



## CWA LOCAL 1180 BENEFITS FUNDS ■ LOCAL 1180 AFL-CIO

6 HARRISON STREET ■ NEW YORK, N.Y. 10013-2898 ■ Tel. 1-212-966-5353, Out-of-Area 1-888-966-5353

Dear Member/Retiree:

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) was passed and adopted into federal law on December 28, 2000. In accordance with the HIPAA statute, certain regulations came into effect April 14, 2003, concerning the privacy of your medical information, known as Protected Health Information (PHI). Below please find a Privacy Notice that outlines the Funds' policy with respect to the privacy of PHI. You may wish to file an "Authorization to Disclose Health Information" form with the Fund. This document will empower another individual or organization that you designate to obtain PHI from our records as it pertains to you. The authorization could be of vital importance in the event that such PHI is required for your medical treatment if you become incapacitated. A person you may wish to act on your behalf, such as your spouse, child, or close personal friend in that situation will be denied access to these records by the Funds unless you have an authorization on file with the Fund Office.

To obtain an "Authorization to Disclose Health Information" form please contact the Fund Office.

Sincerely,

Damien Arnold  
HIPAA Contact Officer

### **PRIVACY NOTICE**

#### **THIS PRIVACY 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 Privacy Notice, effective February 16, 2026, describes your rights concerning medical information, known as "Protected Health Information" (PHI), about you and/or your dependents. PHI is information that may identify you and that relates to your past, present, or future physical or mental health condition, or payment for your health care. The PHI includes information maintained by the Funds in oral, written or electronic form. The Funds are required by The Health Insurance Portability and Accountability Act of 1996 (HIPAA), which was passed and adopted into federal law on December 28, 2000, to maintain the privacy of PHI about you, provide you with a notice of the Funds' legal duties and privacy practices with respect to PHI, and to comply with the terms of the Funds' current notice of privacy practices.

The Funds reserve the right to change their privacy practices and this Privacy Notice. Any new Privacy Notice may be effective for all PHI that the Funds maintain about you, including PHI created or maintained in the past. Material changes to the Funds' privacy practices will require that the Funds mail copies of revised Privacy Notices to you and to all past and present participants and beneficiaries for whom the Funds still maintain PHI. Any other person, including dependents of named participants, may receive a copy upon request. Any revised version of this Privacy Notice will be distributed within 60 days of the effective date of any material change to the Funds' policies.

### **USES AND DISCLOSURES OF HEALTH INFORMATION**

#### **Disclosure of PHI Generally Requires Your Written Authorization.**

Under the law, however, the Funds may disclose your PHI without your authorization or without giving you the opportunity to agree or object, in the following cases:

1. **At Your Request:** If you request it, the Funds are required to give you access to certain of your PHI in order to allow you to inspect and/or copy it. Your right to this information is detailed later in this Privacy Notice.
2. **For Treatment, Payment or Health Care Operations:** The Funds and its Business Associates will use PHI in order to carry out treatment, payment, or health care operations.
  - a. **For Treatment** – Treatment is defined as the provision, coordination, or management of health care and related services. While the Funds are not a health care provider and do not engage in "treatment" of individuals, there are instances when the Funds will disclose treatment information that it receives in support of benefit claims payment. For example, if a dental specialist needs treatment information from your primary dentist, the Funds can provide that information.
  - b. **For Payment** – The Funds may use and disclose PHI about you in order to allow proper payment of your claims. This can include information regarding eligibility, coverage, pre-authorizations, etc.
  - c. **For Health Care Operations** – The Funds may use and disclose PHI about you in order to operate business. For example, the Funds may need to use PHI for legal and accounting purposes related to the Funds' operation or administration.
3. **Disclosure to the Funds' Trustees:** The Funds will also disclose PHI to the Board of Trustees of the Funds for purposes related to treatment, payment, and administrative operations. The Board of Trustees has amended the Benefits Booklet to permit this use and disclosure as required by federal law. For example, the Funds' Trustees are permitted to have access to this information for purposes of reviewing claims appeals.

