

Privacy Practices

February 16, 2026

Teamsters Health Services & Insurance Plan

Local 191

Local 404

Local 443

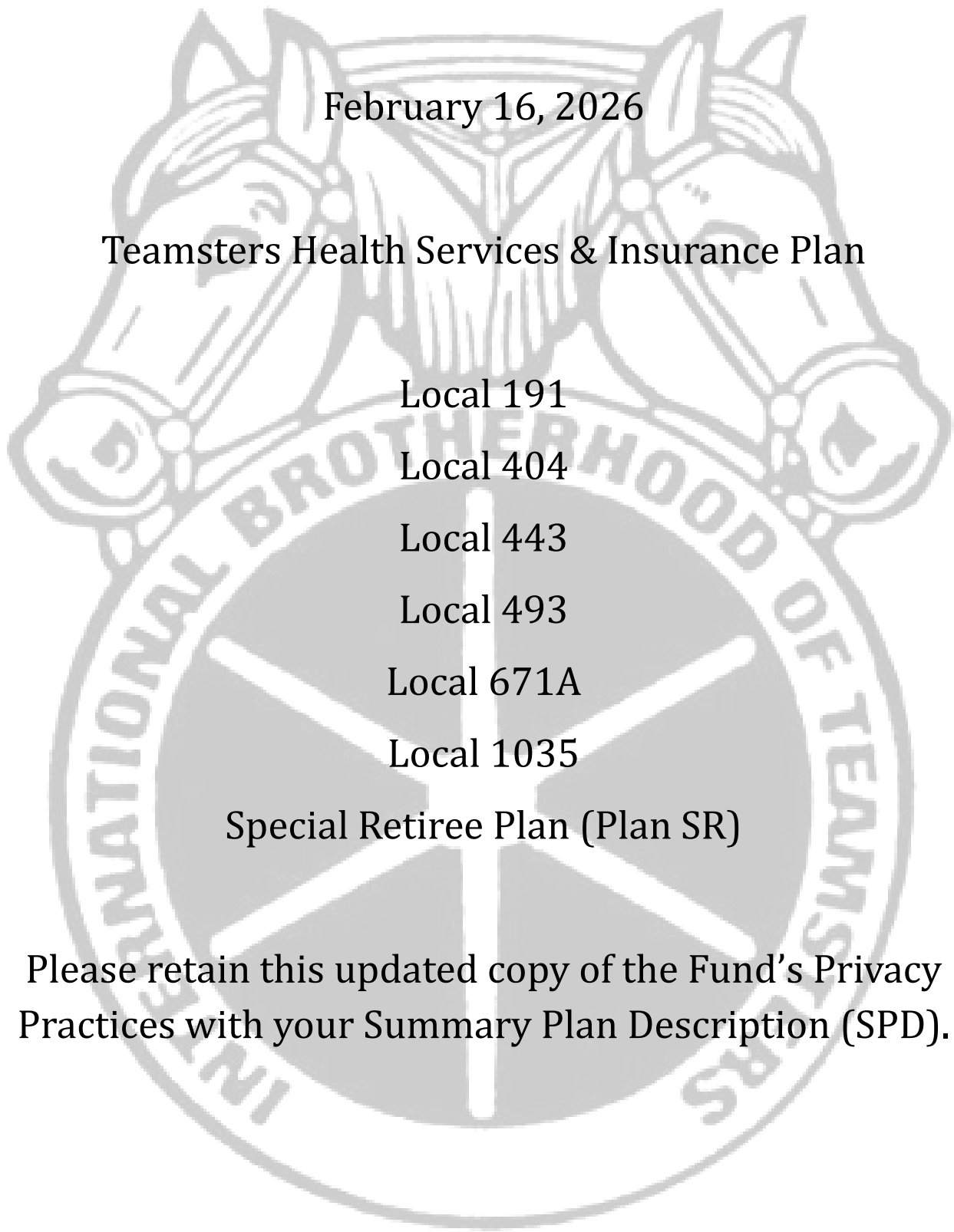
Local 493

Local 671A

Local 1035

Special Retiree Plan (Plan SR)

Please retain this updated copy of the Fund's Privacy Practices with your Summary Plan Description (SPD).



