



Teamsters Local 237 Welfare Fund  
Teamsters Local 237 Retirees' Benefit Fund

# Privacy Notice

**March 2026**

## HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996 (HIPAA)

The Health Insurance Portability and Accountability Act (“HIPAA”) is a federal law that requires the **Teamsters Local 237 Welfare Fund** and the **Teamsters Local 237 Retirees’ Benefit Fund** (each referred to as the “Fund”) to protect the confidentiality of your private health information. The Privacy Notice set forth herein, describes the Funds’ obligations and your rights under HIPAA.

### PRIVACY NOTICE

THIS PRIVACY 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.

HIPAA determines how the Fund may use and disclose your protected health information. This Notice of Privacy Practices, or Notice, describes your rights to access and control your protected health information that relates to you and/or your beneficiaries. A copy of this notice can also be found at [www.local237.org](http://www.local237.org) or obtained by contacting the Fund office at **212-924-7220**

Protected health information, or PHI, is health information that is maintained or transmitted by the Fund, and any third party that assists in the Fund’s administration, which may identify you and relate to your past, present, or future physical or mental health or condition and related health care services. The Fund may maintain PHI in oral, written or electronic form, and may use and disclose your PHI for:

- Treatment;
- Payment;
- Administrative operations; and
- Other purposes that the law permits or requires.

The Fund is required by law to protect the privacy of your PHI and to provide you with a copy of this Notice, which describes the Fund’s PHI privacy practices. The Fund is also required by law to follow the terms of the Notice. Please note, the Fund reserves the right to change their PHI privacy practices. If the Fund does make a material change to their PHI practices, they will notify you of the updated Notice within 60 days of the material change’s effective date in accordance with applicable law. Any new Notice may affect all PHI that the Fund maintain about you, including PHI created or maintained in the past.

### **Uses and Disclosure of Health Information**

Sections I and II contain the circumstances under which the Fund may use and disclose PHI.

## SECTION I: USES AND DISCLOSURES OF PHI FOR TREATMENT, PAYMENT OR ADMINISTRATIVE OPERATIONS

The Fund's disclosure of PHI generally requires your written authorization. However, the law allows the Fund to disclose your PHI without your authorization or giving you notice of the disclosure in the following cases:

- **At Your Request:** If you request it, the Fund is required to give you access to certain of your PHI in order to allow you to inspect and/or copy it. Your right to this information is detailed later in this Privacy Notice.
- **For Treatment, Payment or Health Care Operations:** The Fund and its Business Associates may use PHI in order to carry out treatment, payment or health care operations.
  - **For Treatment** - When and as appropriate, we may use or disclose medical information about you to facilitate medical treatment or services by health care 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, if a dental specialist needs treatment information from your primary dentist, the Fund can provide that information.
  - **For Payment** - When and as appropriate, we may use and disclose medical information about you to determine your eligibility for the Fund's benefits, to facilitate payment for the treatment and services you receive from health care providers, to determine benefit responsibility and coverage under the Fund, or to coordinate your coverage. For example, we may disclose information about your medical history to a physician to determine whether a particular treatment is experimental, investigational, or medically necessary, or to decide if the Fund will cover the treatment. Additionally, we may share medical information with another entity to coordinate benefit payments.
  - **For Health Care Operations** - The Fund may use and disclose PHI about you for the Fund's operation or administration, including legal, accounting, and underwriting purposes. For example, the Fund may need to use PHI for legal and accounting purposes related to the Fund's operation or administration. For example, we may use your information to review the effectiveness of wellness programs or in negotiating new arrangements with our current or Business Associates. We will not use or disclose your genetic information for underwriting purposes or to determine your eligibility to participate in the Fund.
  - **Disclosure to the Fund's Trustees** -The Fund may also disclose PHI to the Board of Trustees of the Fund for purposes related to treatment, payment, and health care operations. The Board of Trustees has amended the Benefits Booklet to permit this use and disclosure as required by federal law. For example, the Fund's Trustees are permitted to have access to PHI information for purposes of reviewing claims appeals.

## SECTION II: OTHER PERMITTED USES AND DISCLOSURES

The Fund may disclose PHI about you without your permission in the following situations:

- **Involvement in Individual's Care** - The Fund may disclose PHI about you to a family member, close personal friend or other person identified by you if that information is directly relevant to that person's involvement in your health care or payment for that care. Please note, the Fund will only provide PHI to such a person IF you complete file the Fund's appropriate form authorizing such disclosures. Once you complete and file the appropriate form, the Fund will provide PHI to the

person you identified until you inform the Fund's Office in writing (contact information below) that you object to the continued release of such information.

In an emergency or if you become incapacitated, the Fund may also disclose your PHI to other family members, relatives or close friends under certain circumstances as permitted by the Fund's procedures and applicable law, unless you have previously notified the Fund's Contact Officer in writing that you do not want your information shared under those circumstances.

The Fund will provide information to your spouse unless you indicate otherwise by properly completing and filing the appropriate form with the Fund office. If you want the Fund to routinely disclose your PHI to persons other than your spouse then you must properly complete an authorization form designating that person as an authorized person to receive your PHI and provide it to the Fund's Office. Authorization forms are available from the Fund's office.

