

**Teamsters Local 639 – Employers Health Trust Fund  
and  
Teamsters Local 639 – Employers Pension Trust Fund 401(h)  
Retiree Medical Plan**

**NOTICE OF PRIVACY PRACTICES**

**EFFECTIVE: 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.**

The Teamsters Local 639 – Employers Health Trust Fund and the Teamsters Local 639 – Employers Pension Trust Fund 401(h) Retiree Medical Plan recognize the importance of maintaining the privacy of Protected Health Information (“PHI”) and confidential personal information that they receive and maintain about their participants and beneficiaries. Keeping our current and former participants’ and beneficiaries’ PHI secure and confidential is required by law. The Funds pledge to provide you with certain rights related to your PHI, including your substance use disorder information to the extent the Funds receive, maintain or transmit records that are subject to 42 CFR Part 2, Confidentiality of Substance Use Disorder Patient Records (“Part 2”). The Funds must provide individuals with this Notice of Privacy Practices (“Notice”) describing the Funds’ legal duties and privacy practices under the Health Insurance Portability and Accountability Act of 1996 and the Health Information Technology for Economic and Clinical Health Act and the related regulations (collectively “HIPAA”).

In providing health benefits, the Funds receive and maintain the following types of PHI provided to them: (1) information you or your employer provides to the Funds on an application or enrollment form in order to obtain coverage under the plan of benefits, including personal information such as address, telephone number, date of birth, social security number; (2) premium payments and account balance information; (3) the fact that you are or have been a participant or beneficiary; (4) information received from any of your physicians or other health care providers; (5) information related to your health status, including diagnosis and claims payment information; (6) information about you from your employer or a consumer reporting agency; and (7) other information about you that is necessary for the Funds to provide you with health benefits.

The Funds may, from time to time, disclose your PHI without prior authorization as permitted by law, to a third party to perform services or functions on behalf of the Funds. If such a disclosure is made, the Funds will enter into a contract with the third party that

prohibits the third party from disclosing or using your PHI other than to carry out the purpose of the disclosure or as permitted by law. The third parties' obligations to keep your PHI confidential is the same as that of the Funds.

## **How the Funds May Use or Disclose Your PHI**

The Funds may use or disclose your PHI for certain purposes without your written consent. These purposes include, but are not limited to, the following:

### Payment Purposes:

*For Verification.* The Funds may use your PHI to verify that medical treatment or services billed by health care providers were actually provided to you. For example, your physician may send a bill to the Funds for your medical treatment. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures and supplies used.

*For Precertification.* The Funds may use your PHI to precertify, i.e., pre-approve, the coverage of medical treatment or services that healthcare professionals may recommend for you. For example, your physician may contact the Funds to seek precertification of coverage for a proposed inpatient procedure. The information provided by the physician to the Funds may include information that identifies you, as well as your diagnosis and the proposed procedures and supplies to be used.

*For Reimbursement.* The Funds may use and disclose your PHI to others, including health plans, insurance companies, government agencies and other third parties, for purposes of coordinating benefit payments between two or more plans or receiving reimbursement for payments made for treatment and services that you receive. For example, the Funds may seek reimbursement from the Medicare program for payments made to a physician for services for which Medicare was the primary payor. The information provided to the Medicare program may contain information that identifies you, your diagnosis, and treatment or supplies used during the course of treatment.

*For Benefit Claims Processing and Review.* The Funds may use your PHI to process and review medical claims that you submit requesting reimbursement of payments made for medical treatment or services provided to you by health care providers. For example, you may submit a claim to the Funds for reimbursement for covered charges for your medical treatment. The information you provide to the Funds with your claim may include information that identifies you, as well as your diagnosis and the procedures and supplies used.

