

# Chicago Laborers' Welfare Funds

## Privacy Notice

The rules described in this Notice apply to each individual covered under the Funds whether the individual is the participant, spouse or covered dependent child.

### Section 1: Purpose of This Notice and Effective Date

This Notice Describes:

1. How medical information about you may be used and disclosed; and
2. How you may obtain access to this information.

Please review this information carefully.

***Effective date.*** The effective date of this updated notice is February 16, 2026.

***This Notice is required by law.*** The Chicago & Vicinity Laborers' District Council Health & Welfare Fund and the Chicago & Vicinity Laborers' District Council Retiree Health & Welfare Fund (collectively, the "Funds") are required by law to take reasonable steps to ensure the privacy of your personally identifiable health information and to inform you about:

1. The Funds' uses and disclosures of Protected Health Information (PHI),
2. Your rights to privacy with respect to your PHI,
3. The Funds' duties with respect to your PHI,
4. Your right to file a complaint with the Funds and with the Secretary of the U.S. Department of Health and Human Services, and
5. The person or office you should contact for further information about the Funds' privacy practices.

### Section 2: Your Protected Health Information

#### ***Protected Health Information (PHI) Defined***

The term "Protected Health Information" (PHI) includes all information related to your past, present or future physical or mental health condition or for payment of health care. PHI includes information maintained by the Funds in oral, written, or electronic form.

PHI refers to your health information held by the Funds.

#### **When the Funds May Disclose Your PHI**

Under the law, the Funds may disclose your PHI without your consent, authorization, or the opportunity to object in the following cases:

- **At your request.** If you request it, the Funds are required to give you access to certain PHI in order to allow you to inspect it and/or copy it.
- **As required by an agency of the government.** The Secretary of the Department of Health and Human Services may require the disclosure of your PHI to investigate or determine the Funds' compliance with the privacy regulations.
- **To the Funds' Trustees:** The Funds will disclose PHI to the Funds' Sponsors for the purposes related to treatment, payment and health care operations. The Sponsors are the Boards of Trustees of the Chicago Laborers' Welfare Fund and the Chicago Laborers' Retiree Welfare Fund. The Funds' Sponsors have amended the Plan documents to protect your PHI as required by federal law.
- **For treatment, payment or health care operations.** The Funds and their Business Associates will use PHI without your consent, authorization or opportunity to agree or object in order to carry out:

- Treatment,
- Payment, or
- Health care operations.

The Funds do not need your consent or authorization to release your PHI when:

- You request it,
- A government agency requires it,
- Trustees are required to review it, or
- The Funds use it for treatment, payment or health care operations.

#### Definitions of Treatment, Payment or Health Care Operations

<b>Treatment</b> is health care.	<p>Treatment is the provision, coordination or management of health care and related services. It also includes but is not limited to consultations and referrals between one or more of your providers.</p> <p><b>For example:</b> The Funds disclose to a treating orthodontist the name of your treating dentist so that the orthodontist may ask for your dental X-rays from the treating dentist.</p>
<b>Payment</b> is paying claims for health care and related activities.	<p>Payment includes but is not limited to making coverage determinations and payment. These actions include billing, claims management, subrogation, Funds' reimbursement, reviews for medical necessity and appropriateness of care.</p> <p><b>For example:</b> The Funds tell your doctor whether you are eligible for coverage or what percentage of the bill will be paid by the Funds.</p>

<p><b>Health Care Operations</b> keep the Funds operating soundly.</p>	<p>Health care operations include but are not limited to quality assessment and improvement, reviewing competence or qualifications of health care professionals, underwriting, premium rating and other insurance activities relating to creating or renewing insurance contracts. It also includes disease management, case management, conducting or arranging for medical review, legal services and auditing functions including fraud and abuse compliance programs, business planning and development, business management and general administrative activities.</p> <p><b>For example:</b> The Funds use information about your medical claims to refer you to a disease management program, to project future benefit costs or to audit the accuracy of its claims processing functions. As of June 1, 2010, the Plan will not use or disclose PHI that is genetic information for underwriting purposes.</p>
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### **When the Disclosure of Your PHI Requires Your Written Authorization**

In general, the Funds must obtain your written authorization if they use or disclose your PHI for purposes other than treatment, payment or health care operations.