Tri-State Joint Fund Notice of Privacy Practices

This Notice describes how medical information about you may be used and disclosed, how you can get access to this information and your rights under the Health Insurance Portability and Accountability Act of 1996, as amended ("HIPAA"). Please review it carefully.

The Plan is required by law to take reasonable steps to ensure the privacy of your Protected Health Information ("PHI"), as defined in this Notice, and to inform you about:

1. The Plan's uses and disclosures of PHI;
2. Your privacy rights with respect to your PHI;
3. The Plan's duties with respect to your PHI;
4. Your right to file a complaint with the Plan and with the Secretary of U.S. Department of Health & Human Services ("HHS"); and
5. The person or office to contact for further information about the Plan's privacy practices.

The term "Protected Health Information" (PHI) includes all "Individually Identifiable Health Information" transmitted or maintained by the Plan, regardless of form (oral, written or electronic). The term "Individually Identifiable Health Information" means information that:

1. Is created or received by a Health Care Provider, health plan, employer or health care clearinghouse;
2. Relates to the past, present or future physical or mental health of an individual; the provision of health care to an individual; or the past, present or future payment for the provision of health care to an individual; and
3. Identifies the individual or reasonably could be used to identify the individual.

PHI Uses and Disclosures

Except as outlined below, uses and disclosures of your PHI will be made only with your written authorization, subject to your right to revoke such authorization. You may revoke an authorization at any time, provided your revocation is done in writing. You cannot revoke your authorization regarding actions already taken by the Plan in reliance upon the authorization, or if the authorization was obtained as a condition of obtaining insurance coverage.

Uses and Disclosures Without Your Consent or Notice

Required PHI Disclosures

The Plan must disclose your PHI without your consent or previous knowledge when required by law, provided that the use or disclosure complies with, and is limited to, the relevant requirements of such law.

1. The Plan must disclose your PHI when required by the federal government to determine the Plan's compliance with the Privacy Standards.
2. The Plan is required to release your PHI to you, with certain exceptions, upon your request.

Permitted Uses and Disclosures of Your PHI

The Plan is allowed to use and disclose your PHI without your consent or previous knowledge in order to facilitate your medical treatment, the payment of your medical treatment and health care operations necessary to run the Plan, but only to entities covered by the HIPAA privacy rules, or entities that agree to abide by the HIPAA privacy rules.

The following are the different ways the Plan may use and disclose your PHI:

For Treatment. The Plan may disclose your PHI to a Health Care Provider who renders treatment on your behalf. For example, if you are unable to provide your medical history as the result of an Accident, the Plan may advise an emergency room Physician about the types of prescription drugs you currently take.

For Payment. The Plan may use and disclose your PHI so claims for health care treatment, services, and supplies you receive from Health Care Providers may be paid according to the Plan's terms. For example, the Plan may receive and maintain information about Surgery you received to enable the Plan to process a Hospital's claim for reimbursement of surgical expenses incurred on your behalf.

For Health Care Operations. The Plan may use and disclose your PHI to enable it to operate or operate more efficiently or make certain all of the Plan's Participants receive their health benefits. For example, the Plan may use your PHI for case management or to perform population-based studies designed to reduce health care costs. In addition, the Plan may use or disclose your PHI to conduct compliance reviews, audits, actuarial studies or for fraud and abuse detection. The Plan may also combine health information about many Plan Participants and disclose it to an Employer or group of Employers in summary fashion so they can decide what coverage the Plan should provide. The Plan may remove information that identifies you from health information disclosed to the Employer so it may be used without the Employer learning who the specific Participants are.

