ask the Fund to amend your PHI while it is kept by or for the Fund. You must submit your request and your reason for the request in writing to the Contact Person. In addition, you must specify the PHI to be amended and the change you request. The Fund may deny your request if it is not in writing or does not include a reason that supports the request. In addition, the Fund may deny your request if you ask it to amend PHI that:
 - is accurate and complete;
 - was not created by the Fund, unless the person or entity that created the PHI is no longer available to make the amendment;
 - is not part of the PHI kept by or for the Fund; or
 - is not part of the PHI which you would be permitted to inspect and copy.

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 PHI 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.

- **Right to a List of Disclosures.** You have the right to request a list of certain disclosures of your PHI that the Fund has made within six years (or less) of the date on which the list is requested. This list will not include disclosures made (i) for treatment, payment, or health care operations, (ii) for purposes of national security or intelligence purposes, (iii) to correctional institutions or law enforcement personnel, (iv) pursuant to your authorization, (v) to persons (*e.g.*, family or friends) involved in your care or for other permitted notification purposes, (vi) incident to a use or disclosure permitted or required by law, (vii) as part of a limited data set, or (viii) directly to you. To request this list, you must submit your request in writing to the Contact Person. Your request must state the time period for which you want to receive a list of disclosures, which shall be no more than six years from the date on which the list is requested. Your request should indicate in what form you want the list (*e.g.*, on paper or electronically). The first list you request within a 12-month period will be free. 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.
- **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.

- **Right to a Paper Copy of the Notice.** You have the right to a paper copy of this Notice. You may write to the Contact Person to request a written copy of this Notice at any time, even if you previously agreed to accept the Notice electronically. You may also obtain a copy of this notice at our website, laborerslocal210.com, under the “All Funds/Welfare Fund” section.

CHANGES TO THIS NOTICE

The Fund reserves its rights to change the terms of this Notice at any time and to make the revised or changed Notice effective for all PHI the Fund maintains at that time, even if the Fund received the PHI before the change, as well as any PHI the Fund receives in the future. If the Fund makes any material changes to this Notice, the Fund will post the revised Notice on its website by the effective date of the material change and will send you either (i) the new version of the Notice or (ii) information about the material changes by mail.

COMPLAINTS

If you believe that your privacy rights have been violated, you may contact the Fund’s Contact Person in writing at the address below. You may also file a complaint with the Secretary of the United States Department of Health and Human Services, Office of Civil Rights. The Fund will not retaliate against you if you file a complaint.

CONTACT PERSON

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 Officer:

Buffalo Laborers Welfare Fund
Privacy Officer
25 Tyrol Drive, Suite 200
Cheektowaga, NY 14277
(716) 894-8061