

# WASHINGTON TEAMSTERS WELFARE TRUST

## Notice of Privacy Practices

**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.**

The *Washington Teamsters Welfare Trust* (the “Plan”) is required by a federal privacy law called the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) to take reasonable steps to protect the privacy and confidentiality of your health information. This Notice describes the Plan’s privacy practices regarding health-related information created or received by or on behalf of the Plan. The term “**Protected Health Information**” (PHI), as used in this Notice, includes all individually identifiable health information (including genetic information and substance use disorder treatment records) that can be used to identify you and that relate to your past, present or future physical or mental conditions, provision of health care to you, or payment for the provision of health care to you. PHI includes information transmitted, created, or maintained by the Plan, regardless of form (oral, written, or electronic). The term “HIPAA”, as used in this Notice, includes HIPAA and its implementing regulations at 45 Code of Federal Regulations Parts 160 and 164 subparts A and E, as such law and regulations may be amended from time to time, including as amended by the Health Information Technology for Economic and Clinical Health Act of 2009.

### Section 1. Uses and Disclosures of PHI

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

The Plan and its business associates will use PHI to carry out treatment, payment and health care operations.

**Treatment** is the provision, coordination or management of health care and related services with health care providers or other covered entities. It also includes but is not limited to consultations and referrals between one or more of your providers (including in connection with case management programs). For example, the Plan may disclose the name of your treating physician to another physician so that the physician may ask for your x-rays.

**Payment** includes but is not limited to actions to make eligibility or coverage determinations and payment (including billing, collections, coordination of benefits, claims management and appeals, subrogation, plan reimbursement, reviews for medical necessity and appropriateness of care and utilization review and preauthorizations). For example, the Plan may tell a doctor, dentist or vision care provider whether you are eligible for coverage or what percentage of the bill will be paid by the Plan.

**Health care operations** include but are not limited to quality and outcomes assessment and improvement, activities, reviewing competence or qualifications of health care professionals, enrollment, underwriting, submitting claims for stop-loss coverage, premium rating and other insurance activities relating to creating or renewing insurance contracts. It also includes 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 about your claims to audit the accuracy of its claims processing functions or to resolve a claim appeal

you file. The Plan may also use summary or de-identified health information for Plan design activities. This Notice only applies to PHI and does not apply to information that has been de-identified. De-identified information is information that does not identify you and with respect to which there is no reasonable basis to believe that the information can be used to identify you. In addition, the Plan’s administrators may use information about your enrollment or disenrollment in the Plan in order to collect contributions that pay for your participation in such Plan.

At no time and under no circumstances will the Plan use “genetic information” for “underwriting” purposes and/or determining premiums (as such terms are defined by the Genetic Information Nondiscrimination Act of 2008).

#### Uses and disclosures that require your written authorization

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. If you revoke your authorization, the Plan will no longer use or disclose your PHI except as described above (or as permitted by any other authorizations that have not been revoked). However, the Plan cannot retrieve any PHI disclosed to a third party in reliance on your prior authorization.

**Use or Disclosure of Psychotherapy Notes.** Although the Plan does not routinely obtain psychotherapy notes, it must generally obtain your written authorization before the Plan will use or disclose psychotherapy notes about you. However, the Plan may use and disclose such notes when needed by the Plan to defend itself against litigation filed by or other proceeding brought by you or on your behalf or as necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public, and the Plan may disclose psychotherapy notices to public health oversight agencies and coroners and medical examiners as permitted by HIPAA. Psychotherapy notes are separately filed notes in any medium about your conversation with your mental health professional during a private, group, joint, or family counseling session. Psychotherapy notes do not include medication prescription and monitoring, results of clinical tests, or any summary information about your mental health diagnosis, functional status, symptoms, prognosis, progress or 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:

- The information is directly relevant to the family or friend's involvement with your care or payment for that care; and
- You have agreed to the disclosure or have been given an opportunity to object and have not objected, or you cannot object because of your incapacity or an emergency circumstance and the Plan determines in its professional judgment that such disclosure is in your best interest.