To an Employer (or group of Employers). The Plan may disclose your PHI to designated personnel of your Employer so they can carry out their Plan-related administrative functions, including the uses and disclosures described in this Notice. However, these individuals must protect the privacy of your health information and ensure it is used only as described in this Notice or as permitted by law. Unless authorized by you in writing, your health information will not be used for any employment-related actions and decisions or in connection with any other employee benefit plan.

To a Business Associate. Certain services may be provided to the Plan by third party administrators known as "business associates." For example, the Plan may input information about your health care treatment into an electronic claims processing system maintained by the Plan's business associate so your claim may be paid. In so doing, the Plan will disclose

your PHI to its business associate so it can perform its claims payment function. However, the Plan will require its business associates, through contract, to appropriately safeguard your health information.

The Plan is also allowed to use and disclose your PHI for purposes of public health activities, including disclosures to:

1. An appropriate government authority authorized by law to receive reports of child abuse or neglect;
2. The U.S. Food and Drug Administration (FDA) regarding the quality, safety or effectiveness of an FDA-regulated product or activity; and
3. A person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition, if authorized by law.

In addition, the Plan may contact you to provide information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Uses and Disclosures That Require That You Be Given Notice Only

Disclosures to Governmental Agencies When the Plan Believes that You are the Victim of Abuse

The Plan may disclose your PHI to a government authority, including a social service or protective services agency, if the Plan reasonably believes you to be a victim of abuse, neglect, or Domestic Violence. In such case, the Plan will promptly inform you that such a disclosure has been or will be made unless (i) the Plan believes that informing you would place you at risk of serious harm, or (ii) the Plan would be informing your personal representative, and the Plan believes that your personal representative is responsible for the abuse, neglect or other Injury, and that informing such person would not be in your best interests.

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 generally may 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.

Disclosures to Governmental Agencies for Health Care Oversight

The Plan may disclose your PHI to a health oversight agency for oversight activities authorized by law. This includes civil, administrative or criminal investigations, inspections, licensure or disciplinary actions (for example, to investigate complaints against Providers), and other activities necessary for appropriate oversight of: (i) the health care system, (ii) government benefit programs for which health information is relevant to beneficiary eligibility, (iii) entities subject to government regulatory programs for which health information is needed to determine compliance with program standards, or (iv) entities subject to civil rights laws for which health information is needed to determine compliance.

Disclosures to Courts or Administrative Agencies

The Plan may disclose your PHI in the course of a judicial or administrative proceeding in response to an order of a court or administrative tribunal, provided that the Plan discloses only the PHI expressly authorized by such order, or in response to a subpoena, discovery request, or other lawful process, that is not accompanied by an order of a court or administrative tribunal if certain conditions are met. One of those conditions is that satisfactory assurances must be given to the Plan that the requesting party has made a good faith attempt to provide written Notice to you, and the Notice provided sufficient information about the proceeding to permit you to raise an objection, and the time to object has expired and either no objections were raised or any objections were resolved in favor of disclosure by the court or tribunal.

Disclosures to Law Enforcement Agencies for Law Enforcement Purposes

The Plan may disclose PHI as required by law, including laws that require the reporting of certain types of wounds. Also, the Plan may disclose PHI in compliance with (i) a court order, court-ordered warrant, or a subpoena or summons issued by a judicial officer, (ii) a grand jury subpoena, or (iii) an administrative request, including an administrative subpoena or summons, a civil or authorized investigative demand, provided certain conditions are satisfied. PHI may be disclosed for law enforcement purposes, including for the purpose of identifying or locating a suspect, fugitive, material witness or missing person.

Under certain circumstances, the Plan may disclose your PHI in response to a law enforcement official's request if you are, or are suspected to be, a victim of a crime. Further, the Plan may disclose your PHI if it believes in good faith that the PHI constitutes evidence of criminal conduct that occurred on the Plan's premises. The Plan may disclose PHI 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. Also, disclosure is permitted to funeral directors, consistent with applicable law, as necessary to carry out their duties with respect to the decedent.

