

# **Notice of Privacy Practices Sheet Metal Workers' Local Union No. 28 Welfare Fund**

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**THIS PRIVACY NOTICE DESCRIBES HOW PROTECTED HEALTH  
INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND  
HOW YOU CAN GET ACCESS TO THIS INFORMATION.**

**PLEASE REVIEW THIS NOTICE OF PRIVACY PRACTICES  
CAREFULLY.**

## **Effective Date**

The effective date of this Notice of Privacy Practices is February 16, 2026.

## **Background**

This Notice of Privacy Practices ("Notice") is required by a federal law called the Health Insurance Portability and Accountability Act, commonly referred to as "HIPAA." This Notice attempts to summarize HIPAA's rules and regulations related to the privacy of your protected health information. The rules and regulations will supersede this Notice if there is any discrepancy between the information in this Notice and the rules and regulations.

This Notice applies to the medical, vision, and prescription drug benefits under the Sheet Metal Workers' Local Union No. 28 Welfare Fund's (the "Fund") written plan of benefits (the "Plan"). This Notice applies to your Protected Health Information (PHI) used or disclosed (shared) by the Plan as well as entities designated as "business associates" of the Plan.

The Plan ("We") is required by law to take reasonable steps to ensure the privacy of your personally identifiable health information and to inform you about:

- The Plan's uses and disclosures of PHI,
- Your rights to privacy with respect to your PHI,
- The Plan's duties with respect to your PHI,
- Your right to file a complaint with the Plan and with the Secretary of the United States Department of Health and Human Services (HHS), and
- The person or office you should contact for further information about the Plan's privacy practices.

## **Your Protected Health Information Defined**

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

## **Your Rights**

**When it comes to your PHI, you have certain rights.** This section explains your rights and some of our responsibilities to help you. You have the right to:

### **Inspect and get a copy of your PHI**

- You can ask to see or get a copy of your health and claims records and other PHI we have about you. To make such a request, you should submit your request in writing to the Plan’s Privacy Officer.
- We will provide a copy or a summary of your PHI, including your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

### **Ask us to correct your PHI**

- You can ask us to correct your PHI, including your health and claims records, if you think they are incorrect or incomplete. To make such a request, you should submit your request and your reason for the request in writing to the Plan’s Privacy Officer.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days of receipt of your written request.

### **Request confidential communications regarding your PHI**

- You have the right to request the Plan communicate with you about your PHI in a specific way (for example, home or office phone) or at a certain location (for example, to send mail to a different address) if the request includes a statement that disclosure in another manner may endanger you.
- To request confidential communications, you must make your request in writing to the Plan’s Privacy Officer and specify how or where you wish to be contacted. The Plan will accommodate reasonable requests.

### **Ask us to limit the PHI we use or share**

- You can ask us not to use or share certain PHI for treatment, payment, or our operations.
- You can ask us to restrict use and disclosure to certain family members, friends, or others you identify as involved in your care.
- We are not required to agree to your request, and we may say “no” if it would affect your care.

- To request a restriction, you should make your request in writing to the Plan's Privacy Officer and include: (i) what information you want to limit, (ii) whether you want to limit the Plan's use, disclosure, or both, and (iii) to whom you want the limit(s) to apply.

### **Use of disclosure of your PHI to others**

Disclosure of your PHI to family members, other relatives, your close personal friends, and any other person you choose is allowed under federal law if:

- (i) The information is directly relevant to the family member or individuals' involvement with your care or payment for that care, and
- (ii) You have either agreed to the disclosure or have been given an opportunity to object and have not objected.

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

- You can ask for a list (accounting) of the times we've shared your PHI for up to 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 accounting within 12 months.
- To make such a request, you should submit your request in writing to the Plan's Privacy Officer and the request should include the time period for which you want to receive a list of disclosures (which time period shall be no more than six years from the date on which the list is requested) and the form (e.g., on paper or electronically) you want the list.

### **Get a copy of this Notice**

You can ask for a paper copy of this Notice at any time, even if you have agreed to receive the Notice electronically. Write to the Plan's Privacy Officer with your request, and we will provide you with a paper copy promptly.

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

If you have given someone a medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your PHI. We will make sure the person has this authority and can act for you before we take any action.

