

# **International Union of Bricklayers and Allied Craftworkers Local 1 Connecticut Health Fund**

## ***Notice of the Fund's Privacy Practices 2026 Restatement***

**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.**

### **Section 1: Purpose of This Notice and Effective Date**

***Effective date.*** This 2026 Restatement is effective as of February 16, 2026, and it reflects a number of recent changes in federal law.

***This Notice is required by law.*** The International Union of Bricklayers and Allied Craftworkers Local 1 Connecticut Health Fund (the "Fund") is required by law to take reasonable steps to ensure the privacy of your personally identifiable health information and to inform you about:

- The Fund's uses and disclosures of Protected Health Information (or "PHI") defined in Section 2, A,
- Your rights to privacy with respect to your PHI,
- The Fund's duties with respect to your PHI,
- Your right to file a complaint concerning a violation of the privacy or security of your health information, or of your rights concerning your information, with the Fund and with the Secretary of the United States Department of Health and Human Services (HHS), and
- The person or office you should contact for further information about the Fund's privacy practices.

### **Section 2: Your Protected Health Information**

#### ***A. Protected Health Information Defined***

The term "Protected Health Information" or "PHI" includes all individually identifiable health information relating to your past, present, or future physical or mental health condition or to payment for health care. PHI includes information maintained by the Fund in oral, written, or electronic form.

Certain PHI maintained by the Fund may also be subject to additional federal confidentiality protections under 42 C.F.R. Part 2 ("Part 2"). Part 2 generally applies to records relating to substance use disorder ("SUD") diagnosis, treatment, or referral for treatment that are created, received, or maintained in connection with a federally assisted substance use disorder program. Where Part 2 applies, such records are subject to more stringent privacy protections than other PHI under HIPAA.

#### ***B. When the Fund May Disclose Your PHI***

Under the law, the Fund may disclose your PHI without your consent or authorization and without providing you an opportunity to agree or object, in the following cases:

- ***For treatment, payment or health care operations.*** The Fund and its business associates will use PHI in order to carry out your treatment, the payment of your benefits, or its health care operations:
  - **Treatment** is the provision, coordination, or management of health care and related services. It also includes consultations and referrals between one or more of your providers.

- For example, your doctor or hospital may contact the Fund's employee assistance program, or utilization or case management program, to request authorization for certain medical treatment.
- **Payment** includes actions to make coverage determinations and payment (including billing, claims management, reimbursement, reviews for medical necessity and appropriateness of care and utilization review and preauthorizations).
  - For example, the Fund may tell a doctor whether you are eligible for coverage or what percentage of the bill will be paid by the Fund. If the Fund contracts with third parties to help with these operations, such as companies that administer health plans or reprice claims to take advantage of discounts (e.g., United HealthCare/UMR), we will also disclose information to them. These third parties are known as "business associates."
- **Health care operations** includes quality assessment and improvement, reviewing competence or qualifications of health care professionals, underwriting, premium rating and other activities relating to creating or renewing insurance contracts. Please note that if the Fund uses or discloses PHI for underwriting purposes, it is prohibited from using or disclosing PHI that is genetic information of an individual for such purposes. Health care operations 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 Fund may use information about your claims to refer you into a disease management program, to refer your spouse to a well-pregnancy program, to project future benefit costs or audit the accuracy of its claims processing functions.
- **Disclosure to the Fund's Trustees.** The Fund will also disclose PHI to the Fund's Board of Trustees for purposes related to treatment, payment, and health care operations, and the Board of Trustees has amended the Fund's Trust Agreement to permit this use and disclosure as required by federal law.
  - For example, the Fund may disclose information to the Board of Trustees to allow them to decide an appeal or review a reimbursement matter. For your information, the Fund attempts to keep all appeals or requests to change the terms of the Fund's plan anonymous.
- **When required by applicable law.** The Fund will disclose PHI when required to do so by any federal, state or local law.
- **Public health purposes.** The Fund will disclose PHI to an authorized public health authority if required by law or for public health and safety purposes. PHI may also be used or disclosed if you have been exposed to a communicable disease or are at risk of spreading a disease or condition, if authorized by law. In addition, PHI may be disclosed to an appropriate government agency authorized to receive reports of child abuse or neglect.
- **Domestic violence or abuse situations.** The Fund will disclose PHI when authorized by law to report to public authorities information about abuse, neglect or domestic violence if a reasonable belief exists that you may be a victim of abuse, neglect or domestic violence and the Fund believes the disclosure is necessary to prevent serious harm to you or other potential victims. In such case, the Fund will promptly inform you that such a disclosure has been or will be made unless that disclosure would cause a risk of serious harm.
- **Health oversight activities.** The Fund will disclose PHI to a health oversight agency for oversight activities authorized by law. These activities include civil, administrative or criminal investigations, inspections, licensure or disciplinary actions (for example, to investigate complaints against health care providers) and other activities necessary for appropriate

