trust fund office
local union 831
employer health fund
employer pension plan
P.O. Box 3118, Covina, California 91722-9118
Toll Free (877) 572-7005 • Phone (626) 279-3080 • Fax (626) 279-3055
www.localunion831trustfunds.com

NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION
SOUTHERN CALIFORNIA LOCAL UNION 831 – EMPLOYER HEALTH FUND
(Effective February 16, 2026)

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.

This Notice is required by the Standards for the Privacy of Individually Identifiable Health Information ("Privacy Rule"), federal rules issued by the U.S. Department of Health and Human Services pursuant to the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"). It describes how the Southern California Local 831- Employer Health Fund (the "Fund") can use and disclose your Protected Health Information.

Protected Health Information ("PHI") is information that is created, received, transmitted or stored by the Fund which relates to your past, present, or future physical or mental health, health care, or payment for health care, and either identifies you or provides a reasonable basis for identifying you. In general, the Fund may not use or disclose your PHI unless you consent to or authorize the use or disclosure, or if the Privacy Rule specifically allow the use or disclosure.

The Fund is legally required to maintain the privacy of your PHI. The primary purpose of this notice is to describe the legally permitted uses and disclosures of PHI, even though some may not apply to this Fund in practice. This notice also describes your right to access and control your PHI.

The Fund is required to abide by the terms of this Notice. The Trustees reserve the right to change the terms of this or any subsequent Notice at any time. If any changes are made, the revised Notice will be effective for all PHI that the Fund maintains at that time. Within 60 days of any material revision to the Fund's privacy practices, the Fund will distribute a new Notice. Additionally, you may contact the Fund directly at any time to obtain a copy of the most recent Notice.

USES AND DISCLOSURES OF PHI

- ***Treatment, Payment, and Health Care Operations***: The Fund may use or disclose your PHI for treatment, payment or health care operations without your written authorization. Generally, we will make every effort to disclose only the minimum necessary amount of PHI to achieve the purpose of the use or disclosure. However, most uses and disclosures of psychotherapy notes relating to you, uses and disclosures

of your PHI for marketing purposes, and disclosures that constitute sales of your PHI require your authorization.

"Payment" generally means the activities of a Fund to collect premiums, to fulfill its coverage responsibilities, and to provide benefits under the Fund, and to obtain or provide reimbursement for the provision of health care. Payment may include, but is not limited to, the following: (1) determining coverage and benefits under the Fund, (2) paying for or obtaining reimbursement for health care, (3) adjudicating subrogation of health care claims or coordination of benefits, (4) billing and collection, (5) making claims for stop-loss insurance, (6) determining medical necessity and (7) performing utilization review activities. For example, the Fund will disclose the minimum necessary PHI to medical service providers for the purposes of payment.

"Health Care Operations" are certain administrative, financial, legal, and quality improvement activities of a covered entity (such as the Fund) that are necessary to run its business and to support the core functions of treatment and payment. For example, the Fund may disclose the minimum necessary PHI to the Fund's attorney, auditor, actuary, and consultant(s) when these professionals perform services for the Fund that requires them to use PHI. Persons who perform services for the Fund are called "business associates." Federal law requires the Fund to have written contracts with its business associates before it shares PHI with them, and the Fund's disclosures of your PHI must be consistent with the Fund's contract with them. Other examples of business associates are the Fund's stop-loss insurance carrier, vendors providing claims repricing services, utilization review companies, prescription benefit managers, PPOs and HMOs.

"Treatment" means the provision, coordination, or management of health care and related services by one or more health care providers, including the coordination or management of health care by a health care provider with a third party, consultation between health care providers relating to a patient, or the referral of a patient for health care from one health care provider to another. The Fund is not typically involved in treatment activities.

- ***Disclosure to Others Involved in Your Care or Payment of Your Care***: We may disclose to your spouse or other members of your immediate family PHI that is directly relevant to such individual's involvement in your health care or payment of your health care, unless you request us in writing not to do so.

  In addition, if you seek the assistance of your shop steward or union business agent, or your employer in connection with your enrollment in the Fund or payment of one or more of your health claims, and you are present when that person calls the Fund or visits the Fund Office, and you authorize the Fund to speak to that person, we will disclose to that person your PHI related to your enrollment in the Fund or payment of your health claim. If you are not present or you want us to disclose any other PHI, you will need to sign an Authorization Form for that purpose.