Disclosures for Research Purposes

The Plan may use or disclose PHI for research, when consistent with applicable law and standards of ethical conduct. The Plan may use or disclose PHI if the Plan, in good faith, believes the use or disclosure: (i) is necessary to prevent or lessen a serious and imminent threat to health or safety of a person or the public and is to person(s) able to prevent or lessen the threat, including the target of the threat, or (ii) is needed for law enforcement authorities to identify or apprehend an individual, provided certain requirements are met.

Disclosures for Workers' Compensation Claims

The Plan may use or disclose PHI to the extent necessary to comply with Workers' Compensation or other similar programs established by law.

Uses and Disclosures That Require That You Be Given an Opportunity to Agree or Disagree Prior to the Disclosure

Disclosures to Others Involved in Your Care When You Are Present

The Plan may disclose your PHI to a family member, other relative, close personal friend of yours or any other person you identify, but only the PHI directly relevant to such person's involvement with your care or payment for your health care when you are present for, or otherwise available prior to, a disclosure and you are able to make health care decisions, if:

1. You agree (you may agree or disagree orally to such a disclosure);
2. You have the opportunity to object to the disclosure and fail to do so; or
3. The Plan infers from the circumstances based upon professional judgment that you do not object to the disclosure.

Disclosures to Others Involved in Your Care in an Emergency

In an Emergency or if you are incapacitated, the Plan may determine that disclosure is in your best interest, in its professional judgment, and disclose only your PHI that is directly relevant to the person's involvement with your health care even if you are not present, or you cannot agree or object to the disclosure because of your incapacity or the circumstances.

Uses and Disclosures That Require Your Written Authorization

Psychotherapy Notes

Your written authorization generally will be obtained before the Plan will use or disclose psychotherapy notes about you from your psychotherapist. Psychotherapy notes are separately filed notes about your conversations with your mental health professional during a counseling session.

Your Privacy Rights

You Have the Right to Request Restrictions on PHI Uses and Disclosures

You may request that the Plan restricts its uses and disclosures of your PHI to carry out treatment, payment or health care operations. You may also request restrictions of disclosures the Plan makes to someone involved in your care or for the payment for your care. However, the Plan is not required to agree to your requested restrictions. You or your personal representative will be required to request restrictions on uses and disclosures of your PHI in writing. Such requests should be addressed to the Plan's Privacy Officer, identified at the end of this Notice.

If the Plan agrees to a requested restriction, the Plan may not use or disclose PHI in violation of such restriction, except that, if you requested a restriction and later are in need of Emergency Treatment and the restricted PHI is needed to provide the Emergency Treatment, the Plan may use the restricted PHI, or it may disclose such information to a Health Care Provider, to provide such treatment to you. If restricted PHI is disclosed to a Health Care Provider for Emergency Treatment, the Plan must request that such Health Care Provider not further use or disclose the information.

If the Plan agrees to a restriction, it will document the restriction by maintaining a written or electronic record of the restriction. The record of the restriction will be retained for six (6) years from the date of its creation or the date when it last was in effect, whichever is later. A restriction agreed to by the Plan is not effective to prevent uses or disclosures when required by the Secretary of HHS to investigate or determine the Plan's compliance with the Privacy Standards or uses or disclosures that are otherwise required by law.

The Plan may terminate its agreement to a restriction, if:

1. You agree to or request the termination in writing;
2. You orally agree to the termination and the oral agreement is documented; or
3. The Plan informs you that it is terminating its agreement to a restriction, except that such termination is only effective with respect to PHI created or received after the Plan has informed you of the termination.

You Have the Right to Request Confidential Communications of PHI

You may request to receive communications of PHI from the Plan by alternative means or at alternative locations. For example, you can ask that the Plan send you explanation of benefit (EOB) forms about your benefit claims to a specific address.

