

**CARPENTERS HEALTH AND WELFARE  
TRUST FUND FOR CALIFORNIA**

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**PRIVACY NOTICE**

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***Esta noticia es disponible en español si usted lo suplica. Por favor contacte el Funcionario de Privacidad (510-633-0333).***

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**



The Carpenters Health and Welfare Trust Fund for California (the “Fund”) is required by law to take reasonable steps to maintain the privacy of your Protected Health Information (“PHI”) and to provide you and your eligible dependents with this Notice of Privacy Practices. This Notice, originally effective under the Plan as of April 14, 2003, is amended and restated effective [February 16, 2026].

The Fund’s use and disclosure of PHI is regulated by a federal law called the Health Insurance Portability and Accountability Act, known as HIPAA. You may find these rules at 45 Code of Federal Regulations Parts 160 and 164. The regulations will supersede this Notice if there is any discrepancy between the information in this notice and the regulations.

In this Notice, the name “Carpenters Health and Welfare Trust Fund” and the terms “Plan,” “we,” “us,” and “our” refer to the group health plans maintained by the Fund which are subject to HIPAA. They do not include the Board of Trustees, the Plan Sponsor, which will be specified where appropriate.

**DUTIES OF CARPENTERS HEALTH AND WELFARE TRUST FUND**

We are required by law to maintain the privacy of your health information. We must provide you with this Notice of our legal duties and privacy practices with respect to your health information. We are also required to abide by the terms of this Notice, which may be amended from time to time.

We must require all Business Associates, and their subcontractors and agents, to enter into a Business Associate Agreement to agree to abide by the terms of this Notice and all applicable requirements of the HIPAA regulations. Business Associates acting on behalf of the plan or providing services to the plan include a third-party administrator, a pharmacy benefits manager and professionals such as attorneys, auditors and consultants.

We reserve the right to change the terms of this Notice at any time in the future and to make the new provisions effective for all health information that we maintain. We will promptly revise our Notice and distribute it to all Plan Participants whenever we make material changes to our privacy policies and procedures. Until then, we are required by law to comply with the current version of this Notice.

## Notice of Privacy Practices

### HOW CARPENTERS HEALTH AND WELFARE FUND MAY USE OR DISCLOSE YOUR HEALTH INFORMATION WITHOUT YOUR CONSENT OR AUTHORIZATION

We are permitted by law to use or disclose your “health information” to conduct activities necessary for “treatment,” “payment,” and “health care operations.” These are the main purposes for which we will use or disclose your health information. For each of these purposes we list below examples of these kinds of uses and disclosures. These are only examples and are not intended to be a complete list of all the ways we may use or disclose your health information.

1. **Treatment.** The plan may use your PHI for the provision, coordination, or management of health care and related services to you. For example, the Plan may disclose PHI to a physician who is treating you.
2. **Payment.** We may use or disclose health information about you for purposes within the definition of “payment.” These include, but are not limited to, the following purposes and examples:
  - **Obtaining contributions from you or your employer.** For example, we may send your employer a request for payment of contributions on your behalf, and we may send you information about premiums for COBRA continuation coverage.
  - **Determining and fulfilling the plan’s responsibility for benefits.** For example, we may review health care claims to determine if specific services that were provided by your physician are covered by the plan.
  - **Providing reimbursement for the treatment and services you received from health care providers.** For example, we may send your physician a payment with an explanation of how the amount of the payment was determined.
  - **Subrogating health claim benefits for which a third party is liable.** For example, we may exchange information about an accidental injury with your attorney who is pursuing reimbursement from another party.
  - **Coordinating benefits with other plans under which you have health coverage.** For example, we may disclose information about your plan benefits to another group health plan in which you participate.
  - **Obtaining payment under a contract of reinsurance.** For example, if the total amount of your claims exceeds a certain amount we may disclose information about your claims to our stop loss insurance carrier.
3. **Health Care Operations.** We may use and disclose health information about you for purposes within the definition of “health care operations.” These purposes include, but are not limited to:
  - **Conducting quality assessment and improvement activities.** For example, a supervisor or quality specialist may review health care claims to determine the accuracy of a processor’s work.
  - **Case management and care coordination.** For example, a case manager may contact home health agencies to determine their ability to provide the specific services you need.
  - **Contacting you regarding treatment alternatives or other benefits and services that may be of interest to you.** For example, a case manager may contact you to give you information about alternative treatments which are neither included nor excluded in the plan’s documentation of benefits but which may nevertheless be available in your situation.
  - **Contacting health care providers with information about treatment alternatives.** For example, a case manager may contact your physician to discuss moving you from an acute care facility to a more appropriate care setting.
  - **Employee training.** For example, training of new claims processors may include processing of claims for health benefits under close supervision.
  - **Accreditation, certification, licensing or credentialing activities.** For example, a company that provides professional services to the plan may disclose your health information to an auditor that is determining or verifying its compliance with standards for professional accreditation.

