

Health Insurance Portability and Accountability Act of 1996 (HIPAA) 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 this notice carefully.

Effective Date

The effective date of this Notice is January 12, 2026.

This Notice is Required by Law

The UFCW and Participating Employers New England Health Plan ("Plan") is required by law to take reasonable steps to ensure the privacy of your personally identifiable health information and to inform you about:

- The Plan's uses and disclosures of Protected Health Information ("PHI");
- Your rights to privacy with respect to your PHI;
- The Plan's duties with respect to your PHI;
- Your right to submit a complaint with the Plan 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 Plan's privacy practices.

Your Protected Health Information

Protected Health Information ("PHI") Defined

The term "Protected Health Information" ("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 Plan in oral, written, or electronic form.

When the Plan May Disclose PHI Without Your Authorization

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

- **At your request.** If you request it, the Plan is required to give you access to certain PHI in order to allow you to inspect and/or copy it. You have additional rights explained below.
- **As required by HHS.** The Secretary of the United States Department of Health and Human Services may require the disclosure of your PHI to investigate or determine the Plan's compliance with the HIPAA Privacy Rule.
- **For treatment, payment or health care operations.** The Plan and its business associates will use PHI in order to carry out treatment, payment or health care operations.

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 orthodontist the name of your treating Dentist so that the orthodontist may ask for your dental x-rays from the treating Dentist.

Payment includes but is not limited to actions to make coverage determinations and payment (including billing, claims management, subrogation, Plan reimbursement, reviews for Medical Necessity and appropriateness of care and utilization review and precertifications). For example, the Plan may tell a physician whether you are eligible for coverage or what percentage of the claim may be paid by the Plan. If the Plan contracts with third parties to help with payment operations, such as a physician that reviews medical claims, the Plan will also disclose information to them. These third parties are known as "business associates."

Health care operations includes but is not limited to quality assessment and improvement, reviewing competence or qualifications of Health Care Providers, 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 about your claims to refer you to a disease management program, to project future benefit costs or audit the accuracy of its claims processing functions.

When the Use or Disclosure Requires Your Written Authorization

The Plan must generally obtain your written authorization before each of the following situations:

- Using or disclosing psychotherapy notes about you from a psychotherapist. Psychotherapy notes are separately filed notes about conversations with a mental health professional during a counseling session. They do not include

summary information about mental health treatment. The Plan is **not** likely to have access to or maintain these types of notes.

- Using or disclosing your PHI for marketing purposes (i.e., a communication that encourages you to purchase or use a product or service) if the Plan receives direct or indirect financial remuneration (or “payment”) from the entity whose product or service is being marketed.
- Receiving direct or indirect financial remuneration in exchange for receipt of your PHI.
- Disclosure to other benefit plans. For example, a related pension plan may request information from the Plan. In those cases, the Plan will request an authorization from you to release such information in order to continue processing your claim.

Use or Disclosure that Requires an Opportunity to Agree or Disagree Before Use or Release

Use or disclosure of your PHI to family members, other relatives and your close personal friends without your written consent or authorization 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. Under certain circumstances, described below, federal law allows the use and disclosure of your PHI without your consent, authorization or opportunity to object to such use or disclosure.

Use or Disclosure for Which Consent, Authorization or Opportunity to Object Is Not Required

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

- When required by applicable law.
- **Public health purposes.** When permitted for purposes of public health activities. This includes reporting product defects, permitting product recalls and conducting marketing surveillance. 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.

- **Domestic violence or abuse situations.** When authorized by law to report information about abuse, neglect or domestic violence to public authorities if a reasonable belief exists that you may be a victim of abuse, neglect or domestic violence. In such case(s), 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.
- **Health oversight activities.** To a public 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 investigate Medicare or Medicaid fraud).
- **Court proceedings.** When required for judicial or administrative proceedings. For example, your PHI may be disclosed in response to a subpoena or discovery request, provided: (1) the requesting party must give the Plan satisfactory assurances a good faith attempt has been made to provide you with written notice; (2) the notice provided sufficient information about the proceeding to permit you to raise an objection; and (3) no objections were raised or were resolved in favor of disclosure by the court or tribunal.
- **Law enforcement health purposes.** When required for law enforcement purposes (for example, to report certain types of wounds).
- **Law enforcement emergency purposes.** For certain law enforcement purposes, if the law enforcement official represents that the information is not intended to be used against the individual, the immediate law enforcement activity would be materially and adversely affected by waiting to obtain the individual's agreement and the Plan in its best judgment determines that the disclosure is in the best interest of the individual. Law enforcement activities include: (1) identifying or locating a suspect, fugitive, material witness or missing person; and (2) disclosing information about an individual who is or is suspected to be a victim of a crime, but only if that individual agrees to the disclosure or the covered entity is unable to obtain the individual's agreement because of emergency circumstances.
- **Determining cause of death and organ donation.** When required to give to a coroner or medical examiner to identify a deceased person, determine a cause of death or other authorized duties.

