

## **CONTRACTORS HEALTH TRUST NOTICE OF PRIVACY POLICY**

**THIS PRIVACY NOTICE IS PROVIDED PURSUANT TO THE FEDERAL MEDICAL PRIVACY REGULATIONS, 45 C.F.R. PARTS 160 AND 164. 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 Board of Trustees of the Contractors Health Trust (“CHT” or “Plan”) has adopted a Privacy Policy. This Notice describes CHT’s policies and practices with respect to disclosing protected health information (“PHI”) pertaining to Participants and Beneficiaries of CHT, collecting such information, and advising you with respect to your rights to PHI. PHI is information that identifies you and relates to your past, present, or future physical or mental health condition, health care services, or payment for health care. “You” and “your” mean all CHT Participants and Beneficiaries. “We” and “us” mean CHT. We are required to provide this Notice of Privacy Policy to you pursuant to the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”).

### **How We May Use and Disclose Your PHI**

Under the law, we may use or disclose your PHI under certain circumstances without your permission. The following categories describe the different ways that we may use and disclose your PHI. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

**For Treatment.** We may use or disclose your PHI to facilitate medical treatment or services by providers. We may disclose medical information about you to providers, including doctors, nurses, technicians, medical students, or other hospital personnel who are involved in taking care of you. For example, we might disclose diagnostic information to a medical provider for the purpose of determining the medical necessity of proposed treatment. We might also use and disclose your PHI to send you information about treatment alternatives or other health-related benefits and services that might be of interest to you.

**For Payment.** We may use or disclose your PHI to determine your eligibility for Plan benefits, to facilitate payment for the treatment and services you receive from health care providers, to determine benefit responsibility under the Plan, or to coordinate Plan coverage. For example, we may tell your health care provider about your medical history to determine whether a particular treatment is experimental, investigational, or medically necessary, or to determine whether the Plan will cover the treatment. We may also share your PHI with another entity to assist with the adjudication or subrogation of health claims or to another health plan to coordinate benefit payments.

**For Health Care Operations.** We may use and disclose your PHI for other Plan operations. These uses and disclosures are necessary to run the Plan. For example, we may use medical information in connection with conducting quality assessment and improvement activities; underwriting, premium rating, and other activities relating to Plan coverage; submitting claims for stop-loss (or

excess-loss) coverage; conducting or arranging for medical review, legal services, audit services, and fraud and abuse detection programs; business planning and development such as cost management; and business management and general Plan administrative activities.

**To Business Associates.** We may contract with individuals or entities known as Business Associates to perform various functions on our behalf or to provide certain types of services. Business Associates are not allowed to use your PHI for their own purposes and are contractually obligated to maintain strict confidentiality in accordance with our policy. We limit their use of your PHI to the performance of the service that they have been requested to provide. We require those companies to maintain physical, electronic, and procedural safeguards that comply with federal standards to guard your PHI. For example, we may disclose your PHI to a Business Associate to administer claims or provide support services, such as utilization management, pharmacy benefit management, or subrogation, but only after the Business Associate enters into a Business Associate Agreement with us.

**As Required by Law.** We will disclose your PHI when required to do so by federal, state or local law. For example, we may disclose your PHI when required by national security laws or public health disclosure laws.

**To Avert a Serious Threat to Health or Safety.** We may use and disclose your PHI when necessary to prevent a serious threat to your health and safety, or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat. For example, we may disclose your PHI in a proceeding regarding the licensure of a physician.

**To Plan Sponsors.** For the purpose of administering the Plan, we may disclose your PHI to the CHT Board of Trustees. However, those Trustees will only use or disclose that information as necessary to perform Plan administration functions or as otherwise required by HIPAA, unless you have authorized further disclosures.

### **Special Situations**

In addition to the above, the following categories describe other possible ways that we may use and disclose your PHI.

**Organ and Tissue Donation.** If you are an organ donor, we may release your PHI to organizations that handle organ procurement or organ, eye, or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

**Military.** If you are a member of the armed forces, we may release PHI as required by military command authorities. We may also release PHI about foreign military personnel to the appropriate foreign military authority.

**Workers' Compensation.** We may release your PHI for workers' compensation or similar programs, but only as authorized by, and to the extent necessary to comply with, laws relating

to workers' compensation and similar programs that provide benefits for work-related injuries or illness.

