



TO: All Mid-America Carpenters Regional Council Health Fund Participants, Including Family Members

RE: A Brief Explanation of the Attached Privacy Notice (Update Effective February 16, 2026)

Federal regulations require your health plan (“the Plan or “Fund”) to follow procedures to protect your privacy – specifically, the privacy of your health information within the control of the Plan.

You must complete a Privacy Restriction Request form found on the last page and send it to the Fund Office if you do not want the Fund Office to discuss your protected health information (PHI) with your spouse or, if you are an adult child covered by the Plan, with your parents or legal guardian(s).

If you have already filed a Privacy Restriction Request with the Fund Office, it is not necessary to refile it.

When you read the attached notice that the Plan is required to send to you, please pay close attention to the following points:

- **The rules allow the Plan to use and disclose your health information:**
 - To pay claims; and
 - To administer the Plan.
- **Unless you object, the rules allow the Plan to communicate about your claims with:**
 - Your spouse if you are married; or
 - Your parents or legal guardian if you are an adult child (age 18 or over) covered by the Plan.

For Example

The Fund Office may discuss:

- *Your claims over the telephone or in person with your spouse.*
- *Your spouse’s claims over the telephone or in person with you.*
- *Your eligible adult child’s claims over the telephone or in person with you or your spouse.*

As parents or legal guardians, you and your spouse will generally have continuing access to information regarding your minor children. The Fund will assume the person contacting them is involved with an individual’s care if the person can identify the provider name and date of service.

If you **do not** wish to have the Fund Office discuss your protected health information with your spouse or -- if you are an adult child, with your parents or legal guardian -- you must complete a Privacy Request form found on the last page and send it to the Fund Office. The form will take effect when the Fund Office receives it.

Sincerely,

The Board of Trustees

MID-AMERICA CARPENTERS REGIONAL COUNCIL HEALTH FUND

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN OBTAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Effective Date of Notice - February 16, 2026

Mid-America Carpenters Regional Council Health Fund (the "Plan" or "Fund") is required by law to take reasonable steps to ensure the privacy of your personally identifiable health information and to inform you about:

1. The Plan's uses and disclosures of Protected Health Information (PHI);
2. Your privacy rights with respect to your PHI;
3. The Plan's duties with respect to your PHI;
4. Your right to file a complaint with the Plan and to the Secretary of the U.S. Department of Health and Human Services; and
5. The person or office to contact for further information about the Plan's privacy practices.

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, regardless of form (oral, written, electronic).

The "plan sponsor" of the Plan is the Board of Trustees of the Mid-America Carpenters Regional Council Health Fund.

SECTION 1: NOTICE OF PHI USES AND DISCLOSURES

Required PHI Uses and Disclosures

Upon your request, the Plan is required to give you access to your PHI in order to inspect and copy it. If the information you request is in an electronic health record, you may request that these records be transmitted electronically to yourself or a designated individual.

Use and disclosure of your PHI may be required by the Secretary of the Department of Health and Human Services to investigate or determine the Plan's compliance with the privacy regulations.

Uses and disclosures to carry out treatment, payment and health care operations.

The Plan and its business associates will use PHI without your authorization or opportunity to agree or object to carry out treatment, payment and health care operations. When required by law, we will restrict disclosures to the Limited Data Set, or if necessary, to the minimum necessary information to accomplish the intended purpose. Limited Data Set means data will be stripped of all individual identifiers other than dates (such as an individual's date of birth) and certain geographic information (such as an individual's town, city, state, or zip code). The Plan and its business associates (and any health insurers providing benefits to Plan participants) may also disclose the following to the Plan's Board of Trustees: (1) PHI for purposes related to Plan administration (payment and health care operations); (2) summary health information for purposes of health or stop loss insurance underwriting or for purposes of modifying the Plan; and (3) enrollment information (whether an individual is eligible for benefits under the Plan). The Trustees have amended the Plan to protect your PHI as required by federal law.

Treatment is the provision, coordination or management of health care and related services. It also includes but is not limited to consultations and referrals between one or more of your providers.

For example, the Plan may disclose to a treating physician the name of your treating radiologist so that the physician may ask for your X-rays from the treating radiologist.

Payment is paying claims for health care and includes, but is not limited to, actions to make coverage determinations and payment (including billing, claims processing, subrogation, reviews for medical necessity and

appropriateness of care, utilization review and pre-authorizations). For example, the Plan may tell a doctor whether you are eligible for coverage or what percentage of the bill will be paid by the Plan.

Health care operations keep the Plan operating soundly and include, but are 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 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 Plan may use information to project future benefit costs or audit the accuracy of its claims processing functions.

Uses and disclosures that require your written authorization.

The Plan must generally obtain your written authorization before the Plan will use or disclose psychotherapy notes or substance use disorder counseling notes about you. However, the Plan may use and disclose such notes when needed by the Plan to defend itself against litigation filed by you.