Uses and disclosures for which authorization or opportunity to object is not required

Use and disclosure of your PHI is allowed without your authorization or request under the following circumstances:

- When required by law, or for law enforcement purposes.
- When permitted for purposes of public health activities.
- To a public health oversight agency for oversight activities authorized 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 or to investigate Medicare or Medicaid fraud).
- When required for judicial or administrative proceedings.
- 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, and to a funeral director to allow them to carry out their duties as authorized by law.
- For research, subject to conditions.
- To address matters of public interest as required or permitted by law (e.g. child abuse and neglect and domestic violence, threats to public health and safety such as drug recall notifications, reporting drug reactions, and notifying persons who may have been exposed to a disease or may be at risk for contracting or spreading a disease).
- When authorized by and to the extent necessary to comply with workers' compensation or other similar programs established by law.
- Organ, Eye and Tissue Donation. If you are an organ, eye and/or tissue donor, we may release your protected health information to organizations that handle organ procurement or organ, eye, or tissue transplantation or to an organ donation bank, as necessary to facilitate organ, eye or tissue donation and transplantation.
- Specialized Government Functions; Military and

Veterans. We may disclose your PHI for certain specialized government functions as permitted or required by applicable law. For example, if you are a member of the armed forces, we may release your PHI as required by military command authorities. We may also release PHI about foreign military personnel to the appropriate foreign military authority. We may also disclose your PHI to authorized federal officials for the conduct of lawful intelligence, counter-intelligence, and other national security activities authorized by applicable law.

- To "business associates" of the Plan (i.e., persons and businesses which provide services to the Plan and which need the PHI to perform those services).
- Legal Proceedings. The Plan may disclose your PHI to respond to a subpoena, warrant, summons or other legal request, subject to certain conditions and/or safeguards.
- Limited Data Set. The Plan may use and disclose a limited data that meets the requirements of applicable law if the Plan has entered into a data use agreement with the recipient of the limited data set.
- When otherwise permitted by applicable law without your authorization, including to notify your family member, personal representative or another person responsible for your health care of your location, general condition or death, and subject to certain conditions, to certain disaster relief organizations for certain disaster relief efforts.

In addition, the Plan may disclose your health information without your authorization to the plan sponsor (which is the Board of Trustees) and to necessary advisors which assist the plan sponsor in performing plan administration functions, such as handling claim appeals. The Plan may also use or disclose "summary health information" to the plan sponsor without your authorization for the purposes of obtaining premium bids or modifying, amending or terminating the plan. "Summary health information" means information: that summarizes the claims history, claims expenses or type of claims experienced by individuals for whom a plan sponsor has provided health benefits; and from which identifying information has been deleted.

Substance Use Disorder Information

If you are receiving treatment for a substance use disorder, your records may be protected by federal law and regulations (42 CFR Part 2) that provide additional privacy protections beyond HIPAA. The Plan is required to obtain your written consent before disclosing information identifying you as a patient with a substance use disorder, except in limited circumstances. Information disclosed pursuant to your consent may be subject to redisclosure to the extent permitted under HIPAA.

Substance use disorder treatment records received from programs subject to 42 CFR Part 2, or testimony relaying the content of such records, shall not be used or disclosed in civil, criminal, administrative, or legislative proceedings against you unless based on your written consent, or a court order after notice and an opportunity to be heard is provided to you,

or the holder of the record, as provided in 42 CFR Part 2. A court order authorizing use or disclosure of the records must be accompanied by a subpoena or other legal requirement compelling disclosure before the requested record is disclosed.

## Section 2. Rights of Individuals

### Right to Request Restrictions on PHI Uses and Disclosures

You may request the Plan to restrict uses and disclosures of your PHI to carry out treatment, payment or health care operations, or to restrict uses and disclosures to family members, relatives, friends or other persons identified by you who are involved in your care or payment for your care. However, except in the limited circumstance set forth immediately below, the Plan is not required to agree to your request. Unless otherwise required by law, the Plan is required to comply with a restriction request if you request restricted disclosure of PHI for payment or health care operations purposes (not for treatment purposes) and the PHI at issue relates solely to a health care item for which you have paid the applicable health care provider in full out of pocket. You may make a request for restriction on the use and disclosure of your PHI by completing the appropriate request form available from the Plan.

