

I.A.T.S.E. National Health & Welfare Fund Summary Privacy Notice

The attached Privacy Notice describes how medical information about you may be used and disclosed and how you can get access to that information. Please review it carefully.

We have summarized the Fund's privacy responsibilities and your rights with respect to your protected health information ("PHI") on this page. For a complete description of the Fund's privacy practices, please review the attached Notice.

The Fund's Responsibilities

The Fund is required to:

- Maintain the privacy of your PHI;
- Provide you with this Notice of the Fund's legal obligations and privacy practices with respect to PHI the Fund collects and maintains about you;
- Notify you if your PHI has been breached; and
- Abide by the terms of the Notice currently in effect.

Your Rights

If you receive health benefits through the Fund, you have several rights regarding your PHI (which rights can also be exercised on your behalf by your legally authorized personal representative), including the following:

- The right to request that the Fund not use or disclose your PHI in certain ways;
- The right to request to receive communications from the Fund in an alternative manner (such as to a different address or via email);
- The right to inspect and obtain a copy of certain of your PHI;
- The right to request an amendment to certain of your PHI; and
- The right to an accounting of certain non-routine disclosures of your PHI.

The Fund reserves the right to change its privacy practices and to make the new provisions effective for all PHI the Fund maintains. Should the Fund make material changes, the Fund will post a revised Notice on its website and also make a printed copy of the revised Notice available to you.

The Fund will not use or disclose your PHI without your written permission (known as an authorization), except as described in this Notice. The effective date of this privacy notice is February 16, 2026.

If you have questions or would like further information regarding your privacy rights, please contact the Fund's Privacy Official at the following address or phone number:

Privacy Official
I.A.T.S.E. National Health and Welfare Fund
417 Fifth Avenue, 3rd Floor
New York, NY 10016-2204
Toll-free: 800-456-Fund (3863)
Main: 212-580-9092
Fax: 212-787-3607
privacyofficer@iatsebf.org

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.

I.A.T.S.E. National Health & Welfare Fund Privacy Notice

Section 1: Purpose of This Notice and Effective Date

This Privacy Notice applies to the I.A.T.S.E. National Health and Welfare Fund (the “Fund”), and the services that the Fund provides through Anthem, Triple S, Delta Dental, ASO/SIDS and Carelon. Davis Vision will send you a notice of its privacy practices separately.

Effective date: The effective date of this Notice is February 16, 2026.

This Notice is required by law: The Fund is required by law to take reasonable steps to ensure the privacy of your personally identifiable health information (PHI, as defined below) and to inform you about:

1. The Fund’s uses and disclosures of PHI;
2. Your rights to privacy with respect to your PHI;
3. The Fund’s duties with respect to your PHI;
4. Your right to file a complaint with the Fund and/or with the Secretary of the United States Department of Health and Human Services (HHS); and
5. The person or office you should contact for further information about the Fund’s privacy practices.

Section 2: Your Protected Health Information

Protected Health Information (PHI) Defined

The term “Protected Health Information” (PHI) means all individually identifiable health information related to an individual’s past, present or future physical or mental health or condition, the provision of health care to an individual, or the payment for health care services. PHI includes information maintained by the Fund in oral, written, or electronic form.

When the Fund May Disclose Your PHI

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

- ***At your request.*** If you request it, the Fund is required to give you access to certain of your PHI in order to allow you to inspect and/or copy it.
- ***When required by applicable law.***
- ***As required by HHS.*** The Secretary of HHS may require the disclosure of your PHI to investigate or determine the Fund’s compliance with the privacy regulations.
- ***Public health purposes.*** For public health and safety purposes, to an authorized 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.
- ***Domestic violence or abuse situations.*** When authorized by law to report information about abuse, neglect or domestic violence to governmental entities or agencies if a reasonable belief exists that you may be a victim of abuse, neglect or domestic violence. In such case, the Fund will promptly inform you that such a disclosure has been or will be made unless that notice would cause a 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. The Fund may also disclose PHI to any public health authority authorized by law to receive information about child abuse or neglect.