These are the following special purposes when the Funds can release PHI about you without your permission:

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1. **Involvement in Individual's Care:** The Funds may disclose PHI about you to a family member, close personal friend or other person identified by you (filed in writing by you on a Fund-approved form) if directly relevant to that person's involvement with your care or payment for that health care unless you notify the Funds' Contact Officer in writing (contact information below) that you object. In an emergency or if you become incapacitated, the Funds may also disclose your PHI to other family members, relatives or close friends under certain circumstances as permitted by the Funds' procedures, unless you have previously notified the

Funds' Contact Officer in writing that you do not want your information shared under those circumstances.

The Funds will provide information to your spouse unless you indicate otherwise by filing the appropriate form with the Contact Officer. If you want the Funds to disclose routinely your PHI to persons other than your spouse then you must complete an authorization form designating that person as authorized to receive your PHI. Authorization forms are available from the Contact Officer at the Funds Office.

2. Public Health Activities: The Funds may disclose PHI about you in order to notify public health authorities of public health risks, such as potential exposure to a communicable disease, or to report child abuse or neglect.
3. Health Oversight Activities: The Funds must disclose PHI about you to a health oversight agency for oversight activities, such as investigations, inspections, licensure or disciplinary actions (for example to investigate complaints against health care providers).
4. Judicial and Administrative Proceedings: The Funds may disclose PHI in a judicial or administrative proceeding. For example, in response to a subpoena or court ordered discovery request. In the case of subpoenas and discovery requests that are not court ordered, the Fund will disclose your PHI only if certain conditions are met.
5. Law Enforcement: The Funds may disclose PHI to law enforcement, for purposes such as reporting a crime.
6. Prevention of Serious Harm: The Funds may use or disclose PHI about you if the Funds believe it is necessary to prevent or lessen serious harm (abuse, neglect, or domestic violence) to you or to other potential victims.
7. Serious Threat to Health/Safety: The Funds may use or disclose PHI when it is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.
8. Specialized Government Functions: The Funds may use or disclose PHI about you for certain government functions.
9. Workers' Compensation: The Funds may disclose PHI about you in order to comply with Workers' Compensation Laws.
10. Research Organizations: The Funds may disclose PHI to research organizations if the organization has satisfied certain conditions about protecting the privacy of PHI.
11. Related Benefits and Services: The Funds may contact you to inform you of benefits or services related to your plan that may be of interest to you.
12. Decedents: The Funds may disclose PHI to a coroner, medical examiner or funeral director to permit them to carry out their legal duties, such as determining a cause of death.
13. Donation/Transplantation: The Funds may use or disclose PHI for the purpose of facilitating organ, eye or tissue donation and transplantation.
14. Business Associates: The Funds may disclose PHI to business associates. This could include third-party administrators, accountants or attorneys if those business associates have signed a Letter of Agreement concerning appropriate uses and disclosures of PHI.
15. Notification of Location/Condition: The Funds may use or disclose PHI to give notice or assist in giving notice of your location, general condition or death to a family member, personal representative or another person responsible for your care.
16. Disclosures Required by Law: The Funds will use and disclose PHI about you when it is required to do so by federal, state or local law.

#### **Uses and Disclosures of PHI Made Only With Your Written Authorization**

Other uses and disclosure of PHI (i.e., psychotherapy notes) about you will be made only with your written authorization, unless otherwise required by law as described in this Privacy Notice.

Substance use disorder treatment records received from federally assisted programs, or testimony relaying the content of such records, shall not be used or disclosed in civil, criminal, administrative, or legislative proceedings against the individual unless based on written consent, or a court order after notice and an opportunity to be heard is provided to the individual or the holder of the record, as provided under law. 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.

#### **Your Rights**

Inspection and Copying: You have the right to access your PHI.

The Funds must provide the requested information 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 Funds are unable to comply with the deadline.

If the Funds deny access, 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 Funds and the U.S. Department of Health and Human Services.