You or your personal representative will be required to request confidential communications of your PHI in writing. Such requests should be addressed to the Plan's Privacy Officer, identified at the end of this Notice.

The Plan will accommodate all such reasonable requests. However, the Plan may condition the provision of a reasonable accommodation on:

1. Information as to how payment, if any, will be handled; and
2. Specification by you of an alternative address or other method of contact.

You Have the Right to Inspect and Copy Your PHI

You have the right to inspect and copy your PHI, including an accounting of disclosures of PHI made by the Plan. This includes information about your Plan eligibility, claims and appeal records, and billing records. 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 PHI in the designated record set.

"Designated Record Set" means a group of records maintained by or for a health plan that is enrollment, payment, claims adjudication and case or medical management record systems maintained by or for a health plan, or used in whole or in part by or for the health plan 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.

The Plan will act on a request for access no later than 30 days after receiving the request. However, if the request is for access to PHI that is not maintained or accessible to the Plan on-site, the Plan must act no later than 60 days from the receipt of such request.

The Plan must act as follows: if the Plan grants the request, in whole or in part, the Plan must inform you of the acceptance and provide the access requested. However, if the Plan denies the request, in whole or in part, the Plan must provide you with a written denial. If the Plan cannot take action within the required time, the Plan may extend the time for such action by no more than 30 days if the Plan, within the applicable time limit, provides you with a written statement of the reasons for the delay and the date by which it will complete its action on the request.

The Plan will provide you with access to the PHI in the form or format requested if it is readily producible in such form or format; or, if it is not, in a readable hard copy form or such other form or format as agreed to between you and the Plan. The Plan may provide you with a summary of the PHI requested, in lieu of providing access to the PHI or may provide an explanation of the PHI to which access has been provided in certain circumstances. The Plan will arrange with you for a convenient time and place to inspect or obtain a copy of the PHI or mail a copy of the PHI at your request. If you request a copy of PHI or agree to a summary or explanation of PHI, the Plan may impose a reasonable, cost-based fee.

If the Plan denies access to PHI in whole or in part, the Plan will, to the extent possible, give you access to any other PHI requested, after excluding PHI as to which the Plan has grounds to deny access. If access is denied, you or your personal representative will be provided with a written denial setting forth the basis for the denial, if applicable, a statement of your review rights, including a description of how you may exercise those review rights and a description of how you may complain to the Plan or to the Secretary of the HHS.

If you request review of a decision to deny access, the Plan will refer the request to a designated licensed health care professional for review. The reviewing official will determine, within a reasonable period of time, whether to deny the access requested. The Plan will promptly provide you with written Notice of that determination.

If the Plan does not maintain the PHI that is the subject of your request for access, and the Plan knows where the requested information is maintained, the Plan will inform you where to direct the request for access.

You or your personal representative will be required to request access to your PHI in writing. Such requests should be addressed to the Plan's Privacy Officer, identified at the end of this Notice.

You Have the Right to Amend Your PHI

If you believe that health information the Plan has about you is incorrect or incomplete, you can ask 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.

The Plan may deny your request for amendment if it determines that the PHI or record that is the subject of the request:

1. Was not created by the Plan, unless you provide a reasonable basis to believe that the originator of PHI is no longer available to act on the requested amendment;
2. Is not part of the designated record set;
3. Would not be available for your inspection under the Privacy Standards; or
4. Is accurate and complete.

The Plan has 60 days after the request is made to act on the request. A single 30-day extension is allowed if the Plan is unable to comply within that deadline provided that the Plan, within the original 60-day period, gives you a written statement of the reasons for the delay and the date by which it will complete its action on the request. If the Plan accepts the requested amendment, the Plan will make the appropriate steps by, at a minimum, identifying the records in the designated record set that are affected by the amendment and appending or otherwise providing a link to the location of the amendment. The Plan will timely inform you that the amendment is accepted and obtain your identification of, and agreement to, have the Plan notify the relevant people with which the amendment needs to be shared as provided in the Privacy Standards.