- **Health oversight activities.** To a 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 health care providers) and other activities necessary for appropriate oversight of government benefit programs (for example, to the Department of Labor).
- **Legal proceedings.** 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.
- **Law enforcement health purposes.** When required for law enforcement purposes (for example, to report certain types of wounds).
- **Law enforcement emergency purposes.** For certain law enforcement purposes, including:
 1. identifying or locating a suspect, fugitive, material witness or missing person, and
 2. disclosing information about an individual who is or is suspected to be a victim of a crime.
- **Determining cause of death and organ donation.** When authorized by law to be given to a coroner or medical examiner to identify a deceased person, determine a cause of death or other authorized duties. The Fund may also disclose 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.
- **Funeral purposes.** When authorized by law to be given to funeral directors to carry out their duties with respect to the decedent.
- **Research.** For research, when the 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.
- **Health or safety threats.** When, consistent with applicable law and standards of ethical conduct, the Fund in good faith believes that 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 to the target of the threat. The Fund may also disclose your PHI to any authorized public or private entities assisting in disaster relief efforts.
- **Workers' compensation programs.** When authorized by and to the extent necessary to comply with workers' compensation or other similar programs established by law that provide benefits for work-related injuries or illness without regard to fault.
- **Government Functions.** If you are a member of the armed forces, for activities deemed necessary by appropriate military command authorities, or to foreign military authorities 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.
- **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.

- **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.
- **For treatment, payment or health care operations.** The Fund and its business associates may use or disclose PHI in order to carry out:
 - Treatment,
 - Payment, and
 - Health care operations.

Treatment is the provision, coordination, or management of health care and related services.

For example, the Fund may 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.

Payment includes, but is not limited to, actions to make coverage determinations and payment (including billing, claims management, eligibility, coordination of benefits, adjudication of claims, subrogation, Fund reimbursement, reviews for medical necessity and appropriateness of care, and utilization review and preauthorizations).

For example, the Fund may tell a doctor whether you are eligible for coverage, or what percentage of the bill will be paid by the Fund. If the Fund contracts with third parties to assist with Fund operations, such as a physician who reviews medical claims, the Fund will also disclose PHI to them. These third parties are known as “business associates.”

Health care operations includes but is 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 population-based activities relating to improving health or reducing health care costs, coordination of care, 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.

For example, the Fund may use information about your claims to refer you (if appropriate) to a disease management program or to a healthy pregnancy program; or to project future benefit costs or audit the accuracy of the Fund's claims processing functions. The Fund generally does not use or disclose genetic information for any purpose, and the Fund is prohibited from using or disclosing PHI that is genetic information for underwriting purposes.

- **Disclosure to the Fund's Trustees.** The Fund may also disclose PHI to the Fund Sponsor, which is the Board of Trustees of the **I.A.T.S.E. National Health and Welfare Fund**, for purposes related to treatment, payment, and health care operations. The Fund has amended its Plan Document to permit this use and disclosure, as required by federal law. For example, the Fund may disclose information to the Board of Trustees to allow them to decide an appeal.

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

Except as otherwise indicated in this Notice, uses and disclosures of your PHI will be made only with your written authorization, which is subject to your right to revoke your authorization 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.

When the Disclosure of Your PHI Generally Requires Your Written Authorization

Psychotherapy Notes: Although the Fund does not routinely obtain psychotherapy notes, it must generally obtain your written authorization in order to use or disclose psychotherapy notes about you. However, the Fund may use and disclose such notes when needed by the Fund to defend itself against litigation filed by you.

Psychotherapy 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.

Substance use disorder treatment records: 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.

Marketing: Although the Fund does not routinely sell PHI or use it for marketing purposes, it must obtain your written authorization before it may sell your PHI or use it for marketing purposes.