The Funds must generally obtain your written authorization before the Funds will use or disclose psychotherapy notes or substance use disorder counseling notes about you. However, the Funds may use and disclose such notes when needed by the Funds to defend themselves against litigation filed by you.

***Psychotherapy notes and substance use disorder counseling notes*** are separately filed notes about your conversations with your mental health professional during a counseling session. They do not include summary information about your mental health treatment.

If the Funds receive substance use disorder treatment records created by a federally assisted program or health care provider under 42 CFR part 2, the Funds 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 Funds with your written consent for treatment, payment and health care operations, the Funds may further disclose the records for these purposes without obtaining an additional written consent.

Also, the Funds must obtain your written authorization before it can disclose your PHI to a pension fund or employer. In some cases, the Funds will require a written authorization before any disclosure is made to a family member (other than a spouse) or a close personal friend.

### **Use or Disclosure of Your PHI That Requires You Be Given an Opportunity to Agree or Disagree Before the Use or Release**

Disclosure of your PHI to family members, other relatives and your close personal friends is allowed under federal law 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 disclosure or have been given an opportunity to object and have not objected.

## Use or Disclosure of Your PHI For Which Consent, Authorization or Opportunity to Object Is Not Required

The Funds are allowed under federal law to use and disclose your PHI without your consent, authorization or request under the following circumstances:

1. ***When required by law.***
2. ***Public health purposes.*** To an authorized public health official if required by law or for public health and safety purposes. PHI may also be used or disclosed if you have been exposed to a communicable disease or are at risk of spreading a disease or condition, if authorized by law.

***In general,*** the Funds do not need your consent to release your PHI if required by law or for public health and safety purposes.
3. ***Domestic violence or abuse situations.*** When authorized by law to report information about abuse, neglect or domestic violence to public authorities if a reasonable belief exists that you may be a victim of abuse, neglect or domestic violence. In such case, the Funds will inform you that such a disclosure has been or will be made unless that notice would cause a risk of serious harm.
4. ***Oversight activities.*** To a public health oversight agency for oversight activities authorized by law. These activities include civil, administrative or criminal investigations, inspections, licensure or disciplinary actions (for example, to investigate complaints against providers) and other activities necessary for appropriate oversight of government benefit programs (for example, to the Department of Labor).
5. ***Legal proceedings.*** When required for judicial or administrative proceedings. For example, your PHI may be disclosed in response to a subpoena or discovery request that is accompanied by a court order:
  - a. The requesting party must give the Funds satisfactory assurances a good faith attempt has been made to provide you with written notice, and
  - b. The notice provided sufficient information about the proceeding to permit you to raise an objection, and
  - c. No objections were raised or were resolved in favor of disclosure by the court or tribunal.
6. ***Law enforcement health purposes.*** When required for law enforcement purposes (for example, to report certain types of wounds).
7. ***Law enforcement emergency purposes.*** For certain law enforcement purposes including:
  - a. Identifying or locating a suspect, fugitive, material witness or missing person, and
  - b. Disclosing information about an individual who is or is suspected to be a victim of a crime, but only if the individual agrees to the disclosure or

the covered entity is unable to obtain the individual's agreement because of emergency circumstances.

8. ***Determining cause of death and organ donation.*** When required to be given to a coroner or medical examiner to identify a deceased person, determine a cause of death or other authorized duties. The Funds also may disclose PHI for cadaveric organ, eye, or tissue donation purposes.
9. ***Funeral purposes.*** When required to be given to funeral directors to carry out their duties with respect to the decedent.
10. ***Research.*** For research, subject to certain conditions.
11. ***Health or safety threats.*** When, consistent with applicable law and standards of ethical conduct, the Funds in good faith believe the use or disclosure is necessary 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.
12. ***Workers' compensation programs.*** When authorized by and to the extent necessary to comply with workers' compensation or other similar programs established by law.

Except as otherwise indicated in this notice, uses and disclosures will be made only with your written authorization subject to your right to revoke your authorization.

### **Other Uses or Disclosures**

The Funds may contact you to provide you information about treatment alternatives or other health-related benefits and services that may be of interest to you.

The Funds may disclose protected health information to the Fund Sponsors of the Funds for reviewing your appeal of a benefit claims or for other reasons regarding the administration of these Funds.

### **Prohibited Uses or Disclosures**

If the Funds receive substance use disorder records created by a federally assisted program or health care provider under 42 CFR part 2, the Funds may not use or disclose such records, or testimony relaying 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 Funds 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.

