PUGET SOUND ELECTRICAL WORKERS HEALTHCARE TRUST

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW YOUR MEDICAL INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW THIS NOTICE CAREFULLY.

This Notice is prepared in accordance with the regulations governing the privacy of substance use disorder ("SUD") treatment records found at 42 C.F.R. Part 2 ("Part 2"). The Trust is providing you this Notice about the possible uses and disclosures of your health information. The Trust is providing you this Notice about the possible uses and disclosures of your protected health information ("PHI") under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"). As required by law, the Trust has established a policy to guard against unnecessary disclosure of your PHI. This Notice describes the circumstances under which and the purposes for which your PHI may be used and disclosed and your rights in regard to such information.

PROTECTED HEALTH INFORMATION

PHI generally means information that: (1) is created or received by a health care provider, health plan, employer, or health care clearing house; and (2) relates to the past, present, or future physical or mental health or condition of an individual, the provision of health care to an individual, or the past, present, or future payment for the provision of health care to an individual; and (3) identifies the individual, or there is a reasonable basis to believe the information can be used to identify the individual.

USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

Your PHI may be used and disclosed without an authorization in the following situations:

Payment: The Trust may use or disclose your PHI to determine your eligibility for health plan benefits, to make payment to or collect payment from third parties, such as other health plans or providers, for the care you receive, to determine benefit responsibility under the Trust's health plan, or to coordinate plan coverage. For example, the Trust may use PHI to pay your claims or share information regarding your coverage or health care treatment with other health plans to coordinate payment of benefits. The Trust may also share your PHI with another entity to assist in the adjudication of reimbursement of your health claims.

Treatment: The Trust may disclose information to facilitate medical treatment or services by providers. For example, the Trust may disclose the name of your treating Physician to another Physician so that the Physician may ask for your x-rays.

Health Care Operations: The Trust may use or disclose PHI for its own operations. These uses and disclosures are necessary to administer the Trust health plan. For example, the Trust may use PHI in connection with conducting quality assessment and improvement activities; underwriting premium rating, and other activities relating to health plan coverage; submitting claims for stop-loss (or excess-loss) coverage; conducting or arranging for medical review, legal services, audit services, and fraud and abuse detection programs; business planning and development such as cost management; and business management and general plan administrative activities. However, the Trust will not use your genetic information for underwriting purposes.

Disclosure to the Trustees: The Trust may disclose your PHI to the Board of Trustees (which is the health plan sponsor) in performing health plan administration functions, such as handling claim appeals.

The Trust also may disclose summary health information to the Board of Trustees for the purpose of obtaining premium bids from insurers for providing health insurance coverage under the plan, or modifying, amending, or terminating the health plan. "Summary health information" is information that summarizes claims information but from which names and other identifying information have been removed.

Disclosure to You: When you request, the Trust is required to disclose to you your PHI that contains medical records, billing records, and any other records used to make decisions regarding your health care benefits. If your request for access directs the Trust to transmit the copy of PHI directly to another person designated by you, the Trust will provide the copy to the person you designate. Your request must be in writing, signed by you, and clearly identify the designated person and where to send the copy of PHI.

Also, absent special circumstances, the Trust will send all mail from the Trust to the individual's address on file with the Trust Administration Office. You are responsible for ensuring that your address with the Trust Administration Office is current. Although mail is normally addressed to the individual to whom the mail pertains, the Trust cannot guarantee that other individuals with the same address will not intercept the mail. You have the right to request restrictions on where your mail is sent as set forth in the request restrictions section below.

Disclosure to your Personal Representative: The Trust will disclose PHI to your personal representative (or to another person designated by your personal representative) the same as the Trust will disclose PHI to you or to another person designated by you (see *Disclosure to You*, above). Your personal representative is a person who has authority under law to act on your behalf on matters related to health care. The Trust does not, however, have to make disclosures to a personal representative if, in the exercise of professional judgment, the Trust believes doing so would not be in the best interest of you because of a reasonable belief that you have been or may be subject to domestic violence, abuse or neglect by the personal representative, or that doing so would otherwise endanger you.

Disclosure to Employer: The Trust may disclose to your employer information about whether you are participating in the Trust or one of its available options.