If the request is denied in whole or part, the Plan must provide you with a written denial that (i) explains the basis for the denial, (ii) sets forth your right to submit a written statement disagreeing with the denial and how to file such a statement, (iii) states that, if you do not submit a statement of disagreement, you may request that the Plan provide your request for amendment and the denial with any future disclosures of the PHI that is the subject of the amendment, and (iv) includes a description of how you may complain to the Plan or to the Secretary of HHS. The Plan may reasonably limit the length of a statement of disagreement.

Further, the Plan may prepare a written rebuttal to a statement of disagreement, which will be provided to you. The Plan must, as appropriate, identify the record or PHI in the designated record set that is the subject of the disputed amendment and append or otherwise link your request for an amendment, the Plan's denial of the request, your statement of disagreement, if any, and the Plan's rebuttal, if any, to the designated record set. If a statement of disagreement has been submitted, the Plan will include the above-referenced material, or, at the Plan's election, an accurate summary of such information, with any subsequent disclosure of the PHI to which the disagreement relates.

If you do not submit a written statement of disagreement, the Plan must include your request for amendment and its denial, or an accurate summary of such information with any subsequent disclosure of the PHI only if requested by you. You or your personal representative will be required to request amendment to your PHI in a designated record set in writing. Such requests should be addressed to the Plan's Privacy Officer, identified at the end of this Notice.

All requests for amendment of PHI must include a reason to support the requested amendment.

You Have the Right to Receive an Accounting of PHI Disclosures

At your request, the Plan will provide you with an accounting of disclosures by the Plan of your PHI during the six (6) years prior to the date on which the accounting is requested. However, such accounting need not include PHI disclosures made:

1. To carry out treatment, payment or health care operations;
2. To individuals about their own PHI;
3. Incident to a use or disclosure otherwise permitted or required by the Privacy Standards;
4. Pursuant to an authorization;
5. To certain people involved in your care or payment for your care;
6. To notify certain persons of your location, general condition or death;
7. As part of a "limited Data Set" (as defined in the Privacy Standards), which largely relates to research purposes; or
8. Prior to the compliance date of April 14, 2003.

You may request an accounting of disclosures for up to six (6) years prior to the date of the request. The accounting will include disclosures of PHI that occurred during the six (6) years (or such shorter period, if applicable) prior to the date of the request for an accounting, including disclosures to or by business associates of the Plan. Except as otherwise provided below, for each disclosure, the accounting will include:

1. The date of the disclosure;
2. The name of the entity or person who received the PHI and, if known, the address of such entity or person;
3. A brief description of the PHI disclosed; and
4. A brief statement of the purpose of the disclosure that reasonably informs you of the basis for the disclosure, or, in lieu of such statement, a copy of a written request for disclosure.

If during the period covered by the accounting, the Plan has made multiple disclosures of PHI to the same person or entity for a single purpose, the accounting may, with respect to such multiple disclosures, provide the above-referenced information for the first disclosure; the frequency, periodicity or number of the disclosures made during the accounting period; and the date of the last disclosure.

If during the period covered by the accounting, the Plan has made disclosures of PHI for a particular research purpose for 50 or more individuals, the accounting may, with respect to such disclosures for which your PHI may have been included, provide certain information as

permitted by the Privacy Standards. If the Plan provides an accounting for such research disclosures, and if it is reasonably likely that your PHI was disclosed for such research activity, the Plan shall, at your request, assist in contacting the entity that sponsored the research and the researcher.

If the accounting cannot be provided within 60 days after receipt of the request, an additional 30 days is allowed if the individual is given 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 twelve (12) month period, the Plan will charge a reasonable, cost-based fee for each subsequent accounting unless you withdraw or modify the request for a subsequent accounting to avoid or reduce the fee.