**Public Health Risks.** We may disclose your PHI for public health actions. These actions generally include the following:

- to prevent or control disease, injury, or disability;
- to report births and deaths;
- to report child abuse or neglect;
- to report reactions to medications or problems with products;
- to notify people of recalls of products they may be using;
- to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- to notify the appropriate government authority if we believe that a patient has been the victim of abuse, neglect, or domestic violence. We will only make this disclosure if you agree, or when required or authorized by law.

**Health Oversight Activities.** We may disclose your PHI to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

**Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose your PHI in response to a court or administrative order. We may also disclose your PHI in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested. However, any disclosures of Substance Use Disorder Records will be subject to the provisions noted below, under "Other Disclosures."

**Law Enforcement.** We may disclose your PHI if asked to do so by a law enforcement official:

- in response to a court order, subpoena, warrant, summons or similar process;
- to identify or locate a suspect, fugitive, material witness, or missing person;
- about the victim of a crime if, under certain limited circumstances, we are unable to obtain the victim's agreement;
- about a death that we believe may be the result of criminal conduct; and
- about criminal conduct.

**Coroners, Medical Examiners and Funeral Directors.** We may release PHI to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about patients to funeral directors as necessary to carry out their duties.

**National Security and Intelligence Activities.** We may release your PHI to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

**Inmates.** If you are an inmate of a correctional institution or are in the custody of a law enforcement official, we may disclose your PHI to the correctional institution or law enforcement official if necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

**Research.** We may disclose your PHI to researchers when (1) the individual identifiers have been removed; or (2) when an institutional review board or privacy board has reviewed the research proposal and established protocols to ensure the privacy of the requested information and approves the research.

### **Required Disclosures**

**Government Audits.** We are required to disclose your PHI to the Secretary of the United States Department of Health and Human Services when the Secretary is investigating or determining our compliance with the HIPAA privacy rule.

**Disclosures to You.** When you request, we are required to disclose to you the portion of your PHI that contains medical records, billing records, and any other records used to make decisions regarding your health care benefits. We are also required, when requested, to provide you with an accounting of most disclosures of your PHI if the disclosure was for reasons other than for payment, treatment, or health care operations, and if the PHI was not disclosed pursuant to your individual authorization.

### **Other Disclosures**

**Personal Representatives.** We will disclose your PHI to individuals authorized by you, or to an individual designated as your personal representative, attorney-in-fact, etc., so long as you provide us with a written notice/authorization and any supporting documents (i.e., power of attorney). Note: Under the HIPAA privacy rule, we do not have to disclose information to a personal representative if:

- we have a reasonable belief that (a) you have been or may be subjected to domestic violence, abuse or neglect by such person, or (b) treating such person as your personal representative could endanger you; and
- in the exercise of professional judgment, it is not in your best interest to treat the person as your personal representative.

**Spouses and Other Family Members.** With only limited exceptions, we will send all mail to the member. This includes mail relating to the member's spouse and other family members who are covered under the Plan and includes mail with information on the use of Plan benefits by the

member's spouse and other family members and information on the denial of any Plan benefits to the member's spouse and other family members. If a person covered under the Plan has requested Restrictions or Confidential Communications, and if we have agreed to the request, we will send mail as provided by the request for Restrictions or Confidential Communications.

**Authorizations.** Other uses or disclosures of your PHI not described above, including, but not limited to uses or disclosures for marketing purposes and the sale of PHI, as well as for most disclosures of psychotherapy notes, will only be made with your written authorization. You may revoke written authorization at any time, so long as the revocation is in writing. Once we receive your written revocation, it will only be effective for future uses and disclosures. It will not be effective for any information that may have been used or disclosed in reliance upon the written authorization and prior to receiving your written revocation.

**Substance Use Disorder ("SUD") Records and Treatment Information.** Records created by a program that provides diagnosis, treatment, or referral for treatment related to substance use disorders are subject to additional protections under 42 C.F.R. Part 2 ("Part 2"). SUD records are records regarding a patient's identity, diagnosis, prognosis, or treatment that are maintained in connection with a Part 2 program and that relate to SUD education, prevention, training, treatment, rehabilitation, or research. The Plan may receive SUD records subject to Part 2 from Part 2 programs. We generally may only use or disclose SUD records in accordance with the written consent you provided to the Part 2 program. If, however, SUD records were disclosed to us with your written consent for treatment, payment and health care operations, we may further disclose the records for these purposes without obtaining your additional written consent. We will not use or disclose SUD records in civil, criminal, administrative, or legislative proceedings against you unless based on your written consent or court order. We will only use or disclose SUD records based on a court order if: (i) a notice and an opportunity to be heard is provided to you or to the holder of the record, where required by Part 2; and (ii) the court order is accompanied by a subpoena or other similar legal requirement compelling the disclosure.