### Confidential Communications

You have the right to request to receive communications of PHI from the Plan either by alternative means or at alternative locations. For example, you may request that the Plan contact you at home, rather than at work. The Plan must agree to accommodate any such request if it is reasonable *and* it clearly states that the disclosure of all or a part of the PHI could endanger you. You may request confidential communication of your PHI by completing an appropriate form available from the Plan.

### 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. If the Plan uses or maintains an electronic health record with respect to your PHI, you may request such PHI in an electronic format, and direct that such PHI be sent to another person or entity.

Your right to inspect and obtain a copy of your PHI contained in a Designated Record Set does not extend to (1) psychotherapy notes, (2) information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding, and (3) any information, including PHI, as to which the law does not permit access.

In the event that your request to inspect or obtain a copy of your PHI is denied, you may have that decision reviewed (except in certain circumstances specified by

applicable law).

You may make a request to inspect or obtain a copy of your PHI by completing the appropriate form available from the Plan. We may charge you a fee to cover the costs of copying, mailing or other supplies directly associated with your request. You will be notified of any costs before you incur any expenses.

**Designated Record Set** includes the enrollment, payment, billing, claims adjudication and case or medical management record systems maintained by or for a health plan; or other information used 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.

### Right to Amend PHI

You have the right to request the Plan to amend your PHI or a record about you in a Designated Record Set for as long as the PHI is maintained in the Designated Record Set subject to certain exceptions. You will be required to make request for amendment in writing using the appropriate form made available by the Plan and to provide a reason to support a request for amendment. The Plan may deny your request to amend if the PHI or the record that is the subject of the request (1) was not created by the Plan, unless the person or entity that originally created the PHI is no longer available to make the amendment, (2) is not a part of the Designated Record Set, (3) would not be available to you under your right to inspect and copy discussed above, or (4) is accurate and complete. If the Plan denies any portion of your request to amend, it will give you a written denial decision discussing the basis for the denial and give you the opportunity to submit a written statement of disagreement with the Plan's decision. Any such written statement of disagreement that you submit must contain an explanation of the basis for your disagreement. The Plan has the right to prepare a rebuttal statement to your statement of disagreement. Any such rebuttal will be provided to you and added, along with the denial decision and your statement of disagreement, to the information or record which is the subject of the request.

### The Right to Receive an Accounting of PHI Disclosures

At your request, the Plan will also provide you with an accounting of disclosures by the Plan of your PHI during the six years prior to the date of your request (or during the three years prior to the date of your request with respect to certain disclosures made through an electronic health record as specified by applicable law). However, such accounting need not include PHI disclosures made: (1) to carry out treatment, payment or health care operations (except for certain disclosures made through an electronic health record as specified by applicable law); (2) to individuals about their own PHI; (3) incident to a use or disclosure permitted or required by law, (4) pursuant to an authorization provided by you, (5) for directories or to people involved in your care or other notification purposes as permitted by law, (6) for national security or intelligence purposes, (7) to correctional institutions or law enforcement officials, (8) as part of a limited data set, or (9) more than six years (or 3 years as applicable) before your request.

Your first request for an accounting within a 12-month period

will be free. We may charge you for costs associated with providing you additional accountings. We will notify you in advance of any costs, and you may choose to withdraw or modify your request before you incur any expenses. You may make a request for an accounting by completing the appropriate request form available from the Plan.

#### The Right to Receive a Copy of This Notice Upon Request

To obtain a copy of this Notice, contact the person or office identified in section 5 below.

#### Right to be Notified of a Breach

If your unsecured PHI is acquired, accessed, used or disclosed in a manner that is impermissible under HIPAA, the Plan must notify you within 60 days of discovery of such breach, unless there is a low probability that such PHI was compromised (or notification is not otherwise required under HIPAA).

#### File a Complaint

You have the right to file a complaint if you believe that your privacy rights have been violated. You may complain to the Plan in care of the person or office identified below.