Disclosure Where Required By Law: In addition, the Trust will disclose your PHI where applicable law requires. This includes:

1. *In Connection With Judicial and Administrative Proceedings.* The Trust may disclose your PHI to a health oversight agency for authorized activities (including audits; civil; administrative or criminal investigations; inspections; licensure or disciplinary action); government benefit programs for which PHI is relevant; or to government agencies authorized by law to receive reports of abuse, neglect or domestic violence as required by law. The Trust, however, may not disclose your PHI if you are the subject of an investigation and the investigation does not arise out of or is not directly related to your receipt of health care or public benefits.

2. *When Legally Required and For Law Enforcement Purposes.* The Trust will disclose your PHI when it is required to do so by any federal, state or local law. Additionally, as permitted or required by state law, the Trust may disclose your PHI to a law enforcement official for certain law enforcement purposes, such as identifying a suspect or to provide evidence of criminal conduct.

   The Trust, however, may not disclose your health information if you are the subject of an investigation and the investigation does not arise out of or is not directly related to your receipt of health care or public benefits. Additionally, the Trust will not use or disclose SUD treatment records received from programs subject to 42 CFR Part 2, or testimony relaying the content of such records, in civil, criminal, administrative, or legislative proceedings against you without your express written consent, or based on a court order after you receive notice and an opportunity to be heard, as provided in 42 CFR Part 2. 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.

3. *To Conduct Public Health and Health Oversight Activities.* The Trust may disclose your PHI to a health oversight agency for authorized activities (including audits, civil administrative or criminal investigations, inspections, licensure or disciplinary action), government benefit programs for which PHI is relevant, or to government agencies authorized by law to receive reports of abuse, neglect or domestic violence as required by law.

4. *In the Event of a Serious Threat to Health or Safety.* The Trust may, consistent with applicable law and ethical standards of conduct, disclose your PHI if the Trust, in good faith, believes that such disclosure is necessary to prevent or lessen a serious and imminent threat to your health or safety or to the health and safety of the public. For example, the Trust may disclose evidence of a threat to harm another person to the appropriate authority.

5. *For Specified Government Functions.* In certain circumstances, federal regulations require the Trust to use or disclose your PHI to facilitate specified government functions related to the military and veterans, national security and intelligence activities, protective services for the President and others, and correctional institutions and inmates.

6. *For Workers' Compensation.* The Trust may release your PHI to the extent necessary to comply with laws related to workers' compensation or similar programs.

AUTHORIZATION TO USE OR DISCLOSE PROTECTED HEALTH INFORMATION

Other than as stated above, the Trust will not disclose your PHI without your written authorization, or the written authorization of your personal representative. (A "personal representative" is described in *Disclosure to your Personal Representative*, above.)

Generally, you will need to submit an authorization if you wish the Trust to disclose your PHI to someone other than yourself. Authorization forms are available from the Privacy Contact Person listed below.

HIGHLY CONFIDENTIAL INFORMATION

Federal and State laws require special privacy protections for certain highly confidential information about you. This includes PHI that is: 1) maintained in psychotherapy notes or SUD counseling notes; 2) documentation related to mental health or developmental disabilities services; 3) drug and alcohol abuse, prevention, treatment and referral information; and, 4) information related to HIV status, testing and treatment as well as any information related to the treatment or diagnosis of sexually transmitted diseases. Generally, we must obtain your specific authorization to release this type of PHI. However, there are limited circumstances under the law when this type of PHI may be released without your consent. For example, certain sexually transmitted diseases must be reported to the Department of Health.

Psychotherapy notes are a mental health professional's separately filed notes which document or analyze the contents of a counseling session. Psychotherapy notes do not include summary information about your mental health treatment or information about medications, session stop and start times, the diagnosis and other basic information. The Trust may use and disclose psychotherapy notes when needed to defend against litigation filed by you or as necessary to conduct Treatment, Payment and Health Care Operations.

Additionally, your written authorization will be required for any disclosure of your health information that involves marketing, the sale of your health information, or any disclosure involving direct or indirect remuneration to the Trust. If you have authorized the Trust to use or disclose your health information, you may revoke that Authorization in writing at any time. The revocation should be in writing, include a copy of or reference to your Authorization and be sent to the Privacy Contact Person listed below.

YOUR RIGHTS WITH RESPECT TO YOUR PROTECTED HEALTH INFORMATION

You have the following rights regarding your PHI that the Trust maintains:

Right to Request Restrictions: You may request restrictions on certain uses and disclosures of your PHI. You have the right to request a limit on the Trust's disclosure of your PHI to someone involved in payment for your care. However, the Trust is not required to agree to your request unless the disclosure at issue is to another health plan for the purpose of carrying out payment or health care operations and your health care provider has been paid by you out-of-pocket and in full.