If the Plan receives substance use disorder treatment records created by a federally assisted program or health care provider under 42 CFR part 2, the Plan may only use or disclose such records in accordance with the written consent you provided to the program or provider. If such records were disclosed to the Plan with your written consent for treatment, payment and health care operations, the Plan may further disclose the records for these purposes without obtaining an additional written consent.

Psychotherapy notes and ***substance use disorder counseling 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.

Uses and disclosures that require that you be given an opportunity to agree or disagree prior to the use or release.

Disclosure of your PHI to family members, other relatives and your close personal friends is allowed if:

1. The information is directly relevant to the family member or friend's involvement with your care or payment for that care; and
2. You have either agreed to the disclosure or have been given an opportunity to object and have not objected.

Additional rules and exceptions apply with family members. You may request additional information from the Plan.

Uses and disclosures for which your consent, authorization or opportunity to object is not required.

The Plan is allowed to use and disclose your PHI without your authorization under the following circumstances:

1. For treatment, payment and health care operations.
2. Enrollment information can be provided to the Trustees.
3. Summary health information can be provided to the Trustees for the purposes designated above.
4. When required by law.
5. When permitted for purposes of public health activities, including when necessary to report product defects and to permit product recalls. PHI may also be disclosed if you have been exposed to a communicable disease or are at risk of spreading a disease or condition, if required by law.
6. When authorized by law to report information about abuse, neglect or domestic violence to public authorities if there exists a reasonable belief that you may be a victim of abuse, neglect or domestic violence. In such case, the Plan will promptly inform you that such a disclosure has been or will be made unless that notice would cause a risk of serious harm. For the purpose of reporting child abuse or neglect, it is not necessary to inform the minor that such a disclosure has been or will be made. Disclosure may generally be made to the minor's parents or other representatives although there may be circumstances

under federal or state law when the parents or other representatives may not be given access to the minor's PHI.

7. The Plan may disclose your PHI to a public health oversight agency for oversight activities required by law. This includes uses or disclosures in civil, administrative or criminal investigations; inspections; licensure or disciplinary actions (for example, to investigate complaints against providers); and other activities necessary for appropriate oversight of government benefit programs (for example, to the Department of Labor).
8. The Plan may disclose your PHI when required for judicial or administrative proceedings. For example, your PHI may be disclosed in response to a subpoena or discovery request that is accompanied by a court order.
9. When required for law enforcement purposes (for example, to report certain types of wounds). This includes disclosures for the purpose of identifying or locating a suspect, fugitive, material witness or missing person. Also, when disclosing information about an individual who is or is suspected to be a victim of a crime but only if the individual agrees to the disclosure or the Plan is unable to obtain the individual's agreement because of emergency circumstances.
10. When required to be given to a coroner or medical examiner for the purpose of identifying a deceased person, determining a cause of death or other duties as authorized by law. Also, disclosure is permitted to funeral directors, consistent with applicable law, as necessary to carry out their duties with respect to the decedent.
11. For research, subject to certain conditions.
12. When consistent with applicable law and standards of ethical conduct if the Plan, in good faith, believes 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 the target of the threat.
13. When authorized by and to the extent necessary to comply with workers' compensation or other similar programs established by law.

Except as otherwise indicated in this notice, uses and disclosures will be made only with your written authorization subject to your right to revoke such authorization.

Any revocation of any authorization must be in writing. The "Authorization Form to Release Protected Health Information" found on the Fund's website (carpenterbenefits.org). On the right-hand side of the screen, under Resources, select "Forms." Select "Health" and click on "Authorization Form to Release Protected Health Information." A revocation is not effective unless it is received by the Privacy Official.

Other Uses or Disclosures

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

The Plan may disclose protected health information to the Board of Trustees for reviewing your appeal of a benefit claims or for other reasons regarding the administration of this Plan.

Prohibited Uses or Disclosures

If the Plan receives substance use disorder records created by a federally assisted program or health care provider under 42 CFR part 2, the Plan may not use or disclose such records, or testimony relaying the content of such records, in any civil, criminal, administrative, or legislative proceedings against you unless based on your specific written consent or a court order. The Plan may only use or disclose records based on a court order after: (1) a notice and an opportunity to be heard is provided to you or the holder of the record, where required by 42 CFR part 2; and (2) the court order is accompanied by a subpoena or other similar legal requirement compelling the disclosure.

SECTION 2: RIGHTS OF INDIVIDUALS

Right to Request Restrictions on Uses and Disclosures of PHI

You may request the Plan 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.

However, the Plan is not required to agree to your request if the Plan Administrator or Privacy Official determines it to be unreasonable. For example, if it would interfere with the Plan's ability to pay a claim the Plan would consider it unreasonable.

