

**LABORERS' DISTRICT COUNCIL BUILDING AND CONSTRUCTION  
HEALTH AND WELFARE FUND**

**Notice of Privacy Practices for Protected Health Information**

**THIS NOTICE IS REQUIRED BY FEDERAL LAW**

**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!**

**Introduction**

The Laborers' District Council Building and Construction Health and Welfare Fund (the "plan") is required by law to take reasonable steps to ensure the privacy of your personally identifiable health information. This Notice applies to any self-insured benefits under the plan.

The plan may use or disclosure protected health information for other reasons permitted under federal law. Protected health information is the information the plan creates and obtains in providing benefits to you. Such information may include information regarding your health status, including diagnosis, treatment and claims payment. The plan may make these uses and disclosures without your written authorization or consent.

The Notice is updated as of February 16, 2026.

Example of use of your health information for treatment purposes: During the course of your treatment, the physician determines he/she will need to confirm information about your health benefits. The plan or its business associate will share the information with your physician.

Example of use of your health information for payment purposes: You or your physician submits requests for payment to the plan or its business associate. The plan or business associate requests and uses information regarding your medical care given in order to make payment.

Example of use of your information for health care operations: The plan may obtain services from business associates such as its auditors for purposes of auditing or fraud detection. The plan will share information about you with such business associates as necessary to obtain these services.

To business associates: The plan may disclose protected health information to business associates the plan hires to assist the plan. Each business associate of the plan must agree to ensure the continuing confidentiality and security of protected health information.

To the plan sponsor: The plan may disclose protected health information to the plan sponsor, the Board of Trustees, for plan administration functions that the plan sponsor provides to the plan.

**Following is a List of Other Uses and Disclosures Allowed by the Privacy Rule**

- As required by law, the plan may disclose your protected health information to public health or legal authorities charged with preventing or controlling disease, injury or disability.
- The plan may disclose protected health information to public authorities as allowed by law to report child abuse or neglect or domestic violence.
- The plan may disclose to the proper government authorities your protected health information relating to adverse events with respect to food, supplements, products and product defects or post-marketing surveillance information to enable product recalls, repairs or replacements.
- Under certain conditions, the plan can disclose protected health information to governmental authorities to the extent the disclosure is required by law.
- Federal law allows the plan to release your protected health information to appropriate health oversight agencies or for health oversight activities to include audits, civil, administrative or criminal investigations, inspections, licensures or disciplinary actions, and for similar reasons related to the administration of healthcare.
- The plan may disclose your protected health information in the course of any judicial or administrative proceeding as allowed or required by law, with your consent, or as directed by a proper court order or administrative tribunal, provided that only the protected health information released is expressly authorized by such order, or in response to a subpoena, discovery request or other lawful process, and certain other conditions are met.
- The plan may disclose your protected health information for law enforcement purposes as required by law, such as when required by court order, including laws that require reporting of certain types of wounds or other physical injury.
- The plan may disclose your protected health information to funeral directors or coroners consistent with applicable law to allow them to carry out their duties.

- Consistent with applicable law, the plan may disclose your protected health information to organ procurement organizations or other entities engaged in the procurement, banking or transplantation of organs, eyes or tissue for the purpose of donation and transplant.
- To avert a serious threat to health or safety, the plan may disclose your protected health information consistent with applicable law to prevent or lessen a serious, imminent threat to the health or safety of a person or the public.
- The plan may disclose your protected health information for specialized government functions as authorized by law such as to Armed Forces personnel, for national security purposes or to public assistance program personnel.
- If you are an inmate of a correctional institution, the plan may disclose to the institution or its agents the protected health information necessary for your health and the health and safety of other individuals.
- The plan may disclose your protected health information to the extent necessary to comply with laws relating to worker's compensation.
- Under certain conditions, the plan may disclose protected health information for research purposes.
- With your agreement or in other limited circumstances such as in an emergency or when the plan reasonably believes it is in your best interest, the plan may disclose protected health information to one of your family members, to a close person friend, or any other person identified by you, if the protected health information is directly relevant to the person's involvement with your care or payment related to your care. Similar provisions will apply to disclosing your health information to family members upon your death.

Other uses and disclosures besides those identified in this Notice will be made only as otherwise authorized by law or with your written authorization which you may revoke except to the extent information or action has already been taken. For example, your authorization is required for the use or disclosure of most psychotherapy notes (to the extent the plan records such notes), for uses and disclosures for marketing purposes, including subsidized treatment communications, for the sale of your protected health information, or for other reasons that may not be described in this Notice.

### **Your Health Information Rights**

The records the plan maintains are the physical property of the plan. You have the following rights with respect to your protected health information:

1. Right to request a restriction on certain uses and disclosures of your health information by delivering the request in writing to the plan. **The plan is not required**

**to grant the request.** However, you have the right to request that your provider restrict disclosure of your health information to the plan if you pay your provider out of pocket in full for the relevant services.