You can revoke an Authorization Form at any time by submitting a "Cancellation of Authorization Form" to the Fund. The Cancellation of Authorization Form revokes the Authorization Form on the date it is received by the Fund. ***If you wish to make a request for an Authorization Form and a Cancellation of Authorization Form, please contact the Privacy Officer whose name and address are shown on the last page of this notice.***

If you want us to disclose your PHI to any other third party, you must authorize us to do so as described in the section "Authorization for Other Uses and Disclosures of Your PHI".

For disclosures of your minor children's PHI, please refer below to the section "Personal Representatives".

- ***Required Uses and Disclosures***: We must make disclosures to you and to the Secretary of the U.S. Department of Health and Human Services to investigate or determine our compliance with the federal regulations regarding privacy.

- ***Required by Law***: The Fund will use or disclose your PHI to the extent it is required by law to do so. Thus, the Fund may disclose your PHI under certain conditions in response to a subpoena, discovery request or other lawful process in which case reasonable efforts must be undertaken by the party seeking the PHI to notify you and give you an opportunity to object to this disclosure.

- ***Public Health***: The Fund may disclose your PHI to a public health authority for certain public health activities, such as: (1) reporting of a disease or injury, or births and deaths, (2) conducting public health surveillance, investigations, or interventions; (3) reporting known or suspected child abuse or neglect; (4) ensuring the quality, safety or effectiveness of an FDA-regulated product or activity; (5) notifying a person who is at risk of contracting or spreading a disease; and (6) notifying an employer about a member of its workforce, for the purpose of workplace medical surveillance or the evaluation of work-related illness and injuries, but only to the extent the employer needs that information to comply with the Occupational Safety and Health Administration (OSHA), the Mine Safety and Health Administration (MSHA), or State law requirements having a similar purpose.

- ***Abuse or Neglect***: The Fund may disclose your PHI to the appropriate government authority if the Fund reasonably believes that you are a victim of abuse, neglect or domestic violence.

- ***Health Oversight***: The Fund may disclose your PHI to a health oversight agency for oversight activities authorized by law, including (1) audits; (2) civil, administrative, or criminal investigations; (3) inspections; (4) licensure or disciplinary actions; (5) civil, administrative, or criminal proceedings or actions; and (6) other activities.

- ***Legal Proceedings***: The Fund may disclose your PHI in the course of any judicial or administrative proceeding in responses to an order by a court or administrative tribunal, or in response to a subpoena, discovery request, or other lawful process.

- ***Law Enforcement***: The Fund may disclose your PHI for a law enforcement purpose to a law enforcement official. Such purposes include disclosures required by law, or in compliance with a court order or subpoena, grand jury subpoena, or administrative request.

- ***Identification and Location Purposes***: The Fund may disclose your PHI in response to a law enforcement official's request, for the purpose of identifying or locating a suspect, fugitive, material witness or missing person.

- ***Victims of a Crime***: The Fund may disclose your PHI if you are the victim of a crime and you agree to the disclosure or if the Fund is unable to obtain your consent because of incapacity or emergency and law enforcement demonstrates a need for the disclosure and/or the Fund determines in its professional judgment that such disclosure is in your best interest.

- ***Decedents***: The Fund may disclose your PHI to a law enforcement official to inform them of your death, if the Fund believes your death may have resulted from criminal conduct.

- ***Crime on Premises***: The Fund may disclose PHI to a law enforcement official that it believes is evidence that a crime occurred on the premises of the Fund.

- ***Coroners, Medical Examiners, and Funeral Directors***: The Fund may disclose your PHI to a coroner or medical examiner for identification purposes. The Fund may disclose your PHI to a funeral director to carry out their duties upon your death or prior to and in reasonable anticipation of your death.

- ***Organ Donation***: The Fund may disclose your PHI to organ procurement organizations for cadaveric organ, eye, or tissue donation purposes.

- ***Research***: The Fund may use or disclose your PHI for research purposes, if the Fund obtains one of the following: (1) documented institutional review board or privacy board approval; (2) representations from the researcher that the use or disclosure is being used solely for preparatory research purposes; (3) representations from the researcher that the use or disclosure is solely for research on the PHI of decedents; or (4) an agreement to exclude specific information identifying the individual.

- ***Threat to Health and Safety***: The Fund may use or disclose your PHI to prevent or lessen a serious and imminent threat to the health or safety to you or others. The Fund may also disclose PHI if it necessary for law enforcement authorities to identify or apprehend an individual.

- ***Military Activity and National Security***: The Fund may disclose your PHI if you are in the Armed Forces and your PHI is needed by military command authorities. The Fund may also disclose your PHI for the conduct of national security and intelligence activities.