**Prohibited Disclosures.** The use or disclosure of genetic information PHI for underwriting purposes is prohibited. Underwriting purposes are broadly defined to include rules for eligibility, enrollment, cost sharing, computation of deductible or premium or contribution amounts and incentives for completing health risk assessments and/or participating in wellness programs, as well as activities related to the creation, renewal or replacement of health insurance or health benefits.

## **Your Rights**

**Request Restrictions.** You may request restrictions on certain uses and disclosures of PHI, although we are generally not required to agree to a requested restriction. You may request that we not disclose your PHI to a health plan for the purposes of carrying out payment or health care operations (not for the purposes of carrying out treatment), provided that you have paid the health care provider involved for the health care item or service to which the PHI pertains, in full (for example, if you go to the doctor's office and pay for the visit out of your own pocket). We must agree to this type of requested restriction.

**Confidential Communications.** You may receive confidential communications of PHI, provided you request in writing that PHI be provided confidentially by alternative means or at alternative locations, and that you specify how or where you wish to be contacted. For example, you can ask that we only contact you at home or by mail. Such requests must contain a statement that disclosure of all or part of the information to which the request pertains could endanger you, but you are not required to provide any other explanation for your request.

**Inspect and Copy.** You may inspect and copy your PHI, except for certain information such as psychotherapy notes, information compiled in reasonable anticipation of or for use in a civil, criminal, or administrative action or proceeding, and information whose disclosure is prohibited by law. You also have the right to inspect and copy your PHI contained in an electronic health record, and to request that a copy of that electronic health record be forwarded to an entity or individual. If you request a copy of the information, we may charge a reasonable fee for the costs of copying, mailing, or other supplies associated with your request. We will only charge a reasonable fee for the labor associated with providing you or a specified entity or individual with a copy of your electronic health record.

**Amend.** You may amend your PHI, provided you make such request in writing and provide a reason to support a requested amendment. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- is not part of the medical information kept by or for the Plan;
- was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- is not part of the information that you would be permitted to inspect and copy; or
- is already accurate and complete.

If we deny your request, you have the right to file a statement of disagreement with us and any future disclosures of the disputed information will include your statement.

**Accounting of Disclosures.** You may receive an accounting of disclosures of PHI made in the six years prior to the date on which the accounting is requested, except for disclosures to carry out treatment, payment, and health care operations, and for disclosures that were made to you, and certain other exceptions as provided by the Privacy Regulations. The first list you request within a 12-month period will be provided free of charge. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

**Notification of Breach.** We are required to maintain the privacy of your PHI. In the event of a breach of unsecured PHI, we will notify you of the breach.

**Fundraising Opportunities.** If we use or disclose PHI for fundraising purposes, you may opt-out of fundraising communications and other related communications.

**Paper Copy of Notice.** You may receive a paper copy of this Notice upon request, even if you have agreed to receive notices electronically.

### **Additional Information**

We are required by law to maintain the privacy of PHI, provide individuals with notice of our legal duties and privacy practices with respect to PHI, and to abide by the terms of the Notice currently in effect. CHT reserves the right to change the terms of this Notice and will provide the revised Notice as required.

If you believe your privacy rights have been violated and wish to file a complaint, we will not retaliate against you. You may submit a written complaint to the U.S. Department of Health and Human Services Office for Civil Rights (HHS) or to CHT. For further information about matters covered by this Notice, contact CHT.

#### HHS

Centralized Case Management Operations  
U.S. Department of Health and Human Service  
200 Independence Ave SW  
Room 509F, HHH Bldg.  
Washington, DC 20201  
1-877-696-6775  
[www.hhs.gov/ocr/privacy/hipaa/complaints](http://www.hhs.gov/ocr/privacy/hipaa/complaints)

#### CHT

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CHT Privacy Official  
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This Notice is effective as of February 16, 2026.