You or your personal representative will be required to request an accounting of your PHI disclosures in writing. Such requests should be addressed to the Plan's Privacy Officer, identified at the end of this Notice. Your request must state a time period, which is subject to the limitations described in the first paragraph of this section.

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

You have a right to obtain an additional paper copy of this Notice upon request. To request an additional paper copy of this Notice, contact the Plan's Privacy Officer, identified at the end of this Notice.

Substance Use Disorder Treatment Information

The confidentiality of your Protected Health Information (PHI) maintained by the Fund related to Substance Use Disorder (SUD) treatment is protected by Federal law and regulations. This information may be used and disclosed by the Fund amongst our vendors and staff as needed to provide care to you or to bill you for services. Generally, however, we may not say to a person outside the addiction medicine program that you are receiving SUD treatment or disclose any information identifying you as a person with substance use disorder except in the circumstances described below.

Instances where we may share SUD treatment information without your consent:

- The disclosure is made to medical personnel in a medical emergency;
- The disclosure is made to qualified service organizations providing services to you who agree in writing to protect the information in the same way that we are required to protect the information;
- The disclosure is made to law enforcement to report a crime you commit, or threaten to commit, in a treatment facility or against personnel;
- The disclosure is made to the Connecticut Department of Children and Families to report suspected child abuse and neglect as required by Connecticut state law or similar agency in another state as required by a similar state law;

- The disclosure is made to qualified personnel for research subject to ethics board approval and oversight.
- The disclosure is made to qualified personnel for audit or program evaluation who a) agree in writing to protect the information as required under our policies, b) represent federal, state, or local government agencies that are authorized by law to oversee treatment programs, or c) provide financial assistance to treatment programs or provide payment for health care such as the CT State Department of Mental Health and Addiction Services;
- The disclosure is allowed by a court order and that order includes a subpoena or other legal mandate requiring that we share your information. In particular, note that records, or testimony about your records, cannot be shared in any civil, administrative, criminal, or legislative proceedings against you unless there is specific written consent or a court order. If there is a court order, we must let you know and provide you will an opportunity to object.

In all other circumstances, we will ask for your consent to release your information outside of our program. Instances where we may share information with your consent:

- When you ask us in writing to share your information;
- When you consent to allow us to share information about you outside of our program for all future treatment, payment, and healthcare operations purposes. Organizations that would receive your information for these purposes are required by law or contract to protect your information as required by Federal law protecting SUD information or by HIPAA. Recipients that are required to protect your information as required by HIPAA may share your information only as allowed by HIPAA except that they may not re-disclosure information for civil, criminal, administrative, and legislative proceedings against you.

If you consent to our sharing your information, you can change your mind and ask us not to at any time by letting us know in writing. If you change your mind, we will stop any future sharing of your information but will be unable to stop any information that has already been released.

With respect to your SUD treatment information, you have a right to request restrictions of disclosures made with your prior consent for purposes of treatment, payment, and health care operations. The Fund will review your request but is not required to agree unless the request relates to sharing information with another insurance provider and your care has already been paid by another source. If we agree to your request, we may still share your information where needed for emergency care or where required by law. You also have a right to an accounting of disclosures of electronic records of your care by the Fund's SUD treatment program to people outside our program going back 3 years from the date of the request for disclosures. In addition, if you provided consent to share your information for treatment through a health information exchange, care management organization, or other intermediary, you have a right to a list of disclosures by an intermediary going back 3 years from the date of the request for disclosures. Finally, you have a right to obtain a paper or

electronic copy of the full HIPAA Privacy Notice upon request. You may also find this Notice at <https://www.trifund.com>.

Please review the information on the Privacy Notice regarding how to file a complaint concerning a violation of the privacy or security of your SUD treatment information, or of your rights concerning your SUD treatment information. You have a right to a copy of this Notice, in paper or electronic form, and to discuss it with our Privacy Officer whose contact information is listed below if you have any questions.