Right to Inspect and Copy Your Protected Health Information: You have the right to inspect and copy your PHI or obtain a copy of your health information that is maintained by the Trust in a designated record set. This includes the right to receive your health information in electronic form if the information is maintained electronically. This right, however, does not extend to psychotherapy notes or information compiled for civil, criminal or administrative proceeding.

Right to Receive Confidential Communications: You have the right to request that the Trust communicate with you in a certain way if you feel the disclosure of your PHI through regular procedures could endanger you. For example, you may ask that the Trust only communicate with you at a certain telephone number or by e-mail. If you wish to receive confidential communications, please make your request in writing to the Privacy Contact Person listed below. The Trust will attempt to honor reasonable requests for confidential communications.

Right to Amend the Your PHI: If you believe that your PHI records are inaccurate or incomplete, you may request that the Trust amend the records. That request may be made as long as the information is maintained by the Trust. A request for an amendment of records must be made in writing to the Trust's Privacy Contact Person listed below. The Trust may deny the request if it does not include a reasonable reason to support the amendment.

The request also may be denied if your PHI records were not created by the Trust, if the PHI you are requesting to amend is not part of the Trust's records, if the PHI you wish to amend falls within an exception to the PHI you are permitted to inspect and copy, or if the Trust determines the records containing your PHI are accurate and complete.

Right to an Accounting: You have the right to request a list of disclosures of your PHI made by the Trust within the past six years. The request must be made in writing to the Privacy Contact Person. The request should specify the time period for which you are requesting the information. No accounting will be given of disclosures made: to you or any one authorized by you; for Treatment, Payment or Health Care Operations; disclosures made before April 14, 2003; disclosures for periods of time going back more than six years; or in other limited situations. The Trust will provide the first accounting you request during any 12-month period without charge, within 60 days of your request, or within 90 days after giving you notice of the need for an extension. Subsequent accounting requests may be subject to a reasonable cost-based fee. The Trust will inform you in advance of the fee, if applicable.

Right to Be Notified of a Breach. You have the right to be notified in the event that we (or a Business Associate) discover a breach of unsecured protected health information.

Right to a Paper Copy of this Notice: You have a right to request and receive a paper copy of this Notice at any time, even if you have received this Notice previously or agreed to receive the Notice electronically. To obtain a paper copy, please contact the Privacy Contact Person listed below. If this Notice is modified, you will be mailed a new copy. You will also be able to obtain a copy of the current version of the Trust's Notice at its web site, www.psewtrusts.com.

Right to Complain. You have the right to complain to the Trust and to the Office for Civil Rights of the Department of Health and Human Services if you believe that your privacy rights have been violated. Any complaint to the Trust should be made in writing to the Privacy Contact Person identified below. You will not be retaliated against in any way for filing a complaint with the Office of Civil Rights or the Trust.

Privacy Contact Person/Privacy Official: To exercise any of these rights related to your PHI you should contact the Privacy Contact Person listed below. The Trust has also designated a Privacy Official to oversee its compliance with the Privacy Rules who is also listed below.

Privacy Contact Person Claims
Manager
c/o Welfare & Pension Administration Service, Inc.
P.O. Box 34203
Seattle, WA 98124-1203
Phone No: 206-441-4667
Toll Free: 866-314-4239
Fax No: 206-505-9727

Privacy Official
Sean Minner
c/o Welfare & Pension Administration Service, Inc.
P.O. Box 34203
Seattle, WA 98124
Phone No: 206-441-4667
Toll Free: 866-314-4239
Fax No: 206-441-9110

DUTIES OF THE TRUST

The Trust is required by law to maintain the privacy of your PHI as set forth in this Notice, to provide to you this Notice of its duties and privacy practices. The Trust is required to abide by the terms of this Notice, which may be amended from time to time.

The Trust reserves the right to change the terms of this Notice and to make the new Notice provisions effective for all PHI that it maintains. If the Trust changes its policies and procedures, the Trust will revise the Notice and will provide a copy of the revised Notice to you by mail to their last-known address on file with the Trust Administration Office.

EFFECTIVE DATE

This Notice is effective September 23, 2013, as amended February 16, 2026**.**