In addition, the Fund will accommodate an individual's reasonable request to receive communications of PHI **by alternative means or at alternative locations** where the request includes a statement that disclosure could endanger the individual.

The Plan must comply with your request to restrict disclosure of your confidential information for payment or health care operations purposes if you paid for these services in full, out of pocket.

You or your authorized personal representative will be required to submit a written request to exercise this right. Such requests should be made to the Plan's Privacy Official. You must complete a Privacy Request form found on the last page of this document and mail it to the Fund Office. The form will take effect when the Fund Office receives it. Additional copies can be downloaded and printed from the Fund's website at carpenterbenefits.org. On the right-hand side of the screen, under Resources, select "Forms." Select "Health" and click on "HIPAA Privacy Policy."

Right to Request Confidential Communications

The Plan will accommodate reasonable requests to receive communications of PHI by alternative means or at alternative locations if necessary to prevent a disclosure that could endanger you.

You or your authorized personal representative will be required to submit a written request to exercise this right. Such requests should be made to the Plan's Privacy Official.

Right to Inspect and Copy PHI

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

"Protected Health Information" (PHI) includes all individually identifiable health information transmitted or maintained by the Plan, regardless of form.

"Designated Record Set" includes the medical records and billing records about individuals maintained by or for a covered health care provider; enrollment, payment, billing, claims adjudication and case or medical management record systems maintained by or for the Plan; or other information used in whole or in part by or for the Plan to make decisions about individuals. Information used for quality control or peer review analyses and not used to make decisions about individuals is not in the designated record set. The requested information will be provided within 30 days if the information is maintained on site or within 60 days if the information is maintained off site. A single 30-day extension is allowed if the Plan is unable to comply with the deadline.

You or your authorized personal representative will be required to submit a written request to request access to the PHI in your designated record set. Such requests should be made to the Plan's Privacy Official.

If access is denied, you or your authorized personal representative will be provided with a written denial, setting forth the basis for the denial, a description of how you may appeal the Plan's decision and a description of how you may file a complaint with the Secretary of the U.S. Department of Health and Human Services.

The Plan may charge a reasonable, cost-based fee for copying records at your request.

If the information you request is in an electronic health record, you may request that these records be transmitted electronically to yourself or a designated individual.

Right to Amend PHI

You have the right to request the Plan to amend your PHI or a record about you in your designated record set for as long as the PHI is maintained in the designated record set.

The Plan has 60 days after the request is made to act on the request. A single 30-day extension is allowed if the Plan is unable to comply with the deadline. If the request is denied in whole or part, the Plan must provide you with a written denial that explains the basis for the denial. You or your authorized personal representative may then submit a written statement disagreeing with the denial and have that statement included with any future disclosures of your PHI. Such requests should be made to the Plan's Privacy Official.

You or your authorized personal representative will be required to submit a written request to request amendment of the PHI in your designated record set.

Right to Receive an Accounting of PHI Disclosures

At your request, the Plan will also provide you an accounting of disclosures by the Plan of your PHI during the six years prior to the date of your request. However, such accounting will not include PHI disclosures made as authorized by law. For example, the accounting will not include disclosures made: (1) to carry out treatment, payment or health care operations (including to business associates pursuant to a business associate agreement and to the Trustees as authorized by the Plan or the HIPAA privacy regulations) except as provided below; (2) to individuals about their own PHI; (3) pursuant to your authorization; (4) prior to April 14, 2003; and (5) where otherwise permissible under the law and the Plan's privacy practices. In addition, the Plan need not account for certain incidental disclosures.

If the accounting cannot be provided within 60 days, an additional 30 days is allowed if the individual is given 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 a 12-month period, the Plan will charge a reasonable, cost-based fee for each subsequent accounting. Such requests should be made to the Plan's Privacy Official.

Right to Receive a Paper Copy of This Notice Upon Request

You have the right to obtain a paper copy of this Notice. Such requests should be made to the Plan's Privacy Official.

A Note About an Authorized Personal Representative

You may exercise your rights through an authorized personal representative. Only the Authorized Personal Representative Designation Form issued by the Plan will be accepted. No other authorized personal representative designation forms will be accepted. Your authorized personal representative will be required to produce evidence of his/her authority to act on your behalf before that person will be given access to your PHI or allowed to take any action for you. Proof of such authority may take one of the following forms:

1. A power of attorney for health care purposes, notarized by a notary public;
2. A court order of appointment of the person as the conservator or guardian of the individual; or
3. An individual who is the parent of an adult child (age 18 or over); or
4. An individual who is the parent or legal guardian of an unemancipated minor child may generally act as the child's authorized personal representative (subject to state law).

The Plan retains discretion to deny access to your PHI by an authorized personal representative to provide protection to those vulnerable people who depend on others to exercise their rights under these rules and who may be subject to abuse or neglect.