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- **Securing or placing a contract for reinsurance of risk relating to claims for health care.** For example, your demographic information (such as age and sex) may be disclosed to carriers of stop loss insurance to obtain premium quotes.
- **Conducting or arranging for legal and auditing services.** For example, your health information may be disclosed to an auditor who is auditing the accuracy of claim adjudications.
- **Management activities relating to compliance with privacy regulations.** For example, the Privacy Officer may use your health information while investigating a complaint regarding a reported or suspected violation of your privacy.
- **Resolution of internal grievances.** For example, your health information may be used in the process of settling a dispute about whether or not a violation of our privacy policies and procedures actually occurred.

**Note, the Plan is prohibited from using or disclosing protected health information that is genetic information of an individual for underwriting purposes.**

4. **Disclosures to Plan Sponsor (Board of Trustees).** In addition to the circumstances and examples described above, there are three types of health information about you that the Plan may disclose to the Board of Trustees. The disclosures described below are included within the definitions of “treatment,” “payment” or “health care operations.” The Plan document has been amended to incorporate these permitted uses and disclosure to the Board of Trustees:
- We may disclose to the Board of Trustees whether or not you have enrolled in, are participating in, or have disenrolled from this health plan.
  - We may provide the Board of Trustees with “summary health information,” which includes claims totals without any personal identification except your ZIP code, for these two purposes:
    - To obtain health insurance premium bids from other health plans, or
    - To consider modifying, amending or terminating the health plan.
  - We may disclose your health information to the Board of Trustees for purposes of administering benefits under the plan. These purposes may include, but are not limited to:
    - Reviewing and making determinations regarding an appeal of a denial or reduction of benefits.
    - Evaluating situations involving suspected or actual fraudulent claims.
    - Monitoring benefit claims that may or do involve stop loss insurance.

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5. **Other Uses and Disclosures for which your Authorization or Opportunity to Agree is Not Required.** The following categories describe other ways that Carpenters Health and Welfare Trust Fund for California may use and disclose your health information without your consent pursuant to 42 CFR § 164.512. Not every potential use or disclosure in each category will be listed, and those that are listed may never actually occur.

- **Required by Law.** We will disclose your health information when required to do so by federal, state or local law. For example, we may disclose your information to a representative of the U.S. Department of Health and Human Services who is conducting a privacy regulations compliance review.
- **Public Health.** As permitted by law, we may disclose your health information as described below:
  - **To an authorized public health authority**, for purposes of preventing or controlling disease, injury or disability.
  - **To a government entity** authorized to receive reports of child abuse or neglect, or domestic violence;
  - **To a person under the jurisdiction of the Food and Drug Administration**, for activities related to the quality, safety or effectiveness of FDA-regulated products.
- **Disclosures about victims of abuse, neglect or domestic violence.** 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, 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.
- **Health Oversight Activities.** We may disclose your health information to health agencies during the course of audits, investigations, inspections, licensure and other proceedings related to oversight of the health care system or compliance with civil rights laws. However, this permission to disclose your health information does not apply to any investigation of you which is directly related to your health care.
- **Judicial and Administrative Proceedings.** We may disclose your health information in the course of any administrative or judicial proceeding:
  - In response to an order of a court or administrative tribunal, or
  - In response to a subpoena, discovery request or other lawful process.

