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WELFARE FUNDS

Notice of Privacy Practices

Your Information. Your Rights. Our Responsibilities.

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 effective date of this notice is February 16, 2026. The Privacy Individual to contact about the information contained in this notice is: Rosa Amica-Terra, tel. (973) 256-6790, or at the above address.

Your Rights

You have the right to:

- Get a copy of your health and claims records.
- Correct your health and claims records.
- Request confidential communication.
- Ask us to limit the information we share.
- Get a list of those with whom we've shared your information.
- Get a copy of this privacy notice.
- Choose someone to act for you.
- File a complaint if you believe your privacy rights have been violated.

Your Choices

You have some choices in the way that we use and share information as we:

- Answer coverage questions from your family and friends.
- Provide health information to people you have designated to receive such information.

Our Uses and Disclosures

We may use and share your information without your consent as we:

- Help manage the health care treatment you receive.
- Running our organization
- Pay for your health services.
- Administer your health plan.
- Help with public health and safety issues.
- Do research.
- Comply with the law.
- Respond to organ and tissue donation requests and work with a medical examiner or funeral director.
- Address workers' compensation, law enforcement, and other government requests.
- Respond to lawsuits and legal actions.

Other uses or disclosures will only be made with your authorization, and you have the right to revoke your authorization subject to certain limitations. We never market or sell your health information. To do so, we must obtain your written authorization.

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get a copy of health and claims records.

- You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct health and claims records.

- You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

Request confidential communications.

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will consider all reasonable requests and must say “yes” if you tell us, you would be in danger if we do not.

Ask us to limit what we use or share.

- You can ask us not to use or share certain health information for treatment, payment, or our operations.
- We are not required to agree to your request, and we may say “no” if it would affect your care.

Get a list of those with whom we’ve shared information.

- You can ask for a list (accounting) of the times we’ve shared your health information for 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 one within 12 months.

Get a copy of this privacy notice.

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you.

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.
- We can share health information about you to the person you have designated without your consent, until you advise us in writing that you have revoked your designation of the person.

File a complaint if you feel your rights are violated.

- You can complain if you feel we have violated your rights by contacting us using the information on page 1.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., 509F HHH Bldg., Washington, D.C. 20201, calling 1-800-368-1019, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

Emergency Situations

We can share health information about you:

- to a family member or close personal friend involved in your care in the event of an emergency
- to a disaster relief entity in the event of a disaster.

Others Involved In Your Care

In limited circumstances, we can share health information about you to a family member, close personal friend, or others we have verified are directly involved in your care. This may occur if you are seriously injured and unable to discuss your case with us. Upon request, we may advise a family member or close personal friend about your general condition, your location, such as "in the hospital," or your death.

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.
- Request that these types of disclosures be restricted.

Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information without your consent in the following ways.

Help manage the health care treatment you receive.

We can use your health information and share it with professionals who are treating you.

Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.

Run our organization.

- We can use and disclose your information to run our organization and contact you when necessary.
- We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage.

Example: We use health information about you to develop better services for you.

Pay for your health services.

We can use and disclose your health information as we pay for your health services.

Example: We share information about you with your dental plan to coordinate payment for your dental work.

Administer your plan.

We may disclose your health information to the Board of Trustees, the plan sponsor, for plan administration.

Example: You file an appeal on a claim, and we provide certain information to the Board of Trustees so they can decide your appeal.

How else can we use or share your health information?

We may share your information in other ways that contribute to the public good, such as public health and research. We must meet many conditions in the law before we can share your information for these purposes. See www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues.

We can share health information about you for certain situations such as:

- 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.

Comply with the law.

We will share information about you if 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.

Respond to organ and tissue donation requests and work with a medical examiner or funeral director.

- We can share health information about you with organ procurement organizations.

- We can share health information about a deceased person with a coroner, medical examiner, or funeral director.

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

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- For military service or veteran affairs matters
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions.

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Substance Use Disorder Treatment Records

While the Plan does not cover treatment for substance use disorder ("SUD"), we may receive records relating to SUD treatment. Unlike other protected health information, use or disclosure of SUD records for treatment, payment and/or healthcare operations generally require your written consent.

SUD treatment records received by the Plan from certain withdrawal management or maintenance treatment programs, or testimony relaying the content of such records, will not be used or disclosed by the Plan in any civil, criminal, administrative, or legislative proceedings against you, without either your written consent or a court order after you are provided notice and an opportunity to be heard. A court order authorizing the Plan to use or disclose SUD records must be accompanied by a valid subpoena or other legal requirement compelling disclosure before the Plan will use or disclose the requested SUD record.

We will never use your SUD records for fundraising purposes.

Psychotherapy Notes

We do not routinely obtain psychotherapy notes, as generally we must obtain your written authorization to use or disclose psychotherapy notes about you. However, we may use and disclose such notes when needed to defend ourselves 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.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us in writing that we can. If you tell us we can, you may change your mind at any time, as long as you let us know in writing that you changed your mind.
- Once your health information has been disclosed pursuant to your written authorization, the federal privacy law protections may no longer apply to the disclosed health information, and that information may be re-disclosed by the recipient without your knowledge or authorization.

NOTE: Information *that the Plan discloses as described in this Notice is subject to redisclosure by the recipient and the Plan has no obligation to further protect this information.*

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our web site, and we will mail a copy to you.