#### *Washington Teamsters Welfare Trust*

*Attn: Account Executive  
2323 Eastlake Avenue East  
Seattle, WA 98102-3393  
206-329-4900  
wateamsters@nwadmin.com*

You may also file a complaint with HHS in writing, either electronically via the OCR Complaint Portal, or on paper by faxing, emailing, or mailing it to the applicable OCR regional office. For more information on filing a complaint with HHS, please visit [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/) or call (800) 368-1019 to request a copy of a complaint form.

All complaints must be in writing and filed within 180 days of the date you knew or should have known of the violation. This time limit can be waived if good cause is shown. The Plan will not retaliate against you for filing a complaint.

### Section 3. The Plan's Duties

The Plan is required by law to maintain the privacy of PHI, to provide you (participants and eligible dependents) with notice of its legal duties and privacy practices, in accordance with HIPAA, and to comply with the terms of the Notice currently in effect.

This Notice is effective beginning February 16, 2026. The Plan reserves the right to change its privacy practices as described in this Notice and to apply the changes to any PHI received, created or maintained by

the Plan prior to that date, as well as, any PHI the Plan may receive, create or maintain in the future. A revised Notice will be provided in accordance with the requirements of HIPAA.

#### Minimum Necessary Standard

When using or disclosing PHI or when requesting PHI from another covered entity and to the extent required by HIPAA, 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 and applicable HIPAA requirements. However, the minimum necessary standard will not apply in the following situations:

- Disclosures to or requests by a health care provider for treatment;
- Uses or disclosures made to you as permitted or required by HIPAA;
- Disclosures made to the Secretary of the U.S. Department of Health and Human Services pursuant to its enforcement activities under HIPAA;
- Uses or disclosures made pursuant to your authorization where authorization was required;
- Uses or disclosures that are required by law; and
- Uses or disclosures that are required for the Plan's compliance with HIPAA and other legal regulations.

### Section 4. Miscellaneous

#### Marketing

Except where permitted by applicable law, the Plan will not use and/or disclose your PHI for purposes of marketing without your authorization. Notwithstanding the foregoing and subject to certain conditions, the Plan may use your PHI without your authorization to send or provide you information describing the participating providers in its provider network(s) and the benefits provided under the Plan, information for the management of your treatment, or information recommending alternative treatment, providers, or health coverage.

#### Stricter State Law

State law may further limit the permissible ways the Plan uses or discloses your protected health information. If an applicable state law imposes stricter restrictions on the Plan, the Plan will comply with that state law.

### Section 5. Whom to Contact at the Plan for More Information

If you wish to file a complaint with the Plan or if you have any questions regarding this notice or the subjects addressed in it (i.e., access, amendment, or accounting of your PHI), you may contact:

Privacy Office, Northwest Administrators, Inc.  
2323 Eastlake Avenue East, Seattle, WA 98102-3393  
(206) 329-4900, Fax (206) 726-3209  
[privacy\\_office@nwadmin.com](mailto:privacy_office@nwadmin.com)

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**THIS NOTICE OF PRIVACY PRACTICES IS INTENDED TO COMPLY WITH THE REQUIREMENTS SET FORTH IN HIPAA, AND ANY OMISSIONS, OVERSIGHTS OR DISCREPANCIES SHALL BE RESOLVED IN ACCORDANCE WITH THE REQUIREMENTS OF HIPAA.**

**THIS NOTICE DOES NOT CREATE ANY RIGHT TO EMPLOYMENT FOR ANY INDIVIDUAL.**

**THIS NOTICE EXPLAINS YOUR PRIVACY RIGHTS AS A CURRENT OR FORMER PARTICIPANT IN THE PLAN. THE PLAN IS BOUND BY THE TERMS OF THIS NOTICE AS THEY RELATE TO THE PRIVACY OF YOUR PHI. HOWEVER, THIS NOTICE DOES NOT CHANGE ANY OTHER RIGHTS OR OBLIGATIONS YOU MAY HAVE UNDER THE PLAN. YOU SHOULD REFER TO THE PLAN DOCUMENT(S) FOR ADDITIONAL INFORMATION REGARDING YOUR BENEFITS.**