Specific circumstances may require us to make reasonable efforts to notify you about the request or to obtain a court order protecting your health information.

- **Law Enforcement.** We may disclose your health information to a law enforcement official for various purposes, such as identifying or locating a suspect, fugitive, material witness or missing person, or reporting certain types of wounds.
- **Coroners, Medical Examiners and Funeral Directors.** We may disclose your health information to coroners, medical examiners and funeral directors. For example, this may be necessary to identify a deceased person or determine the cause of death.
- **Organ and Tissue Donation.** We may disclose your health information to organizations involved in procuring, banking or transplanting organs and tissues, to facilitate such.
- **Avert a Serious Threat to Health or Safety.** A covered entity may, consistent with applicable law and standards of ethical conduct, use or disclose protected health information, if the covered entity, in good faith, reasonably 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 is to a person or persons reasonably able to prevent or lessen the threat, including the target of the threat; or is necessary for law enforcement authorities to identify or apprehend an individual.
- **Specialized Government Functions.** Such as military and veteran activities; national security and intelligence activities; protective services; medically suitable determinations; correctional and custodial institutions; governmental programs providing public benefits; and the National Instant Criminal Background Check System.
- **Workers' compensation programs.** The Plan may disclose PHI as authorized by and to the extent necessary to comply with laws relating to workers' compensation or other similar programs, established

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by law, that provide benefits for work-related injuries or illness without regard to fault.

**Note: Information that is disclosed by the health plan in accordance with the Privacy Rule is subject to redisclosure by the recipient and no longer protected by the Privacy Rule.**

### USE OR DISCLOSURE FOR WHICH YOUR AUTHORIZATION OR CONSENT IS REQUIRED

Except as otherwise indicated in this Notice, the following uses and disclosures will be made only with your written authorization:

- **Psychotherapy Notes:** The Plan does not routinely obtain psychotherapy notes. If it is necessary to use or disclose them, it must obtain your written authorization. However, the Plan may use and disclose such notes when needed by the Plan to defend itself against litigation filed by you. Psychotherapy notes are separately filed notes about your conversations with your mental health professional during a counseling session. They do not include summary information about your mental health treatment.
- **Marketing of PHI:** The Plan does not engage in the marketing of your PHI. In any event, before the Plan could market your PHI, it would have to obtain your authorization for any use or disclosure of PHI for marketing purposes and disclose whether remuneration will be received. Note face-to-face communications made by the Plan to you and promotional gifts of nominal value provided by the Plan are not considered as marketing.
- **Sale of PHI:** The Plan does not sell your PHI. In any event, before the Plan could sell your PHI, it would have to obtain your authorization. For this purpose, sale of PHI generally means a disclosure of PHI by the Plan where the Plan directly or indirectly receives remuneration from or on behalf of the recipient of the PHI in exchange for the PHI, but does not include a disclosure of PHI otherwise permitted by HIPAA.
- **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.

- **Fundraising:** The Plan will not use or disclose your PHI (including, but not limited to SUD Records) for any fundraising activities whether for the benefit of the Plan, or for or on behalf of others. In any event, before the Plan could use your PHI for fundraising, it would have to obtain your written authorization for such use or disclosure, and with respect to SUD Records, give you the opportunity to elect not to receive any fundraising communications.

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When the Plan obtains or receives a valid authorization for its use or disclosure of PHI, such use or disclosure will be consistent with such authorization. If you have authorized us to use or disclose your health information for a purpose that requires authorization, you may revoke your authorization in writing at any time. If you revoke your authorization, we will no longer be able to use or disclose health information about you for the reasons covered by your written authorization. However, we will be unable to take back any disclosures we have already made with your permission. Requests to revoke a prior authorization must be submitted in writing to the Privacy Officer at the address provided on the following page.