- **Funeral purposes.** The Plan may give PHI to funeral directors to carry out their duties with respect to the decedent.
- **Research.** For research, subject to certain conditions.
- **Health or safety threats.** When, consistent with applicable law and standards of ethical conduct, 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.
- **Workers' compensation programs.** When authorized by and to the extent necessary to comply with workers' compensation or other similar programs established by law.

Substance Use Disorder Treatment Records

Substance use disorder treatment records (SUD Records) received from a program covered by 42 CFR Part 2 (a "Part 2 Program"), or testimony relaying the content of such records, shall not be used or disclosed in civil, criminal, administrative, or legislative proceedings against the individual unless based on written consent, or a court order after notice and an opportunity to be heard is provided to the individual or the holder of the record, as provided under law. A court order authorizing use or disclosure must be accompanied by a subpoena or other legal requirement compelling disclosure before the requested SUD Record is used or disclosed.

If the Plan receives SUD Records about you from a Part 2 Program pursuant to a consent you provided to the Part 2 Program to use and disclose your SUD records for all future purposes of treatment, payment or health care operations, the Plan may use and disclose your SUD records for the purposes of treatment, payment or health care operations, as described above, consistent with such consent until the Plan receives notification that you have revoked such consent in writing. When disclosed to the Plan for treatment, payment, and health care operations activities, the Plan may further disclose those SUD records in accordance with HIPAA regulations, except for uses and disclosures for civil, criminal, administrative, and legislative proceedings against you.

Other Uses or Disclosures

The Plan will also disclose PHI to the Plan Sponsor, the Board of Trustees of the UFCW and Participating Employers New England Health Fund (the "Fund"), for purposes related to treatment, payment, and health care operations, and has amended the Trust Agreement to permit this use and disclosure as required by federal law. For example, the Plan may disclose PHI to the Board of Trustees to allow them to review and decide an appeal of a benefit claim.

Any other uses and disclosures will be made only if you provide the Plan with your written authorization, subject to your right to revoke your authorization.

Your Individual Privacy Rights

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

You must contact the Privacy Official to invoke any of your rights. The name and address of the Privacy Official is:

Barbara Fedument Privacy Official 290 Post Road West Westport, CT 06881 or P.O. Box 5160 Westport, CT 06880-9917
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Breach Notification

If a breach of your unsecured PHI occurs, the Plan will notify you.

You May Request Restrictions on PHI Uses and Disclosures

You may request the Plan 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 Plan, however, is not required to agree to your request.

You must contact the Privacy Official at the address shown above to receive an application to make a request to restrict the use or disclosure of PHI.

You May Request Confidential Communications

The Plan 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 or your personal representative will be required to complete a form to request alternative means and/or locations for communication of PHI. Make such requests to the Privacy Official at the address shown above.

You May Inspect and Copy PHI

You have a right to inspect and obtain a copy of your PHI (in hardcopy or electronic form) contained in a "designated record set," as long as the Plan maintains the PHI. A "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.

You may request your hardcopy or electronic PHI in a format that is convenient for you and the Plan will honor that request to the extent possible. You may also request a summary of your PHI.

The Plan must provide the requested information within 30 days. A single 30-day extension is allowed if the Plan is unable to comply with the deadline and if the Plan provides you with a notice of the reason for the delay and the expected date by which the requested information will be provided.

You or your personal representative will be required to complete a form to request access to the PHI in your designated record set. You may be charged a reasonable, cost-based fee for creating or copying the PHI or preparing a summary of your PHI. Requests for access to PHI should be made to the Privacy Official at the address shown above.