Requesting Restrictions: You may request the Funds to: (1) Restrict the uses and disclosures of your PHI to carry out treatment, payment or health care operations, or (2) Restrict uses and disclosures to family members, relatives, friends or other persons identified by you who are involved in your care or payment of your bills. The Funds, however, are not required to agree to your request unless your request relates to payment or healthcare operations (not treatment), and the PHI relates solely to a product or service which was paid entirely by you as an out-of-pocket expense.

However, if the Funds agree to your request, the Funds are bound by the agreement except when otherwise required by law, in emergencies or when the information is necessary for your treatment. Your request must clearly and concisely describe (a) the information you wish restricted; (b) whether you are requesting to limit the Funds' use, disclosure or both; and (c) to whom you want the limits to apply. These restrictions of access to your PHI must be requested on the appropriate Funds' form.

Amendment: You may ask the Funds to amend PHI about you (as long as the information is kept by or for the Funds) if you believe it is incorrect or incomplete. Such requests must be in writing to the Contact Officer and must include a reason for the request. If your request and the reason supporting the request are not submitted in writing, the Funds may deny your request. To apply for an amendment of your PHI you must do so using the appropriate Funds' form.

Confidential Communications: You have the right to receive communications of PHI about you from the Funds in a certain manner or at a certain location. The request must be reasonable. For example, you may prefer that the Funds' mailings to you be sent to your work address rather than to your home. Submit requests for an alternative method of contact in writing to the Contact Officer. Such a request must be made on the appropriate Funds' form. The Funds will accommodate all requests for confidential communications if you inform the Fund that you will be in danger if such communications are not made confidentially.

**Your Personal Representative:** You may exercise your rights through a personal representative. Except as provided below in connection with parents of unemancipated minor children, your personal representative will be required to produce evidence of authority to act on your behalf before the personal representative will be given access to your PHI or be allowed to take any action for you. The Funds retain 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.

The Funds will recognize certain individuals as personal representatives without completion of an Appointment of Personal Representative form. For example, the Funds will consider a parent or guardian as the personal representative of an unemancipated minor unless applicable state law requires otherwise. Unemancipated minors may, however, request that the Funds restrict information that goes to family members. Other documentation that may substitute for this form would include other official legal documentation that demonstrates that under relevant state law the representative is authorized to make health care decisions for you (e.g., appointment as a legal guardian, or a health care power of attorney).

**Accounting:** You have the right to request an “accounting of disclosures.” An “accounting of disclosures” is a list of certain disclosures that the Funds have made up to six years prior to your request. The “accounting of disclosures” will consist of PHI about you other than disclosures you authorized and other than disclosures made for treatment, payment or administrative operations. The request must be in writing. The first request for an accounting that you make within a 12-month period is free; however, the Funds may charge you for additional requests within the same 12-month period. The Funds will notify you of the costs of the additional requests, and you may withdraw your request before incurring any costs.

#### **The Funds’ Duties**

**Maintaining Your Privacy:** The Funds are required by law to maintain the privacy of your PHI and to provide you and your eligible dependents with notice of its legal duties and privacy practices.

**Privacy Policy:** We must follow the duties and privacy practices described in this notice and give you a copy of it.

**Notification of Breach:** The Funds will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.

#### **Your Right to File a Complaint with the Funds or the HHS Secretary**

**Complaints:** If you believe your privacy rights have been violated, you may file a complaint with the Funds or with the U.S. Secretary of Health and Human Services. All complaints must be submitted in writing. The Funds will not penalize you for filing such a complaint.

In order to exercise any of your rights as set forth in this Privacy Notice, to obtain forms, or if you have any questions, please write to:

**Damien Arnold HIPAA Contact Officer  
CWA Local 1180 Benefits Funds  
6 Harrison Street, 3<sup>rd</sup> Floor  
New York, NY 10013**

In addition to filing a complaint with the Contact Officer listed above, you may also file a complaint with:

**Director, Office of Civil Rights  
U.S. Department of Health and Human Services  
Hubert H. Humphrey Building, Room 509F  
200 Independence Avenue, S.W.  
Washington, D.C. 20201**