### **YOUR INDIVIDUAL PRIVACY RIGHTS**

**Right to Request Restrictions.** You have the right to request restrictions on certain uses and disclosures of your health information. We are not required to agree to restrictions that you request. If you would like to make a request for restrictions, you must submit your request in writing to the Privacy Officer at the address shown below. The Plan, however, is not required to agree to your request if the Plan Administrator or Privacy Officer determines it to be unreasonable.

**Right to Request Confidential Communications.** You have the right to ask us to communicate with you using an alternative means or at an alternative location. We must accommodate a reasonable request, if you clearly state that the disclosure of all or part of that information could endanger you. Requests for confidential communications must be submitted in writing to the Privacy Officer at the address shown below.

**Right to Inspect and Copy.** You have the right to inspect and copy health information about you that may be used to make decisions about your plan benefits. To inspect or copy such information, you must submit your request in writing to the Privacy Officer at the address shown below. If you request a copy of the information, we may charge you a reasonable fee to cover expenses associated with your request.

**Right to Request Amendment.** If you believe that we possess health information about you that is incorrect or incomplete, you have a right to ask us to change it. To request an amendment of health records, you must make your request in writing to the Privacy Officer at the address shown below. Your request must include a reason for the request. We are not required to change your health information. 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 your request is denied, we will provide you with information about our denial and how you or your personal representative can disagree with the denial.

**Right to Accounting of Disclosures.** You have the right to receive a list or “accounting” of disclosures of your health information made by us. However, we do not have to account for disclosures that were:

- made to you or were authorized by you, or
- for purposes of payment functions or health care operations.

Requests for an accounting of disclosures must be submitted in writing to the Privacy Officer at the address shown below. Your request should specify a time period within the last six years and may not include dates before April 14, 2003. We will provide one free list per twelve-month period, but we may charge you for additional lists.

**Right to Paper Copy.** You have a right to receive a paper copy of this Notice of Privacy Practices at any time. To obtain a paper copy of this Notice, send your written request to the Privacy Officer at the address shown below or you can download a copy at [carpenterfunds.com](http://carpenterfunds.com)

**Your Personal Representative.** You may exercise your rights to your PHI by designating a personal representative. Your personal representative will be required to produce evidence of the 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. Under this Plan, proof of such authority will include a completed, signed and approved form. You may

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obtain this form by contacting the Privacy Officer or his or her designee at their address listed on the first page of this Notice. 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, violence or neglect.

This Plan will recognize certain individuals as Personal Representatives **without** you having to complete a Personal Representative form. You may however request that the Plan **not** automatically honor the following individuals as your Personal Representative by completing a form to Revoke a Personal Representative available from the Privacy Officer or their designee.

- For example, the Plan will consider a spouse to be the personal representative of a Plan Participant and vice versa. The recognition of your spouse as your personal representative (and vice versa) is for the use and disclosure of PHI under this Plan and is not intended to expand such designation beyond what is necessary for this Plan to comply with HIPAA privacy regulations. You should also review the Plan's Policy and Procedure regarding Personal Representatives (available from the Privacy Officer) for a more complete description of the circumstances where the Plan will automatically consider an individual to be a personal representative.

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### **YOUR HEALTH INFORMATION PRIVACY RIGHTS**

If you would like to obtain a more detailed explanation of these rights, or if you would like to exercise one or more of these rights, contact:

HIPAA Privacy Officer  
Carpenters Health and Welfare Trust Fund for California  
P.O. Box 2280  
Oakland, CA 94614-2280

**Complaints.** If you believe that your privacy rights have been violated by Carpenters Health and Welfare Trust Fund for California, or by anyone acting on our behalf, you may file a complaint. Complaints must be submitted to us in writing to the Privacy Officer at the above address. You may also file a complaint with the Secretary of the Department of Health and Human Services at:

200 Independence Avenue, SW  
Washington, DC 20201

We will not retaliate against you in any way for filing a complaint.

**Questions.** If you have questions about any part of this Notice or if you want more information about the privacy practices at Carpenters Health and Welfare Fund, please contact the Privacy Officer at the above address.