When You Can Object and Prevent the Fund from Using or Disclosing PHI

The Fund may disclose to your spouse/domestic partner/other family members or close personal friends the portion of your PHI that is directly relevant to your spouse's, domestic partner's, other family member's or friend's involvement with your care or payment for that care, if you have either agreed to the disclosure, been given the opportunity to object and have not objected, or the Fund reasonably infers from the circumstances – based on the exercise of professional judgment – that you do not object to the disclosure. You may notify the Fund's Privacy Official in writing (contact information below) that you object to the Fund sharing that PHI with your spouse, domestic partner, other family member, or close personal friend. In an emergency, or if you become incapacitated, the Fund may also disclose your PHI to other family members, relatives or close friends under certain circumstances as permitted by the Fund's procedures, unless you have previously notified the Fund's Privacy Official in writing that you do not want your information shared under those circumstances.

If you want the Fund to disclose your PHI routinely to persons other than a family member or friend involved in your care, then you must complete an authorization form designating that person as authorized to receive your PHI. Any authorization you make can be revoked by you at any time. Authorization and revocation forms are available from the Privacy Official at the Fund office.

Other Uses or Disclosures

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

Additional Special Protections

If a use or disclosure of health information is prohibited or materially limited by applicable state law, it is the Fund's intention to meet the requirements of the more stringent state law. For instance, special privacy protections may apply to certain sensitive information, such as genetic information, HIV-related information, alcohol and substance abuse treatment information, and mental health information. If you would like more information, contact the Privacy Official.

Rediscovery

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

Section 3: Your Individual Privacy Rights

You May Request Restrictions on PHI Uses and Disclosures

You may request the Fund 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 Fund, however, is generally not required to agree to your 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.

You or your personal representative will be required to complete a form to request restrictions on uses and disclosures of your PHI. The form is available from the Fund's Privacy Official:

Privacy Official
I.A.T.S.E. National Health and Welfare Fund
417 Fifth Avenue, 3rd Floor
New York, NY 10016-2204
Toll-free: 800-456-Fund (3863)
Main: 212-580-9092
Fax: 212-787-3607
privacyofficer@iatsenbf.org

You May Request Confidential Communications

The Fund will accommodate your reasonable request to receive communications of PHI confidentially by alternative means or solely at alternative locations (e.g., mailing information somewhere other than to your home address) where the request includes a statement that disclosure using the Fund's regular communications procedures could endanger you.

You or your personal representative will be required to complete a form to request confidential communications of your PHI. The form is available from the Fund's Privacy Official.

You May Inspect and Copy Your PHI

You have a right to inspect and to obtain a copy of your PHI contained in a "designated record set," defined below, for as long as the Fund maintains the PHI in a designated record set.

The Fund must provide the requested information within 30 days. A single 30-day extension is allowed if the Fund is unable to meet the deadline.

You or your personal representative will be required to complete a form to request access to the PHI that the Fund maintains in a designated record set. The Fund may charge a reasonable fee to provide this information to you. Requests for access to PHI should be made to the Fund's Privacy Official.

If access is denied, you or your personal representative will be provided with a written denial setting forth the reason for the denial, a description of how you may exercise your review rights, and a description of how you may file a complaint with the Fund.

Designated Record Set: means the enrollment, payment, billing, claims adjudication and case or medical management record systems maintained by or for the Fund about you, or other information used in whole or in part by or for the Fund to make decisions about you.

You Have the Right to Amend Your PHI

You have the right to request that the Fund amend your PHI or a record about you in a designated record set that is maintained by or for the Fund for as long as the PHI is maintained in the designated record set, subject to certain exceptions. See the Fund's "Right to Amend" Policy (available on request from the Fund's Privacy Official) for a list of exceptions.

The Fund has 60 days after receiving your request to act on it. The Fund is allowed a single 30-day extension if it is unable to meet the 60-day deadline. If the Fund denies your request in whole or part, the Fund must provide you with this denial in writing and explain in it the reason that your request is not being granted. You or your personal representative may then submit a written statement disagreeing with the denial. Your statement will be included with any future disclosure of the PHI at issue.