### Health Operations and Treatment Purposes:

*For Case Management and Treatment Alternatives.* The Funds may use and disclose your PHI to others, including, but not limited to, nursing facilities and hospice programs, for purposes of coordinating, monitoring and managing your case in the event of serious

illness. For example, a case manager may review your case to identify additional medical resources and alternative treatments that may be available to you. The information provided to the case manager may contain information that identifies you, your diagnosis, and treatment or supplies used during the course of treatment. For example, the Funds may disclose the identity of your primary care physician to emergency medical staff if requested for treatment purposes.

Other Purposes:

*Appointments and Health-Related Information.* The Funds may use your PHI to contact you about treatment alternatives or other health-related benefits and services that may be of interest to you.

*Required by Law.* The Funds may use and disclose your PHI as required by law. For example, the Funds may disclose information for the following purposes:

- for judicial and administrative proceedings pursuant to court or administrative order, legal process and legal authority;
- to report information related to victims of abuse, neglect or domestic violence; and
- to assist law enforcement officials in their law enforcement duties.

*Public Health.* Your PHI may be used or disclosed for public health activities such as assisting public health authorities and other legal authorities to prevent or control disease, injury or disability, or for other health oversight activities pursuant to applicable law.

*Decedents.* Your PHI may be disclosed to funeral directors, medical examiners or coroners to enable them to carry out their lawful duties.

*Organ and Tissue Donation.* Your PHI may be used or disclosed for cadaveric organ, eye or tissue donation purposes. For example, the Funds may disclose your PHI to organizations involved in procuring, banking or transplanting organs and tissues.

*Health and Safety.* Your PHI may be disclosed to avert a serious threat to the health or safety of you or any other person pursuant to applicable law.

*Government Functions.* Specialized government functions such as protection of public officials or reporting to various branches of the armed services that may require use or disclosure of your PHI.

*Workers Compensation.* Your PHI may be used or disclosed in order to comply with laws and regulations related to Workers Compensation.

*Emergency Situations.* Your PHI may be used or disclosed to a family member or close personal friend involved in your care in the event of an emergency, or to a disaster relief entity in the event of a disaster.

*Others Involved In Your Care.* In limited instances, your PHI may be used or disclosed to a family member, close personal friend, or others who the Funds have verified are involved in your care or payment for your care. For example, if you are seriously injured and unable to discuss your case with the Funds, the Funds may disclose your PHI.

*Personal Representatives.* Your PHI 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 minors, and those who have Power of Attorney for adults.

### **When the Funds May Not Use or Disclose Your PHI**

Uses or disclosures of your PHI not listed above or otherwise permitted by law will not be made without your written authorization. This includes most uses or disclosures of psychotherapy notes (where applicable), uses and disclosures for marketing purposes, including subsidized treatment communications, and uses and disclosures that constitute a sale of your PHI.

You have the right to refuse to sign an authorization. If you do sign a written authorization, you also have the right to revoke the authorization at any time upon giving written notice of such revocation to the Funds. Your revocation of the authorization, however, will not be effective for uses or disclosures of your PHI made by the Funds prior to receiving your written notice of revocation.

### **Fundraising Purposes**

If the Funds or authorized third parties on behalf of the Funds, contact you for fundraising purposes, you have the right to opt out of receiving such communications.

### **Underwriting Purposes**

If the Funds use or disclose your PHI for underwriting purposes, the Funds are prohibited from using or disclosing genetic information for such purposes.

### **Your Health Information Rights**

You have the right to:

- request a restriction on certain uses and disclosures of your PHI to carry out treatment, payment or health care operations, including the right to request restrictions on your PHI that the Funds disclose to someone involved in your care or payment for your care; however, the Funds are not required to agree to a requested restriction;

- be notified if the Funds discover a breach of your unsecured PHI;
- obtain a paper copy of this Notice upon written request;
- inspect and obtain a copy of your PHI; however, in limited circumstances, the Funds may deny your request to inspect and copy your PHI;
- amend or correct your PHI maintained by the Funds; however, the Funds are not required to agree to change your PHI;
- request in writing to receive your PHI by alternative means or at alternative locations;
- revoke your authorization to use or disclose your PHI except to the extent that action has already been taken; and
- receive an accounting of disclosures made of your PHI.