- ***Inmates***: The Fund may disclose your PHI to a correctional institution where you are being held if (i) the PHI is necessary for the institution to provide you with health care; (ii) to protect the health and safety of you or others; or (iii) for the security of the correctional institution.

- ***Workers' Compensation***: The Fund may disclose your PHI as authorized by and to the extent necessary to comply with laws relating to workers' compensation or other similar programs.

- ***Personal Representatives***: A Personal Representative is someone authorized by court-order, power of attorney, or a parent of a child, in most cases. In addition, a Personal Representative can exercise your personal rights with respect to PHI. While generally a parent is the Personal Representative of an unemancipated minor, we will not disclose PHI, other than payment information, in certain situations where not permitted by law.

  The Fund may provide your Personal Representative or attorney with access to your PHI in the same manner as it would provide you with access, but only upon receipt of documentation demonstrating that your Personal Representative or lawyer has authority under applicable law to act on your behalf. If the Fund has reasonable doubt about an individual's status as Personal Representative, the matter shall be referred to Fund Counsel.

- ***Redisclosure***: Information that the Fund discloses pursuant to the Privacy Rule may be subject to redisclosure by the recipient and no longer protected by the Privacy Rule.

- ***Uses and Disclosures of Your Substance Use Disorder Records***: The Fund provides additional confidentiality protections to certain substance use disorder ("SUD") records. This applies to records of the identity, diagnosis, prognosis, or treatment of any patient which are maintained in connection with the performance of any program or activity relating to SUD education, prevention, training, treatment, rehabilitation, or research, which is conducted, regulated, or directly or indirectly assisted by any department or agency of the United States ("Part 2 records"), that are protected by federal law under 42 C.F.R. Part 2.

  Except in limited circumstances, the disclosure of Part 2 records requires your explicit written consent. If the Fund receives Part 2 records through a general consent you provide to the Part 2 SUD treatment program, the Fund may use and disclose the Part 2 records for treatment, payment, and health care operations purposes as described in this Notice. If the Fund receives Part 2 records through a specific consent that you provide to the Fund, the Fund will use and disclose your Part 2 records only as specifically permitted.

The Fund is prohibited from using and disclosing Part 2 records or testimony relaying the content of such records in civil, criminal, administrative, or legislative proceedings by any federal, state or local authority conducted against you if you are the patient who is the subject of the Part 2 record, unless specifically authorized by (1) you or (2) the order of a court, accompanied by a subpoena or other lawful process compelling disclosure, after it provides you with notice of the court order and an opportunity to be heard.

The Fund is prohibited from using and disclosing Part 2 records or testimony relaying the content of such records in civil, criminal, administrative, or legislative proceedings by any federal, state or local authority conducted against you if you are the patient who is the subject of the Part 2 record, unless specifically authorized by (1) you or (2) the order of a court, accompanied by a subpoena or other lawful process compelling disclosure, after it provides you with notice of the court order and an opportunity to be heard.

The Fund does not use Part 2 records for fundraising purposes.

- ***Disclosure to Trustees***: We may disclose your PHI to the Trustees of the Fund in connection with appeals that you file following a denial of a benefit claim or a partial payment. In addition, any Trustee may receive PHI if you request that the Trustee assist you in filing or perfecting a claim for benefits under the Fund. Trustees may also receive PHI if necessary for them to fulfill their fiduciary duties with respect to the Fund. Such disclosures will be the minimum necessary to achieve the purpose of the use or disclosure. In accordance with the Fund documents, the Trustees must agree not to use or disclose PHI other than as permitted in this Notice or as required by law and not to use or disclose the PHI with respect to any employment-related actions or decisions or with respect to any other benefit plan maintained by the Trustees.

- ***Authorization for Other Uses and Disclosures of Your PHI***: Most uses and disclosures of psychotherapy notes relating to you, uses and disclosures of your PHI for marketing purposes, and disclosures that constitute sales of your PHI require your authorization. Other uses and disclosures of your PHI not described in this Notice will be made only with your written authorization, unless otherwise permitted by law, as described above. If you authorize us to use or disclose your PHI for purposes other than set forth in the Notice, you may revoke that authorization, in writing, at any time, except to the extent that we have already taken action based upon the authorization. Thereafter, we will no longer use or disclose your PHI for the reasons covered by your written authorization.

The Fund will not use or disclose your PHI that is "genetic information" for "underwriting" purposes as defined by the Genetic Information Nondiscrimination Act of 2008.