oversight of government benefit programs (for example, to the Departments of Labor or Health and Human Services).

- **Legal proceedings.** The Fund will disclose PHI when required for judicial (civil or criminal), legislative, or administrative proceedings, except as noted in C., below. For example, your PHI may be disclosed in response to a subpoena or discovery request that is accompanied by a court order, or if the Fund receives a National Medical Support Notice in connection with covering a child of yours.
- **Law enforcement health purposes.** The Fund will disclose PHI when required for law enforcement purposes (for example, to report certain types of wounds), except as noted in C., below.
- **Law enforcement emergency purposes.** The Fund will disclose PHI for certain law enforcement purposes, including:
  - identifying or locating a suspect, fugitive, material witness or missing person, and
  - disclosing information about an individual who is or is suspected to be a victim of a crime.
- **Determining cause of death and organ donation.** The Fund may give PHI to a coroner or medical examiner to identify a deceased person, determine a cause of death or other authorized duties. We may also disclose PHI for cadaveric organ, eye or tissue donation purposes.
- **Funeral purposes.** The Fund may give PHI to funeral directors as necessary to carry out their duties with respect to the deceased.
- **Research.** The Fund will disclose PHI for research, provided certain strict conditions are met.
- **Health or safety threats.** The Fund will disclose PHI when, consistent with applicable law and standards of ethical conduct, the Fund 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.
- **Workers' compensation programs.** The Fund will disclose PHI when authorized by and to the extent necessary to comply with workers' compensation or other similar programs established by law.

### C. When the Disclosure of Your PHI Requires 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 your authorization. You may make a written revocation of your authorization on a prospective basis at any time. Here are a few examples:

- **Disclosure to Other Benefit Funds.** On certain occasions, other benefit funds may need to receive information from this Fund. In those cases, we will request an authorization from you to release such information.
- **Psychotherapy notes, and Substance Use Disorder (SUD) records.** Psychotherapy notes are notes recorded by a mental health professional documenting or analyzing the contents of conversation during a private counseling session and are kept separate from the rest of your medical record. Psychotherapy notes do not include medication prescription and monitoring, counseling session start and stop times, modalities and frequencies of treatment, clinical test results, or summaries of diagnosis, functional status, treatment plan, symptoms, prognosis, or progress. The Fund does not routinely obtain psychotherapy notes. To the extent the Fund receives psychotherapy notes, the Fund must generally obtain your written authorization before using or disclosing such notes, even for treatment, payment, or health care operations, except as permitted by law, including for the Fund's use in defending itself in a legal action or other proceeding brought by you. Records relating to substance use disorder diagnosis, treatment, or referral for treatment that are protected by 42 C.F.R. Part 2 are subject to additional federal confidentiality requirements. The Fund must generally obtain your written authorization or a

court order that complies with Part 2 before using or disclosing such records, except as otherwise permitted by Part 2.