This Notice regarding SUD treatment information supplements the information in this Notice of Privacy Practices and describes additional protections for records related to SUD treatment information. The Fund is required to provide participants with this Notice of our legal duties and privacy practices with respect to SUD records and to notify affected participants following a breach of unsecured SUD records.

PLEASE NOTE: This Notice is applicable to SUD treatment information protected under 45 CFR Part 2 which is limited to these SUD treatment programs and does not apply to information related to care provided outside these programs such as substance abuse screening that is performed in emergency rooms or by your primary care provider.

A Note About Personal Representatives

You may exercise your rights through a personal representative. Your personal representative will be required to produce evidence of his/her authority to act on your behalf before that person will be given access to your PHI or allowed to take any action for you. Proof of such authority may include, but is not limited to, the following:

1. A Power of Attorney for health care purposes, notarized by a notary public;
2. A court order of appointment of the person as the conservator or guardian of the individual; or
3. An individual who is the parent of a minor Child under 18 years of age.

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. This also applies to personal representatives of minors under eighteen years of age.

The Plan's Duties

Notice

The Plan is required by law to maintain the privacy of PHI and to provide individuals (Participants and beneficiaries) with Notice of its legal duties and privacy practices with respect to PHI. This Notice is effective beginning on April 14, 2003, and the Plan is required to comply with its terms. However, the Plan reserves the right to change the terms of this

Notice and to make the new revised Notice provisions effective for all PHI that it maintains, including any PHI created, received or maintained by the Plan prior to the date of the revised Notice. If a privacy practice is changed, a revised version of this Notice will be provided to all individuals then covered by the Plan.

If agreed upon between the Plan and you, the Plan will provide you with a revised Notice electronically. Otherwise, the Plan will mail a paper copy of the revised Notice to your home address. In addition, the revised Notice will be maintained on any website maintained by the Plan to provide information about its benefits. Any revised version of this Notice will be distributed within 60 days of any material change to the uses or disclosures, the individual's rights, the duties of the Plan or other privacy practices stated in this Notice. Except when required by law, a material change to any term of this Notice may not be implemented prior to the effective date of the revised Notice in which such material change is reflected.

Minimum Necessary Standard

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:

1. Disclosures to, or requests by, a Health Care Provider for treatment;
 2. Disclosures made to you;
 3. Disclosures made to the Secretary of HHS;
 4. Uses or disclosures that are required by law;
 5. Uses or disclosures that are required for the Plan's compliance with the Privacy Standards;
- and
6. Uses or disclosures made pursuant to an authorization.

De-Identified Information

This Notice does not apply to information that has been de-identified. De-identified information is health information that does not identify an individual and with respect to which there is no reasonable basis to believe that the information can be used to identify an individual. It is not individually identifiable health information. In addition, the Plan may use or disclose "summary health information" to the Board of Trustees 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, and from which identifying information has been deleted in accordance with the Privacy Standards.

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

If you believe that your privacy rights have been violated, you may complain to the Plan. Any complaint must be in writing and addressed to the Plan's Privacy Officer, identified at the end of this Notice.

You also may file a complaint with the Secretary of the U.S. Department of Health and Human Services, by writing to him or her at the following address:

The Hubert H. Humphrey Building
200 Independence Avenue, S.W.,
Washington, D.C. 20201.

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

Contact the Privacy Officer for More Information

If you have any questions regarding this Notice or the subjects addressed in it, you may contact the Plan's Privacy Officer:

Erin Flavin
203-250-2608

Conclusion

PHI use and disclosure by the Plan is regulated by a federal law known as HIPAA. You may find these rules at 45 *Code of Federal Regulations* Parts 160 and 164. This Notice attempts to summarize the Privacy Standards. The Privacy Standards will supersede any discrepancy between the information in this Notice and the Privacy Standards.