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 submit a complaint to the Plan and the Secretary of HHS.

You Have the Right to Amend Your PHI

You have the right to request that the Plan 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.

The Plan has 60 days after receiving your request to act on it. The Plan is allowed a single 30-day extension if the Plan is unable to comply with the 60-day deadline. If the Plan denied your request in whole or part, the Plan 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 at the address shown. You will be required to complete a form to request amendment of the PHI.

You Have the Right to Receive an Accounting of the Plan's PHI Disclosures

At your request, the Plan will also provide you with an accounting of certain disclosures by the Plan of your PHI during the six (6) years before the date of your request. The Plan is not required to provide you with an accounting of disclosures related to treatment, payment, or health care operations, disclosures made to you, or certain other disclosures.

The Plan has 60 days to provide the accounting. The Plan is allowed a single 30-day extension if the Plan gives you 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 may charge a reasonable, cost-based fee for each subsequent accounting.

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. You may obtain this form by calling the Fund Office.

The Plan retains discretion to deny access to your PHI to a 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.

The Plan will recognize certain individuals as personal representatives without you having to complete an Appointment of Personal Representative form. For example, in the absence of restrictions under the Plan's Right to Request Restrictions on the Use and Disclosure, the Plan will automatically consider a spouse to be the personal representative of an individual covered by the Plan. 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 parent may act on an individual's behalf, including requesting access to their PHI. Spouses and unemancipated minors may, however, request that the Plan restrict access of PHI to family members as described above in the section "You May Request Restrictions on PHI Uses and Disclosures."

You Have the Right to Receive a Paper Copy of This Notice upon Request

To obtain a paper copy of this Notice, contact the Fund Office. This right applies even if you have agreed to receive the Notice electronically.

The Plan's Duties

Maintaining Your Privacy

The Plan 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.

This Notice is effective January 12, 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 after the date of such change.

If material changes are made to this Notice, a revised version of this Notice will be posted on the Plan's website no later than the effective date of the revision and thereafter sent in the Plan's next annual mailing. Material changes are changes to: (1) the uses or disclosures of PHI; (2) your individual rights; (3) the duties of the Plan, or (4) other privacy practices stated in this Notice.

Disclosing Only the Minimum Necessary Protected Health Information

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:

- 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 the United States Department of Health and Human Services;
- Uses or disclosures required by law; and
- Uses or disclosures required for the Plan's compliance with legal requirements.

This Notice 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 may use or disclose “summary health information” to the Plan Sponsor for purposes of obtaining premium bids or modifying, amending or terminating the group health Plan. Summary information summarizes the claims history, claims expenses or type of claims experienced by individuals for whom a Plan Sponsor has provided health benefits under a group health Plan. Identifying information will be deleted from summary health information, in accordance with HIPAA.

Disclosures to the Plan Sponsor (Board of Trustees)

As described in the amended Trust Agreement, the Plan may share PHI with the Plan Sponsor (i.e., the Board of Trustees) for limited administrative purposes, such as making determinations on claims appeals, permitting quality assurance functions and auditing or monitoring the Plan. The Plan shares the minimum information necessary to accomplish these purposes.

In addition, the Plan may use or disclose “summary health information” to the Plan Sponsor for obtaining premium bids or modifying, amending, or terminating the group health Plan. Summary health information summarizes the claims history, claims expenses or type of claims experienced by individuals for whom a Plan Sponsor has provided health benefits under a group health plan.

Your Right to Submit a Complaint with the Plan or the HHS Secretary

If you believe that your privacy rights have been violated, you may submit a complaint with the Plan in care of the Privacy Official at the address shown above.

You may also submit a complaint with the Secretary of the U.S. Department of Health and Human Services. Filing instructions are available at:
www.hhs.gov/ocr/privacy/hipaa/complaints/index.html.

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

If You Need More Information

If you have any questions regarding this Notice, you may contact the Privacy Official at the address shown above.

Note: PHI use and disclosure by the Plan is regulated by the Health Insurance Portability and Accountability Act, known as HIPAA, and the Privacy Rule. You may find the Privacy Rule at 45 Code of Federal Regulations Parts 160 and 164. This Notice attempts to summarize the Privacy Rule. The Privacy Rule will supersede this Notice if there is any discrepancy between the information in this Notice and the Privacy Rule.