If you would like a more detailed explanation of the rights listed above, or if you would like to exercise one or more of these rights, you may contact the Funds at the address set forth at the end of this Notice.

### **Complaints**

You may complain to the Funds and/or to the Department of Health and Human Services if you believe your privacy rights have been violated by the Funds or by anyone acting on behalf of the Funds. You may file a complaint with the Funds by sending a letter detailing your complaint to the Funds at the address set forth at the end of this Notice. Once a complaint is received by the Complaint Officer, it will be investigated and a written response will be provided to you within 60 days. You may also file a complaint with the Office of Civil Rights, U.S. Department of Health and Human Services by sending a letter to 200 Independence Avenue, S.W., Room 509F HHH Bldg., Washington, DC 20201; calling 1-800-368-1019 or submitting a complaint online at [www.hhs.gov/ocr/privacy/hipaa/complaints](http://www.hhs.gov/ocr/privacy/hipaa/complaints). Written complaints to HHS must be filed within 180 days after you first knew or should have known about the privacy violations. You will not be retaliated or discriminated against and no services, payment, or privileges will be withheld from you because you file a complaint with the Funds or with the Department of Health and Human Services.

### **Confidentiality of Substance Use Disorder Records**

The Funds will comply with Part 2 regarding the confidentiality of your substance use disorder patient records to the extent the Funds receive, maintain or transmit such records, ensuring that disclosures are made only as permitted by law. If you have provided a single consent for all future uses and disclosures for treatment, payment, and healthcare operations, the Funds may use and disclose your Part 2 records for treatment, payment, and healthcare operations until you revoke such consent in writing. However, the Funds will not use or disclose your Part 2 records in a civil, criminal, administrative, or legislative proceeding without either your written consent or a court order after you are provided notice and an opportunity to be heard. Further, the Funds will never use your Part 2 information for fundraising purposes.

## **Obligations of the Funds**

The Funds are required to:

- maintain the privacy of your PHI;
- provide you with this Notice of their legal duties and privacy practices with respect to your PHI;
- abide by the terms of this Notice;
- notify you if they are unable to agree to a requested restriction on how your PHI is used or disclosed;
- notify you if they discover a breach of your unsecured PHI;
- accommodate reasonable requests you may make to communicate your PHI by alternative means or in alternative locations; and
- obtain your written authorization to use or disclose your PHI for reasons other than those listed above and permitted under law.

The Funds reserve the right to change their privacy practices and make the new practices effective for all PHI that they maintain, including your PHI that is created or received prior to the effective date of the change and your PHI it may receive in the future.

If the Funds materially change any of their privacy practices covered by this Notice, they will revise this Notice and provide you with the revised Notice within 60 days of the revision (or within such other time frame required under the regulations), or if the Funds post the Notice on their websites they shall: (1) prominently post the material change or the revised Notice on their websites by the effective date of the material change to the Notice; and (2) provide the revised Notice, or information about the material change and how to obtain the revised Notice during the next annual enrollment or at the beginning of the plan year if there is no annual enrollment process. In addition, copies of the revised Notice will be made available to you upon your written request.

The Funds are required by law to abide by the terms of this Notice. The Funds reserve the right to change the terms of this Notice and to make the revised Notice effective for all PHI they maintain, including your PHI that is created or received prior to the effective date of the change and your PHI that the Funds may receive in the future. In addition, copies of the revised Notice will be made available to you upon your written request, and any revised Notice will also be posted to the Funds website.

## **Contact Information**

If you have any questions about this Notice, or desire further information, please contact:

BeneSys, Inc.  
7130 Columbia Gateway Drive, Suite A  
Columbia, MD 21044  
(202) 636-8181 or Toll Free - (800) 983-2699