- **Marketing purposes.** The Fund will request authorization for any use or disclosure of PHI for marketing, except in situations involving a face to face communication or a promotional gift of nominal value. The Fund is not in the business of marketing PHI, and it does not expect to do so in the future.
- **Sale of PHI.** The Fund will request authorization for any disclosure of PHI which constitutes a sale of PHI. The Fund is not in the business of selling PHI, and it does not expect to do so in the future.
- **Disclosure in a judicial (civil or criminal), administrative, or legislative proceeding.** Except when required by a court order with accompanying appropriate documentation as noted in B., above, the Fund will request an authorization from you to release PHI in such a proceeding. Additionally, records protected by 42 C.F.R. Part 2 may not be used or disclosed in any civil, criminal, administrative, or legislative proceeding against you without your specific written consent or a court order that complies with Part 2.
  - For example, if the Fund receives any records related to treatment for substance use disorder, in the absence of an appropriate court order, the Fund will request an authorization that complies with 42 C.F.R. Part 2 from you before disclosing those records in the proceeding.

#### **D. Use or Disclosure of Your PHI That Requires You to Be Given an Opportunity to Agree or Disagree Before the Use or Release**

- Disclosure of your PHI to family members, other relatives and your close personal friends is allowed under federal law if:
  - The information is directly relevant to the family or friend's involvement with your care or payment for that care, and
  - You have either agreed to the disclosure or have been given an opportunity to object and have not objected.
- You should note that under certain circumstances described earlier, federal law allows the use and disclosure of your PHI without your consent, authorization or opportunity to object to such use or disclosure.
- There are also restrictions on PHI involving fundraising activities, but the Fund has never engaged in such activities. In the unlikely event the Fund engages in fundraising in the future, the Fund will not use or disclose records protected under 42 C.F.R. Part 2 for fundraising purposes without your specific written authorization. If the Fund engages in fundraising in the future, you will be provided with a clear opportunity to opt out of receiving such communications.

#### **E. Redisclosure of Your PHI**

- If you previously agreed to, authorized, or otherwise consented to the disclosure of your PHI to any recipient, that recipient may redisclose your PHI, and your PHI may no longer be protected by HIPAA. To be clear, once you have authorized the disclosure of your PHI to a recipient, you and the Fund will have very little control over how that PHI may be used or redisclosed by the recipient. You should be aware of the potential that PHI properly disclosed under HIPAA may be redisclosed by the initial recipient of the PHI and, therefore, no longer subject to HIPAA protection. You should always very carefully consider before agreeing to or authorizing the disclosure of your PHI. If your PHI includes records protected under 42 C.F.R. Part 2, federal law may prohibit the recipient from making further use or disclosure of those records unless such disclosure is expressly permitted by Part 2 or you provide additional written

consent. Unauthorized redisclosure of Part 2 records is prohibited and may subject the recipient to legal penalties.

### **Section 3: Your Individual Privacy Rights**

The following is a description of your individual privacy rights. It is important to note that while all requests should be directed to the Fund, the Fund contracts with numerous vendors, also called “business associates” who provide services to the Fund and benefits to you on the Fund’s behalf. Once the Fund is notified that you choose to invoke any of the individual rights listed below, it will respond or notify the appropriate vendor, as applicable, on your behalf. Because some of your PHI is maintained and used by these business associates to provide or process your benefits, the Fund requires that they administer certain aspects of the individual privacy rights.

Individuals will not be denied coverage, enrollment, treatment, or benefits, nor will they be subject to discrimination, retaliation, or reprisal, for exercising any rights related to substance use disorder records protected under 42 C.F.R. Part 2, including refusing to authorize the disclosure of such records.

**To exercise any of the following rights, you must contact the Privacy Official, whose contact information is located in Section 6, to receive the appropriate form which you must complete in full and submit to the Privacy Official.**

**A. You May Request Restrictions on PHI Uses and Disclosures**

You may request the Fund to:

- Restrict the uses and disclosures of your PHI to carry out treatment, payment or health care operations, or
- Restrict uses and disclosures to family members, relatives, friends or other persons identified by you who are involved in your care.

The Fund, however, is not required to agree to your request.

**B. You May Request Confidential Communications**

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. You will have to indicate the requested alternative means and/or locations on the form you request from and submit it to the Privacy Official.