2. Right to obtain a paper copy of this Notice by making a request to the plan.
3. Right to inspect and copy your health record and billing record or any other document containing your personal health information in a “designated record set.” You may exercise this right by delivering the request in writing to the plan using the form provided to you upon request. The request may be denied by the plan for certain reasons. You may request access to electronic health records in electronic format, or direct transmission of electronic health records to an entity or person you designate.
4. Right to appeal a denial of access to your protected health information except in certain circumstances.
5. Right to request that your health care record be amended to correct incomplete or incorrect information by delivering a written request to the plan using the form provided to you upon request. Your request may be denied by the plan. You may file a statement of disagreement if your amendment is denied and require that the request for amendment and any denial be attached in all future disclosures of your protected health information.
6. Right to receive an accounting of disclosures of your health information as required to be maintained by law by delivering a written request to the plan using the form provided to you upon request. An accounting will not include uses or disclosures of information for treatment, payment or health care operations, or disclosures made to you, your representative or individuals involved in your care, or made at your request or with your authorization, or made for national security or intelligence purposes or to law enforcement.
7. Right to confidential communication by requesting that communication of your health information be made by alternative means or at an alternative location by delivering the request in writing to the plan using the form we give you upon request. The plan will accommodate any reasonable request.

If you want to exercise any of the above rights, please contact the individual rights contact person listed at the end of this Notice in person or in writing, during normal hours. The contact person will provide you with assistance on the steps to take to exercise your rights. Note that your legal personal representative may also exercise rights on your behalf.

You have the right to review this Notice before signing an authorization for use and disclosure of your protected health information.

## **Special Considerations Regarding Substance Use Disorder (“SUD”) Records**

- The plan grants greater confidentiality protection to SUD records as compared to other forms of PHI in accordance with the law.
- SUD counselling notes will be maintained separate from other records.
- SUD records cannot be used or disclosed in legal cases against you without your express written consent or a court order.
- SUD records may be used or disclosed without your express written consent to medical personnel for bona fide medical emergencies where your prior written consent cannot be obtained and/or for certain treatment, payment, or health care operations.
- You have the right to revoke consent to use or disclose SUD records.
- You can provide a single consent for all future uses or disclosures related to treatment, payment, and health care operations purposes.
- When SUD records are shared, they will be accompanied by a notice prohibiting any further sharing unless otherwise permitted.

## **The Plan’s Responsibilities**

The plan is required to:

1. Maintain the privacy of your health information as required by law.
2. Provide you with this Notice as to the plan’s duties and privacy practices regarding the information the plan collects and maintains about you.
3. Abide by the terms of this Notice.
4. Notify you if the plan cannot accommodate a requested restriction or request.
5. Notify you in the event of a breach of the security of unsecured personal health information.
6. To the extent prohibited by the Genetic Information Nondiscrimination Act of 2008, the plan will not use or disclose genetic information, including family medical history or results of genetic tests, for plan underwriting purposes.

## **To Request Information or File a Complaint**

If you have questions, would like additional information, or want to report a problem regarding the handling of your information, you may contact the privacy officer listed at the end of this Notice.

Additionally, if you believe your privacy rights have been violated, you may file a written complaint as follows:

Internal Complaint: You may submit a complaint using the appropriate complaint form to Alan R. Parham, Laborers' District Council, 665 N. Broad Street, 2<sup>nd</sup> Floor, Philadelphia, PA 19123 or call (215) 236-6700 and ask for Alan R. Parham. You can obtain a complaint form from Alan R. Parham by using the contact information below.

Complaint To HHS: You may submit a complaint by mail to the Secretary of the U.S. Department of Health and Human Services, Hubert H. Humphrey Building, 200 Independence Ave., S.W., Washington, D.C. 20201; by calling 1-877-696-6775, or by visiting [www.hhs.gov/ocr/privacy/hipaa/complaints](http://www.hhs.gov/ocr/privacy/hipaa/complaints).

The plan cannot, and will not, require you to waive the right to file a complaint with the Secretary of HHS as a condition of receiving treatment.

The plan cannot, and will not, retaliate against you for filing a complaint with the Secretary of HHS.

### **Changes To This Notice**

The plan reserves the right to change its privacy practices and to adopt new practices regarding the protected health information the plan maintains. If the plan's privacy practices change, the plan will amend this Notice and will issue a revised notice by first class U.S. Mail at your last known address. You are entitled to receive a revised copy of the Notice by calling the privacy officer listed at the end of this Notice.

### **Other Applicable Laws**

The confidentiality of alcohol and drug abuse treatment records, HIV-related information, and certain mental health records maintained by us is specifically protected by state and/or Federal law and regulations. Generally, we may not disclose such information unless you consent in writing, the disclosure is allowed by a court order, or in limited and other regulated circumstances.

### **Conclusion**

The Health Insurance Portability and Accountability Act of 2006 (also referred to as "HIPAA") regulates use and disclosure of protected health information by the plan. You may find these rules at 45 Code of Federal Regulations Parts 160 and 164 (the "Privacy Rule"). This Notice attempts to summarize the salient portions of the Privacy Rule that are applicable to

the plan. The Privacy Rule will supersede any discrepancy between the information in this Notice and in the Privacy Rule.

**Privacy Officer**

Alan R. Parham  
Administration  
665 N. Broad Street, 2<sup>nd</sup> Floor  
Philadelphia, PA 19123  
(215) 236-6700