Copies of the Authorized Personal Representative Designation Form can be downloaded and printed from the Fund's website at carpenterbenefits.org. On the right-hand side of the screen, under Resources, select "Forms." Select "Health" and click on "Authorized Personal Representative Designation."

If you do not want the Fund Office to discuss your protected health information with your spouse, or—if you are an adult child—with your parents or legal guardian, you must complete the Privacy Restriction Request form on the last page of this notice and send it to the Fund Office. The form will take effect when the Fund Office receives it.

SECTION 3: THE PLAN'S DUTIES

The Plan is required by law to maintain the privacy of PHI and to provide individuals (participants eligible dependents) with notice of the Plan's legal duties and privacy practices.

This Notice is effective February 16, 2026, and the Plan is required to comply with the terms of this Notice. However, the Plan reserves the right to change its privacy practices and to apply the changes to any PHI received or maintained by the Plan prior to that date. If a privacy practice is changed, a revised version of this Notice will be provided to all currently eligible participants for whom the Plan still maintains PHI. The revised Notice will be distributed in the same manner as the initial Notice was provided or in any other permissible manner.

Any revised version of this Notice will be distributed within 60 days of the effective date of any material change to the Plan's policies regarding the uses or disclosures of PHI, the individual's privacy rights, the duties of the Plan or other privacy practices stated in this Notice.

Minimum Necessary Standard

When using or disclosing PHI or when requesting PHI from another covered entity, the Plan 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:

1. Disclosures to or requests by a health care provider for treatment;
2. Uses or disclosures made to the individual;
3. Disclosures made to the Secretary of the U.S. Department of Health and Human Services;
4. Uses or disclosures that are required by law; and
5. Uses or disclosures that are required for the Plan's compliance with legal regulations.

De-Identified Information

This notice does not apply to information that has been de-identified. De-identified information is information that does not identify an individual and with respect to which there is no reasonable basis to believe that the information can be used to identify an individual.

Summary Health Information

The Plan may disclose "summary health information" to the Trustees for obtaining insurance premium bids or modifying, amending or terminating the Plan. "Summary health information" summarizes the claims history, claims expenses or type of claims experienced by participants and excludes identifying information in accordance with HIPAA.

SECTION 4: FINAL HIPAA RULE

Final modifications to the HIPAA Privacy, Security, and Enforcement Rules mandated by the Health Information Technology for Economic and Clinical Health (HITECH) Act generally referred to as the HIPAA Final Rule, are as follows:

1. You have the right to be notified of a data breach relating to your unsecured health information.
2. You have the right to ask for a copy of your electronic medical record in an electronic form provided the information already exists in that form.
3. To the extent the Plan performs any underwriting, the Plan cannot disclose or use any genetic information for such purposes.

4. The Plan may not use your PHI for marketing purposes or sell such information without your written authorization.

SECTION 5: YOUR RIGHT TO FILE A COMPLAINT WITH THE PLAN OR THE HHS SECRETARY

If you believe that your privacy rights have been violated, you may file a complaint with the Plan. Such complaints should be made to the Plan's Privacy Official and/or you may file a complaint with the Secretary of the U.S. Department of Health and Human Services, Hubert H. Humphrey Building, 200 Independence Avenue SW, Washington, D.C. 20201. The Plan will not retaliate against you for filing a complaint.

SECTION 6: WHOM TO CONTACT AT THE PLAN FOR MORE INFORMATION

If you have any questions regarding this notice or the subjects addressed in it, you may contact the Plan's Privacy Official. Such questions should be directed to the Plan's Privacy Official at: Mid-America Carpenters Regional Council Health Fund, Attn: Privacy Official, 12 East Erie Street, 8th Floor, Chicago, IL 60611

Conclusion

PHI use and disclosure by the Plan is regulated by a federal law known as HIPAA (the Health Insurance Portability and Accountability Act). You may find these rules at 45 *Code of Federal Regulations* Parts 160 and 164. The Plan intends to comply with these regulations. This Notice attempts to summarize the regulations. The regulations will supersede any discrepancy between the information in this Notice and the regulations.

PRIVACY RESTRICTION REQUEST

Complete one form per individual requesting to restrict their PHI

Full Name

UID#

Relationship to Participant: Participant Spouse Dependent

The Fund Office does not have my permission to discuss my protected health information with:

My Spouse - Name of Spouse: _____

My Parent(s) or Legal Guardian(s) (only applies to Health Plan covered dependents)

Signature

Date

Return your completed form (both pages) via the method most convenient for you.

📠 **FAX:** (314) 678-1110

✉️ **EMAIL:** benefits@laborfunds.org

✉️ **MAIL:** MACRC Benefit Fund Office, 1419 Hampton Ave, St. Louis, MO 63139

**If you have already filed a Privacy Restriction Request with the Fund Office,
it is not necessary to refile it.**