### **Section 3: Your Individual Privacy Rights**

#### **You May Request Restrictions on PHI Uses and Disclosures and Receipt of PHI**

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.

The Funds, however, are not generally required to agree to your request if the Fund Administrator or Privacy Official determines it to be unreasonable. For example, if it would interfere with the Funds' ability to pay a claim the Funds would consider it unreasonable.

In addition, the Funds will accommodate an individual's reasonable request to receive communications of PHI **by alternative means or at alternative locations** where the request includes a statement that disclosure could endanger the individual.

You or your personal representative will be required to complete a form to request restrictions on uses and disclosures of your PHI or to receive communications of PHI by alternative means or at alternative locations. Make such requests to:

Privacy Official  
Chicago Laborers' Welfare Funds  
11465 West Cermak Road  
Westchester, Illinois 60154  
(708) 562-0200

#### **You May 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 Funds maintain the 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.

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 following official:

Privacy Official  
Chicago Laborers' Welfare Funds  
11465 West Cermak Road  
Westchester, Illinois 60154 (708) 562-0200

**Protected Health Information (PHI):** includes all individually identifiable health information transmitted or maintained by the Funds, regardless of the form of the PHI.

**Designated Record Set:** includes your medical records and billing records that are maintained by or for the Funds. Records include enrollment, payment, billing, claims adjudication and case or medical management record systems maintained by or for a health fund or other information used in whole or in part by or for the covered entity to make decisions about you. Information used for quality control or peer review analyses and not used to make decisions about you is not included.

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 Funds and the Secretary of the U.S. Department of Health and Human Services.

### **You Have the Right to Amend Your PHI**

You have the right to request that the Funds amend your PHI or a record about you in a designated record set for as long as the PHI is maintained in the designated record set subject to certain exceptions. See the Funds' Right to Amend Policy for a list of exceptions.

The Funds have 60 days after receiving your written request to act on it. The Funds are allowed a single 30-day extension if the Funds are unable to comply with the 60-day deadline. If the Funds denied your written request in whole or part, the Funds must provide you with a written denial that explains the basis for the decision. You or your Personal Representative may then submit a written statement disagreeing with the denial and have that statement included with any future disclosures of that PHI.

If you disagree with the record of your PHI, you may amend it.

If the Funds deny your request to amend your PHI, you still have the right to have your written statement disagreeing with that denial included in your PHI.

Forms are available for these purposes.

You must submit a written request to amend PHI to the following official:

Privacy Official  
Chicago Laborers' Welfare Funds  
11465 West Cermak Road  
Westchester, Illinois 60154  
(708) 562-0200

You or your Personal Representative will be required to complete a form to request amendment of the PHI.

### **You Have the Right to Receive an Accounting of the Funds' PHI Disclosures**

At your request, the Funds will also provide you with an accounting of disclosures by the Funds of your PHI. The Funds do not have to provide you with an accounting of disclosures related to treatment, payment, or health care operations or disclosures made to you or authorized by you in writing. See the Funds' Accounting for Disclosure Policy for the complete list of disclosures for which an accounting is not required.

The Funds have 60 days to provide the accounting. The Funds are allowed an additional 30 days if the Funds give you a written statement of the reasons for the delay and the date by which the accounting will be provided.

If you request more than one accounting within a 12-month period, the Funds will charge a reasonable, cost-based fee for each subsequent accounting.

### **You Have the Right to Receive a Paper Copy of This Notice Upon Request**

To obtain a paper copy of this Notice, contact the following official:

Privacy Official  
Chicago Laborers' Welfare Funds  
11465 West Cermak Road  
Westchester, Illinois 60154  
(708) 562-0200

## **Your Personal Representative**

You may exercise your rights through a Personal Representative. 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. Proof of such authority will be a completed, signed and approved Appointment of Personal Representative form. You may obtain this form by calling the Fund Office.

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.

You may designate a Personal Representative by completing a form that is available from the Fund Office.

The Funds will recognize certain individuals as Personal Representatives without you having to complete an Appointment of Personal Representative form. Specifically, the Funds may consider a spouse to be the Personal Representative of an individual covered by the Funds and will consider a parent or guardian as the Personal Representative of an unemancipated minor unless applicable law requires otherwise. When acting as a personal representative, a spouse or a parent may act on an individual's behalf, including requesting access to their PHI. Spouses and unemancipated minors may, however, request that the Funds restrict information that goes to family members as described above at the beginning of Section 3 of this Notice by completing and submitting to the Privacy Official a form to request restrictions on uses and disclosures of your PHI.