You should make your request to amend PHI to the Fund's Privacy Official. 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 Certain of the Fund's PHI Disclosures

At your request, the Fund will also provide you with an accounting 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. Among other disclosures, the Fund does not have to provide you with an accounting of disclosures related to treatment, payment for treatment, or health care operations, or disclosures made to you or authorized by you in writing. See the Fund's "Accounting for Disclosures" Policy (available on request from the Fund's Privacy Official) for the complete list of PHI disclosures for which an accounting is not required.

The Fund has 60 days to provide the accounting. The Fund is allowed an additional 30 days if the Fund gives 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 any 12-month period, the Fund will charge a reasonable, cost-based fee for each accounting the Fund provides after the first accounting.

To request this list, you must submit your request in writing to the Privacy Official. Your request must state the time period for which you want to receive a list of disclosures, which time period shall be no more than six years prior to 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).

Your Personal Representative

You may exercise your rights through a personal representative. Except as provided below in connection with parents of unemancipated minor children, or in certain emergency medical situations, 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 includes a completed, signed and approved Appointment of Personal Representative form or other documentation acceptable under state or federal law as described below. You may obtain this form by contacting the Fund's Privacy Official.

The Fund retains discretion to deny access to your PHI to a personal representative if the Fund has a reasonable belief that you have been or may be subjected to domestic violence, abuse or neglect by such person, if treating the person as your personal representative could endanger you, or if the Fund, in the exercise of professional judgment, decides that it is not in your best interest to treat the person as your personal representative.

The Fund will recognize certain individuals as personal representatives without completion of an Appointment of Personal Representative form. For example, the Fund 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 Fund restrict information that goes to family members, as described more fully at the beginning of Section 3 of this Notice. Certain other documentation may be used instead of the Appointment of Personal Representative form, including 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).

You may review the Fund's "Policy and Procedure for the Recognition of Personal Representatives" (available on request from the Fund's Privacy Official) for a more complete description of the circumstances where the Fund will consider an individual to be your personal representative for purposes of exercising your rights under this Privacy Notice.

Information that Does Not Identify You

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.

Section 4: The Fund's Duties

Maintaining Your Privacy

The Fund is required by law to maintain the privacy of your PHI, provide you with certain rights with respect to your PHI, provide you with a copy of this Notice of the Fund's legal duties and privacy practices with respect to your PHI, and follow the terms of this Notice currently in effect until such time as it may be amended. The Fund is also required to notify you if the Fund (or its business associate) discovers a breach of your unsecured PHI.

The Fund reserves the right to change its privacy practices and this Notice, and to apply the changes to all the PHI that the Fund creates, receives or maintains, including PHI that the Fund created or received prior to the date that it changed its privacy practices.

If a privacy practice is materially changed, a revised version of this Notice will be posted prominently on the Fund's website by the effective date of the material change and you will be informed of the material change. A written copy of the most current version of this Notice is available to you at any time upon request from the Fund's Privacy Official, even if you previously agreed to accept the Notice electronically. Any other person, including your dependents, may also obtain a copy of this Notice at any time upon request from the Fund's Privacy Official.

Disclosing Only the Minimum Necessary Protected Health Information

When using or disclosing PHI, or when requesting PHI from another covered entity, the Fund 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. 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 or pursuant to your written authorization;

- Disclosures made to the Secretary of HHS, pursuant to its enforcement activities under HIPAA;
- Uses or disclosures required by law; and
- Uses or disclosures required for the Fund's compliance with the HIPAA privacy regulations.

Section 5: Your Right to File a Complaint

If you believe that your privacy rights have been violated, you may file a written complaint with the Fund in care of the Fund's Privacy Official. You may also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independent Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6755, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/. The Fund will not retaliate against you for filing a complaint.

Section 6: If You Need More Information

If you have any questions regarding this Notice or the subjects addressed in it, or would like a paper copy of this Notice, please contact the Privacy Official at the Fund Office.

Privacy Official
I.A.T.S.E. National Health and Welfare Fund
417 Fifth Avenue, 3rd Floor
New York, NY 10016-2204
Toll-free: 800-456-Fund (3863)
Main: 212-580-9092
Fax: 212-787-3607

Section 7: Conclusion

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