**C. You May Inspect and Copy PHI**

You have a right to inspect and obtain a copy of your PHI contained in a “designated record set” (defined below), in hardcopy or electronic form, as long as the Fund maintains the PHI. However, you do not have a right to inspect or copy psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding; or PHI that is subject to law(s) that otherwise prohibits access to PHI. The Fund must provide the requested information 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 Fund is unable to comply with the deadline. You or your personal representative will be required to complete a form to request access to the PHI in your designated record set. A reasonable fee may be charged. Requests for access to PHI should be made to the Privacy Official, whose contact information is in Section 6.

Under limited circumstances, access may be denied. If access is denied, you or your personal representative will be provided with a written denial setting forth the basis for the denial, a

description of how you may exercise your review rights and a description of how you may complain to the Fund and HHS.

The term “designated record set” includes your medical records and billing records that are maintained by or for a covered health care provider. Records include enrollment, payment, billing, claims adjudication and case or medical management record systems maintained by or for a health plan or other information used in whole or in part by or for the covered entity to make decisions about you. Information used for quality control or peer review analyses and not used to make decisions about you is not included.

**D. You Have the Right to Amend Your PHI**

You have the right to request that the Fund amend your PHI or a record about you in a designated record set for as long as the PHI is maintained by the Fund in the designated record set subject to certain exceptions.

The Fund has 60 days after receiving your request to act on it. The Fund is allowed a single 30-day extension if the Fund is unable to comply with the 60-day deadline. If the Fund denies your request in whole or part, the Fund must provide you with a written denial that explains the basis for the decision. You or your personal representative may then submit a written statement disagreeing with the denial and have that statement included with any future disclosures of your PHI. You should make your request to amend PHI to the Privacy Official. See Section 6, below, for more information.

**E. You Have the Right to Receive an Accounting of the Fund’s PHI Disclosures**

At your request, the Fund will also provide you with an accounting of certain disclosures by the Fund of your PHI. We do not have to provide you with an accounting of disclosures related to treatment, payment, or health care operations, or disclosures made to you or authorized by you in writing.

The Fund has 60 days to provide the accounting. The Fund is allowed a single 30-day extension if the Fund gives you a written statement of the reasons for the delay and the date by which the accounting will be provided. Also, if you request more than one accounting within a 12-month period, the Fund may charge a reasonable, cost-based fee for each subsequent accounting. You should make your request for an accounting of the Fund’s disclosures of your PHI to the Privacy Official. See Section 6, below, for more information.

**F. Your 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 the Notice previously or agreed to receive the Notice electronically. Your request to receive a paper copy of the Notice must be made in writing to the Privacy Official, whose contact information is in Section 6.

**G. Your Personal Representative**

You may exercise your rights through a personal representative. Your personal representative will be required to produce evidence of authority to act on your behalf before the personal representative will be given access to your PHI or be allowed to take any action for you. Proof of such authority will be a completed, signed and approved Appointment of Personal Representative form which you may obtain from the Privacy Official.

The Fund retains the right to deny access to your PHI to a personal representative in the following situations, if the Fund has a reasonable belief that: (1) you have been or may be subjected to

domestic abuse, violence or neglect by such person or treating such person as your personal representative could endanger you, and (2) the Fund, in its exercise of professional judgment, decides that it is not in your best interest to treat the individual as your representative.

The Fund will recognize certain individuals as personal representatives without you having to complete an Appointment of Personal Representative form. For example, absent notice of any restrictions to the contrary, the Fund will automatically consider a spouse to be the personal representative of an individual covered by the Fund. In addition, the Fund will consider a parent, guardian or other person acting *in loco parentis* as the personal representative of an unemancipated minor unless applicable law requires otherwise. A spouse or a minor's parent may act on an individual's behalf, including requesting access to his or her PHI. Spouses and unemancipated minors may, however, request that the Fund restrict access of PHI to family members as described in Section 3, A of this Notice.

If you have any questions about the circumstance under which the Fund will automatically consider an individual to be your personal representative, contact the Privacy Official and ask for a copy of the Fund's Policy and Procedure for the Recognition of Personal Representatives.