You should also review the Funds' Policy and Procedure for the Recognition of Personal Representatives for a more complete description of the circumstances where the Funds will consider an individual to be a Personal Representative.

## **Section 4: 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.

This notice is written to inform you of the Funds' obligation to maintain the privacy of your PHI.

This updated notice is effective beginning on September 23, 2013 and the Funds are required to comply with the terms of this notice. However, the Funds reserve the right to change its privacy practices and to apply the changes to any PHI received or maintained by the Funds prior to that date. If a privacy practice is changed, a revised version of this notice will be provided to you and to all past and present participants and beneficiaries for whom the Funds still maintains PHI.

The Funds will send you the Notice in the mail.

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 of PHI,
- Your individual rights,
- The duties of the Funds, or

- Other privacy practices stated in this notice.

### **Disclosing Only the Minimum Necessary Protected Health Information**

When using or disclosing PHI or when requesting PHI from another covered entity (i.e., a health care provider or another health plan), the Funds 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, taking into consideration practical and technological limitations. To the extent practicable, as of February 17, 2010, the Funds will use, disclose, or request a “limited data set,” which means data stripped of all individual identifiers other than dates associated with you (such as your date of birth) and certain geographic information (such as your town, city, state, or zip code).

The Funds must limit its uses and disclosures of PHI or requests for PHI to the **minimum necessary** amount to accomplish its purposes.

However, the minimum necessary standard will not apply in the following situations:

- Disclosures to or requests by a health care provider for treatment,
- Uses or disclosures made to you,
- Disclosures made to the Secretary of the U.S. Department of Health and Human Services,
- Uses or disclosures required by law, and
- Uses or disclosures required for the Funds’ compliance with legal regulations.

This notice does not apply to information that has been de-identified. De-identified information is information that:

- Does not identify you, and
- With respect to which there is no reasonable basis to believe that the information can be used to identify you.

In addition, the Funds may use or disclose summary health information to the Fund Sponsors (i.e., the Boards of Trustees of the Chicago Laborers’ Welfare Fund and the Chicago Laborers’ Retiree Welfare Fund) for obtaining premium bids or modifying, amending or terminating the group health Funds. Summary information summarizes the claims history, claims expenses or type of claims experienced by individuals for whom the Fund Sponsors have provided health benefits under the Funds, provided that certain identifiers are not included. Notwithstanding the preceding, no genetic information may be included in any such summary.

### **Section 5: Final HIPAA Rule**

Final modifications to HIPAA mandated by HITECH generally referred to as the HIPAA Final Rule, are as follows:

- You have the right to be notified of a data breach relating to your unsecured health information.
- You have the right to ask for a copy of your electronic medical record in an electronic form provided the information already exists in that form.

- To the extent the Plans perform any underwriting, the Plans cannot disclose or use any genetic information for such purposes.
- The Plans may not use your PHI for marketing purposes or sell such information without your written authorization.

## **Section 6: Your Right to File a Complaint with the Funds or the HHS Secretary**

If you believe that your privacy rights have been violated, you may file a complaint with the Funds in care of the following official:

Privacy Official  
 Chicago Laborers' Welfare Funds  
 11465 West Cermak Road  
 Westchester, Illinois 60154  
 (708) 562-0200

You may also file a complaint with:

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 Funds will not retaliate against you for filing a complaint.

## **Section 7: If You Need More Information**

You have the right to file a complaint if you feel your privacy rights have been violated.

The Funds may not retaliate against you for filing a complaint.

If you have any questions regarding this notice or the subjects addressed in it, you may contact the following official at the Fund Office:

Privacy Official  
 Chicago Laborers' Welfare Funds  
 11465 West Cermak Road  
 Westchester, Illinois 60154  
 (708) 562-0200

## **Section 8: Conclusion**

PHI use and disclosure by the Funds is regulated by the federal Health Insurance Portability and Accountability Act, known as HIPAA. You may find these rules at 45 *Code of Federal Regulations* Parts 160 and 164. This notice attempts to summarize the regulations. The regulations will supersede this notice if there is any discrepancy between the information in this notice and the regulations.