

# Central Laborers' Welfare Fund

## NOTICE OF PRIVACY PRACTICES

Effective February 16, 2026

### **Your Information. Your Rights. Our Responsibilities.**

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.**

#### **Your Rights**

You have the right to:

- Get a copy of your health and claims records
- Correct your health and claims records
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

#### **Your Choices**

In limited circumstances, federal privacy law permits us to share your information only as described below, and generally only after giving you an opportunity to agree or object, when practicable:

- Answer coverage questions from your family and friends
- Provide disaster relief

If you are not able to tell us your preferences, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

#### **Uses and Disclosures Requiring Your Written Authorization**

In the following situations, we are required to obtain your written authorization before using or disclosing your information:

- Marketing purposes
- Selling your information
- Most uses and disclosures of psychotherapy notes

You may revoke an authorization at any time in writing, except to the extent we have already relied on it.

#### **Our Uses and Disclosures**

We may use and share your information as we:

- Help manage the health care treatment you receive
- Run our organization

- Pay for your health services
- Administer your health plan
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests and work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

## **Your Rights**

**When it comes to your health information, you have certain rights.** This section explains your rights and some of our responsibilities to help you.

### **Get a copy of health and claims records**

- You can ask to see or get a copy of your health and claims records and other health information we have about you. Contact us for instructions on how to do this.
- We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

### **Ask us to correct health and claims records**

- You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Contact us for instructions on how to do this.
- We may say "no" to your request, but we'll tell you why in writing within 60 days.

### **Request confidential communications**

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will consider all reasonable requests, and must say "yes" if you tell us you would be in danger if we do not.

### **Ask us to limit what we use or share**

- You can ask us not to use or share certain health information for treatment, payment, or our operations.
- We are not required to agree to your request, and we may say "no" if it would affect your care.

### **Get a list of those with whom we've shared information**

- You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

### **Get a copy of this privacy notice**

- You can ask for a copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly, free of charge.
- You also have the right to receive an electronic copy of this notice upon request. If you would prefer to receive it electronically or through another preferred method, let us know, and we will provide the notice in the requested format.

### **Choose someone to act for you**

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information to the extent permitted by law.
- We will verify that the person has the legal authority to act on your behalf before taking any action based on their requests, including reviewing required documentation such as a power of attorney or guardianship papers.
- Once we confirm their authority, your designated representative may request access to your health information, receive copies of your records, and make requests regarding your privacy rights on your behalf, subject to applicable law.
- If a parent or guardian has authority to act on behalf of a minor child, they may exercise the child's rights under this notice, except where state or federal law provides additional privacy protections for certain types of health information.

### **File a complaint if you feel your rights are violated**

- If you believe your privacy rights have been violated, you can file a complaint with us using the contact information provided below.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).
- We will not retaliate against you for filing a complaint. Filing a complaint will not affect your coverage, the services you receive, or the benefits available to you under your health plan.

## **Your Choices**

**For certain health information you have the right to make choices about what we share.** If you have a clear preference for how we share your information in the situations described below, let us know, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in payment for your care
- Share information in a disaster relief situation

*If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*

In these cases we *never* share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most uses and disclosures of psychotherapy notes

You may revoke an authorization at any time in writing, except to the extent we have already relied on it.

## **Our Uses and Disclosures**

### **How do we typically use or share your health information?**

We typically use or share your health information in the following ways.

#### **Help manage the health care treatment you receive**

We can use your health information and share it with professionals who are treating you.

*Example: A doctor sends us information about your diagnosis and treatment plan so we can initiate timely authorizations for services.*

#### **Run our organization**

- We can use and disclose your information to run our organization and contact you when necessary.
- We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. This does not apply to long term care plans.

*Example: We use health information about you to develop better services for you.*

#### **Pay for your health services**

We can use and disclose your health information as we pay for your health services.

*Example: We share information about you with your dental plan to coordinate payment for your dental work.*

#### **Administer your plan**

We may disclose your health information to your health plan sponsor for plan administration.

*Example: We provide fiduciaries with certain statistics to determine the contributions rates.*

### **How else can we use or share your health information?**

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

## **Help with public health and safety issues**

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

## **Do research**

We can use or share your information for health-related research.

## **Comply with the law**

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

## **Respond to organ and tissue donation requests and work with a medical examiner or funeral director**

- We can share health information about you with organ procurement organizations.
- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

## **Address workers' compensation, law enforcement, and other government requests**

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

## **Respond to lawsuits and legal actions**

We can share health information about you in response to a court or administrative order, or in response to a subpoena, in compliance with applicable legal requirements.

## **Our Responsibilities**

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.

- We will not use or share your information other than as described here, or as permitted or required by law, unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

## **Substance Use Disorder Records (42 C.F.R. Part 2)**

If we receive or maintain records relating to substance use disorder treatment from a program subject to 42 C.F.R. Part 2, those records are subject to additional federal confidentiality protections beyond HIPAA. Such records generally may not be used or disclosed in civil, criminal, administrative, or legislative proceedings against you without your written consent or a court order, except as otherwise permitted by law, including applicable payment and health care operations disclosures. This means that outside of applicable payment and health care operations disclosures, we will not share substance use disorder and treatment records without your written permission or a court order (except as otherwise permitted by law).

## **Changes to the Terms of this Notice**

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our web site, and we will mail a copy to you.

## **Privacy Official**

The Central Laborers' Welfare Fund ("Fund") is a multiemployer, self-funded group health plan administered in accordance with the Employee Retirement Income Security Act ("ERISA"). The Fund is administered by its Board of Trustees, which serves as the plan administrator. The privacy official of the Fund is Christy Brake, telephone: 1-800-252-6571, email: [cbrake@central-laborers.com](mailto:cbrake@central-laborers.com), address: 201 N Main Street, P.O. Box 1267, Jacksonville, IL 62651-1267.