INDIVIDUAL RIGHTS

You have certain important rights with respect to your PHI. You should contact the Fund's Privacy Officer, identified below, to exercise any of these rights. These rights include:

- ***Right to Inspect and Copy***: You have a right to inspect and obtain a copy of your PHI that is maintained by the Fund in a "designated record set" if you submit a valid "Request for Protected Health Information Form" to the Fund. If approved, the Fund will provide you with access to your PHI provide you with access to PHI consistent with the Request Form, or as otherwise required by law. ***If you wish to make a request for a Request for Protected Health Information Form, please contact the Privacy Officer whose name and address are shown on the last page of this notice.***

  A "designated record set" consists of records or other information containing your PHI that is maintained, collected, used, or disseminated by or for the Fund in connection with: (1) enrollment, payment, claims adjudication, and case or medical management record systems maintained by or for the Fund, or (2) decisions that the Fund makes about you.

  If you request copies of your PHI, the Fund may charge a reasonable fee for copying, assembling costs and postage, if applicable, associated with your request. The requested information will be provided within 30 days. A single 30-day extension is allowed if the Fund is unable to comply with the deadline. If the Fund uses or maintains an electronic health records with respect to your PHI, you may request such PHI in an electronic format, and direct (in a signed written request) that such PHI be sent to another person or entity. If you request a copy, please indicate in which form you want to receive it (i.e, paper or electronic).

  The Fund may decide to deny access to your PHI if it is determined that the requested access is reasonably likely to endanger the life or physical safety of you or another individual or to case substantial harm to you or another individual, or if the records make reference to another person (other than a health care provider) and the requested access would cause substantial harm to the other person. Depending on the circumstances, that decision to deny access may be reviewable by a licensed health professional who was not involved in the initial denial of access and who has been designated by the Fund to act as a reviewing official.

- ***Right to Request a Restriction of Your PHI***: You have a right to request that the Fund restrict use or disclosure of your PHI to carry out payment or health care operations. Although the Fund is not required to agree to a requested restriction, it will notify you if the restriction is not accepted.

- ***Right to Request to Receive Confidential Communications from the Fund by Alternative Means or at an Alternative Location***: You have a right to receive confidential communications about your PHI from the Fund by alternative means or at alternative locations, or you may designate certain parties to receive communications

from the Fund on your behalf, if you submit a written request to the Fund in which you clearly state that the disclosure of all or part of that information could endanger you.

- ***Right to Amend Your PHI***: You have a right to amend your PHI that was created by the Fund and that is maintained by the Fund in a designated record set, if you submit a written request to the Fund in which you provide reasons for the amendment.

- ***Right to an Accounting of Disclosures***: You have a right to receive an accounting of disclosures of your PHI, with certain exceptions, if you submit a written request to the Fund. The Fund need not account for disclosures that were made more than six years before the date on which you submit your request, nor any disclosures that were made for treatment, payment or health care operations. ***This applies only to disclosures made on or after April 14, 2003.***

- ***Right to Receive Notice of Certain Breaches of PHI***: If your "unsecured" PHI is accessed, acquired, used or disclosed in a manner that is considered a "breach" as defined under HIPAA, or that is not permitted under the Privacy Rule and that poses a significant risk of financial, reputational, or other harm to you, the Fund must take specified steps to notify you within 60 days of discovery of such breach. Unsecured PHI is PHI that is not rendered unusable or indecipherable to unauthorized persons through certain specified technologies and methodologies.

- ***Right to Obtain a Paper Copy of this Notice***: You may request a paper copy of our Notice at any time.

CHANGES TO NOTICE

The Fund reserves the right to change the terms of this Notice and to make the new Notice provisions effective for all PHI it maintains, regardless of whether the PHI was created or received by the Fund prior to issuing the revised Notice.

Whenever there is a material change to the Fund's uses and disclosures of PHI, individual rights, the duties of the Fund, or other privacy practices stated in this Notice, the Fund will promptly revise and distribute the new Notice to participants and beneficiaries.

CONTACTS AND COMPLAINTS

If you believe your privacy rights have been violated, you may file a written complaint with the Fund's Privacy Officer at the following address:

Privacy & Security Officer
Pacific Southwest Administrators
1055 Park View Dr., Suite 111
Covina, CA 91724
Telephone: (877) 572-7005 or (626) 279-3080

You may also file a complaint with the U. S. Secretary of Health and Human Services in Washington, DC. The Fund will not intimidate, threaten, coerce, discriminate against, or take other retaliatory action against any person for filing a complaint.

QUESTIONS OR REQUESTS

If you have any questions regarding this Notice or would like to submit a written request as described above, contact the Fund's Privacy Officer at the address above.