### **File a complaint if you feel your privacy rights under this Notice have been violated**

- You can file a complaint with the Plan and/or the U.S. Department of Health and Human Services if you believe your privacy rights under this Notice have been violated. We will not retaliate against you for filing a complaint.
- To file a complaint with the Plan, please submit your complaint in writing to the Plan's Privacy Officer, Robert Katuna, by sending a letter to 195 Mineola Boulevard Mineola, NY 11501 or emailing [rob@local28funds.com](mailto:rob@local28funds.com).
- To file a complaint with the U.S. Department of Health and Human Services' Office for Civil Rights, send a letter to 200 Independence Avenue, S.W., Washington, D.C.

20201, call 877-696-6775, or visit <https://www.hhs.gov/hipaa/filing-a-complaint/what-to-expect/index.html>.

## Your Choices

**For certain PHI, you have some choices in what we use or share.** If you have a clear preference for how we share your information in the situations described below, contact us. Tell us what you want us to do, and we will follow your instructions. If you have authorized us to use or disclose your PHI for a purpose that requires authorization, you may revoke your authorization in writing at any time. If you revoke your authorization, the Plan will no longer be able to use or disclose PHI about you for the reasons covered by your written authorization. However, the Plan will be unable to take back any disclosures it has already made with your permission.

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.*

## Our Uses and Disclosures of PHI

### Use or disclosure for which your authorization is required

The following list describes the different ways or categories of information for which the Plan may not use or share your PHI *unless* we obtain your authorization or consent:

- **Marketing of your PHI.** The Plan does not engage in the marketing of your PHI. In any event, before the Plan could market your PHI, it would have to obtain your authorization for any use or disclosure of PHI for marketing purposes and disclose whether remuneration will be received. Note face-to-face communications made by the Plan to you and promotional gifts of nominal value provided by the Plan are *not* considered as marketing.
- **Sale of your PHI.** The Plan does not sell your PHI. In any event, before the Plan could sell your PHI, it would have to obtain your authorization. For this purpose, sale of PHI generally means a disclosure of PHI by the Plan where the Plan directly or indirectly receives remuneration from or on behalf of the recipient of the PHI in exchange for the PHI, but does not include a disclosure of PHI otherwise permitted by HIPAA.
- **Use of psychotherapy notes.** The Plan does not routinely obtain psychotherapy notes. However, if it is necessary to use or disclose them, it must obtain your written authorization. The Plan may use and disclose such notes when needed by the Plan 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 (SUD Records) received from a program covered by 42 CFR Part 2 (a “Part 2 Program”), 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 SUD Record is used or disclosed.

If the Plan receives SUD Records about you from a Part 2 Program pursuant to a consent you provided to the Part 2 Program to use and disclose your SUD records for all future purposes of treatment, payment or health care operations, the Plan may use and disclose your SUD records for the purposes of treatment, payment or health care operations, as described above, consistent with such consent until the Plan receives notification that you have revoked such consent in writing. When disclosed to the Plan for treatment, payment, and health care operations activities, the Plan may further disclose those SUD records in accordance with HIPAA regulations, except for uses and disclosures for civil, criminal, administrative, and legislative proceedings against you.

#### **Revocation of Prior Authorization.**

You may revoke a prior authorization granted for psychotherapy notes, marketing, sales or any other authorized use and disclosure.

**Use or disclosure for which your authorization is *not* required.** The following categories describe the different ways that the Plan may use and disclose your PHI without your authorization or consent. Not every use or disclosure in a category will be listed. However, all of the ways the Plan is permitted to use and disclose your PHI without your written authorization or consent will fall within one of the categories.

#### **We typically use or share your information as we:**

- **Help manage the health care treatment you receive** We can use your PHI and share it with health care professionals, including doctors, nurses, technicians, or hospital personnel, who are treating you.
  - *Example: A doctor treating you for an injury asks about your current prescriptions to determine if a new prescription for the injury conflicts with your current prescriptions.*
- **Run our organization.** We can use and disclose your PHI to run the Fund and contact you when necessary. The Plan may use your PHI in connection with quality assessment and improvement activities, care coordination and case management, underwriting, premium rating, and other activities relating to Plan coverage, conducting or arranging for medical review, legal services, audit services and fraud and abuse detection programs, and business planning. We are not allowed to use genetic information for underwriting purposes (i.e., to decide whether we will give

you coverage and the price of that coverage). Pay for your health services We can use and disclose your PHI to facilitate payment for treatment and services you receive from health care providers, to determine benefit responsibility under the Plan, and to coordinate Plan coverage.