#### **Section 4: The Fund's Duties**

##### **A. Maintaining Your Privacy; Providing You a Notice of its Privacy Practices**

The Fund is required by law to maintain the privacy of your PHI and to provide you and your eligible dependents with notice of its legal duties and privacy practices with respect to PHI. The Fund is now required to notify you of any incident that the law defines as a breach of your unsecured PHI, and you have a right to, and will receive, appropriate notifications in the event of any such breach.

The Fund is required to comply with the terms of this Notice. However, the Fund reserves the right to change its privacy practices and to apply the changes to any PHI received or maintained by the Fund prior to the effective date of this Notice. If a privacy practice is changed, a revised version of this Notice will be provided to you and to all other individuals required by law. Any revised Notice of Privacy Practices will be sent by U.S. Mail, and it will be distributed within 60 days of the effective date of any material change to: (1) the uses or disclosures of PHI, (2) your individual rights, (3) the duties of the Fund, or (4) other privacy practices stated in this Notice.

##### **B. Disclosing Only the Minimum Necessary Protected Health Information**

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

- Disclosures to or requests by a health care provider for treatment,
- Uses or disclosures made to you,
- Uses or disclosures made pursuant to your authorization,
- Disclosures made to the Secretary of HHS pursuant to its enforcement activities under HIPAA,
- Uses or disclosures required by law, and
- Uses or disclosures required for the Fund's compliance with the HIPAA privacy regulations.

This Notice does not apply to information that has been de-identified. De-identified information is information that:

- Does not identify you, and
- Cannot reasonably be expected to identify you.

In addition, the Fund may use or disclose “summary health information” to the Fund’s Board of Trustees for purposes of obtaining cost bids or modifying, amending or terminating the Fund’s group health plan. Summary information summarizes the claims history, claims expenses or type of claims experienced by individuals for whom the Fund’s Board of Trustees has provided health benefits under the Fund’s group health plan. Identifying information will be deleted from summary health information, in accordance with HIPAA.

### **Section 5: Your Right to File a Complaint with the Fund or the Office of Civil Rights**

If you believe that your privacy rights have been violated, you may file a written complaint with the Fund in care of the Privacy Official at the address listed in Section 6, immediately below. You may also file a complaint with the Office of Civil Rights for Connecticut's Region, which as of the date this Notice was prepared was:

Office for Civil Rights  
U.S. Department of Health and Human Services  
Government Center  
JFK Federal Building - Room 1875  
Boston, MA 02203  
PHONE: (800) 368-1019 or (800) 537-7697 (TDD)  
FAX: (202) 619-3818 / Email: [OCRComplaint@hhs.gov](mailto:OCRComplaint@hhs.gov)

The Fund will not retaliate against you for filing a complaint.

### **Section 6: If You Need More Information**

If you have any questions regarding this Notice or the subjects addressed in it, you may contact the Fund’s administrative and advocacy team (Labor First and/or UMR). Your inquiry will be reviewed and referred to the appropriate Fund representative, professional and/or provider for a response.

IUBAC LOCAL 1 CT HEALTH FUND  
c/o UMR, Inc.  
230 Lexington Green Circle, Suite 400  
Lexington, KY 40503

Labor First Telephone: (203) 542- 0839 (TTY 711) or toll free (888) 904-4928 (TTY 711)  
UMR Telephone: 1-888-999-7741  
UMR Email: [iubaclocal1fundadministrator@umr.com](mailto:iubaclocal1fundadministrator@umr.com)

### **Section 7: Conclusion**

As outlined in Section 1, PHI use and disclosure by the Fund is regulated by HIPAA, as amended by the Health Information Technology for Economic and Clinical Health (HITECH) Act of 2009. You may find these rules at Parts 160 and 164 of Title 45 of the *Code of Federal Regulations*. This Notice attempts to summarize those regulations and notify you of your rights. The regulations will prevail if there is any discrepancy between the information in this Notice and the regulations.