- *Example: We may use and disclose your PHI to facilitate payment for treatment and services you receive from health care providers, to determine benefit responsibility under the Plan, or to coordinate Plan coverage.*
- **Administer the Plan.** We contract with vendors to perform various functions on our behalf. These entities are known as Business Associates and in order to provide these services, those entities will receive, create, maintain, transmit, use and/or disclose your PHI, but only after they agree in writing to implement appropriate safeguards regarding your PHI.
  - *Example: We may disclose your PHI to a Business Associate to process your claims for health plan benefits or to provide support services, such as utilization management, pharmacy benefit management or subrogation, but only after the Business Associate enters into a Business Associate Agreement with us.*

### **Disclosure to the Plan sponsor**

The Plan will also disclose PHI to certain individuals who work for the Plan Sponsor for purposes related to treatment, payment, and health care operations, and has amended the Plan Documents to permit this use and disclosure as required by federal law. For example, we may disclose information to certain individuals to allow them to decide appeals of eligibility determinations, negotiate renewals of insurance contracts or audit the accuracy of health care payments.

In addition, the Plan may use or disclose “summary health information” for the purpose of obtaining premium bids or modifying, amending or terminating the group health Plan. Summary information summarizes the claims history, claims expenses or type of claims experienced by individuals for whom the Plan has provided health benefits.

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

We are allowed or required to share your PHI 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 information visit: [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 your PHI for certain situations such as:

- Addressing matters of public health or public interest as required or permitted by law
- 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 PHI for health research.

**Comply with the law**

We will share your PHI if local, 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, and other government agencies that have regulatory oversight over the Plan.

**Respond to organ and tissue donation requests**

We can share your PHI with organ procurement organizations, transplantation organizations, or organ donation banks to facilitate organ and tissue donation and transplantation.

**Work with a coroner, medical examiner or funeral director**

We can share your PHI with a coroner, medical examiner, or funeral director when an individual dies. This may be necessary, for example, to identify a deceased person or to determine the cause of death.

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

We can use or share PHI:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- If you are a member of the armed forces, to the armed forces to provide information as required by military command authorities.
- For special government functions such as military, national security, and presidential protective services.
- If you are an inmate of a correctional institution, to the correctional institution if necessary for the institution to provide you with health care, to protect your health and safety or the health and safety of others, or for the safety and security of the correctional institution.

**Respond to lawsuits and legal actions**

We can share your PHI in response to a court or administrative order, or in response to a subpoena, discovery request, or other lawsuit process by someone involved in a legal dispute, but only if efforts have been made to tell you about the request or to obtain a court or administrative order protecting the information requested.

**Additional Restrictions on use and disclosure**

Some federal and state laws may require special privacy protections that restrict the use and disclosure of certain sensitive health information such as alcohol and substance use disorder, (including Part 2 Programs); biometric information; child or adult abuse or neglect, including sexual assault; communicable diseases; genetic information; HIV/AIDS; mental health; minors'

information; prescriptions; reproductive health; and sexually transmitted diseases. In such case, the Plan will follow the more stringent or protective law, to the extent that it applies.

Note, information that is disclosed by the Plan in accordance with HIPAA's Privacy Rule is subject to redisclosure by the recipient and may no longer be protected by the Privacy Rule.

### **Other uses and disclosures**

Any other use or disclosure not described in this Notice will only be made with your authorization.

### **Our Responsibilities**

- We are required by law to maintain the privacy and security of your PHI.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your PHI.
- We must follow the duties and privacy practices as are currently in effect and described in this Notice and give you a copy of it.
- We will not use or share your PHI other than as described in this Notice 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.

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

The Plan reserves the right to change the terms of this Notice or any subsequent Notice at any time. If the Plan elects to make a change, the revised Notice will be effective for all PHI that the Plan maintains at that time, even if the Plan received the PHI before the change, as well as any PHI the Plan may receive in the future. If the Plan makes a material change to this Notice, and if the Plan posts this Notice on its website, the Plan will post the revised Notice by the effective date of the material change. If the Plan does not post this Notice on its website, then the Plan will mail the revised Notice to participants within 60 days of any material change of this Notice.

### **Privacy Officer: Contact Information**

If you have any questions regarding this Notice or the subjects addressed in this Notice, you may contact the Plan's Privacy Officer, Robert Katuna, by telephone, mail, electronic mail, or in-person at the Fund Office.

Robert Katuna, Privacy Officer  
195 Mineola Boulevard Mineola, NY 11501  
516.742.9478  
[rob@local28funds.com](mailto:rob@local28funds.com)

### **CONCLUSION**

PHI use and disclosure by the Plan 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. For more information, visit: <http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html>.