- **Public Health Activities** - The Fund may disclose PHI to authorized public health officials so they may carry out their public health activities. For example, the Fund may disclose your health information to authorized public health officials to government officials who are responsible for controlling disease, injury, or disability.
- **Emergencies or Public Need** – The Fund may use or disclose your health information in an emergency or in response to important public needs. For example, a Fund may share your information with public health officials authorized to investigate and control the spread of diseases. The Fund may also share information about you as necessary to prevent or lessen a serious or an imminent threat to the health or safety of a person or the public. In such cases, the Fund will share your information only with someone able to help mitigate the threat.
- **Health Oversight Activities** - The Fund must disclose PHI about you to a health oversight agency for oversight activities, such as investigations, inspections, licensure or disciplinary actions (for example to investigate complaints against health care providers).
- **Legal Disputes** - The Fund may disclose your health information if the Fund is ordered to do so by a court that is handling a lawsuit or other dispute. The Fund may also disclose your information in response to a subpoena, discovery request, or other lawful request by someone else involved in the dispute. In the case of subpoenas and discovery requests that are not court ordered, the Fund will disclose your PHI only if certain conditions are met and as permitted by applicable law.
- **Law Enforcement** - The Fund may disclose PHI to law enforcement for purposes such as reporting a crime.
- **Prevention of Serious Harm** - The Fund may use or disclose PHI about you if the Fund believes it is necessary to prevent or lessen serious harm (abuse, neglect, or domestic violence) to you or to other potential victims.
- **Specialized Government Functions** - The Fund may use or disclose PHI about you for certain government functions.
- **Workers' Compensation** - The Fund may disclose PHI about you in order to comply with Workers' Compensation Laws.
- **Related Benefits and Services** - The Fund may contact you to inform you of benefits or services related to the Fund that may be of interest to you.
- **Decedents** - The Fund may disclose PHI to a coroner, medical examiner, or funeral director to permit them to carry out their legal duties, such as determining a cause of death.

- **Donation/Transplantation** - The Fund may use or disclose PHI for the purpose of facilitating organ, eye, or tissue donation and transplantation.
- **Business Associates** - The Fund may disclose PHI to business associates. This could include third-party administrators, accountants, or attorneys if those business associates have signed a letter of agreement concerning appropriate uses and disclosures of PHI.
- **Disclosures Required by Law** - The Fund will use and disclose PHI about you when it is required to do so by federal, state, or local law.
- Please note that, under certain circumstances, PHI may be subject to redisclosure by recipients and no longer protected by HIPAA.

### **SECTION III: SUBSTANCE USE DISORDER RECORDS**

The Fund may under some circumstances deal with PHI constituting substance use disorder (“SUD”) records. Such records are covered by other applicable law (42 C.F.R. Part 2) that is more stringent than the HIPAA Privacy Rule.

For this reason, the Fund and its Business Associates may generally disclose and redisclose the records in accordance with the HIPAA Privacy Rule. However, certain exceptions apply:

- The Fund and its Business Associates **may not** disclose or use SUD records and testimony in civil, criminal, administrative, and legislative proceedings against patients, absent (1) specific patient consent for this purpose; or (2) a court order.
- The Fund and its Business Associates **may not** disclose or use SUD records for treatment, payment, and health care operations without written patient consent.
- The Fund and its Business Associates **may not** disclose or use SUD counseling notes for any reason without written patient consent for that specific purpose.

Each disclosure made with patient consent must include a copy of the consent or a clear explanation of the scope of the consent. Moreover, any redisclosure of SUD records must include a “Notice to Accompany Disclosure” which prohibits further redisclosure, and if records are disclosed to a recipient that is not a HIPAA covered entity or Business Associate, they may only be redisclosed for purposes outlined in the original patient consent.

### **Uses And Disclosures of PHI Made Only With Your Written Authorization**

Other uses and disclosure of PHI (e.g., psychotherapy notes) about you will be made only with your written authorization. The Funds do not use your PHI for marketing purposes or sell your PHI.

### **Prohibited Uses And Disclosures of PHI; Uses And Disclosures Requiring Attestation**

Subject to applicable law, we are prohibited from using or disclosing PHI in connection with a criminal, civil, or administrative investigation into any person for the mere act of seeking, obtaining, providing, or facilitating reproductive health care.

Also subject to applicable law, we may not use or disclose protected health information potentially related to reproductive health care for purposes related to healthcare oversight, judicial and administrative proceedings, law enforcement activities, or coroner or medical examinations without obtaining a valid attestation from the person requesting the use or disclosure.

## **Your Rights**

**Inspection and Copying** - You have the right to inspect and obtain a copy of your PHI contained in a “designated record set” (as described below), for so long as the Fund maintains the PHI.

The Fund must provide the requested information within 30 calendar days. If the Fund is unable to provide the requested information within 30 calendar days, the Fund is allowed a one-time extension of an additional 30 calendar days. If the Fund needs such an extension, it will inform you in writing of the reasons why the extension is necessary and when you can expect the requested information. The Fund will provide you with this written explanation within 30 calendar days of your initial request.

If the Fund denies access, 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 rights, and a description of how you may complain to the Fund and the U.S. Department of Health and Human Services.

**Requesting Restrictions** - You have the right to request restrictions on the Fund's use or disclosure of about your treatment, payment, or health care operations. You can also submit a request to restrict use and disclosure of PHI to spouses, family members, relatives, friends or other persons identified by you who are involved in your care or payment of your bills.

The Fund is not required to agree to your request. However, if the Fund agrees to your request, the Fund is bound by the agreement except when otherwise required by law or for emergency treatment. Your request must clearly and concisely describe:

- The information you wish restricted;
- Whether you are requesting to limit the Fund's use, disclosure or both; and
- To whom you want the limits to apply.

These restrictions of access to your PHI must be requested on the appropriate Fund form. The Fund will comply with any restriction request if: (1) except as otherwise required by law, the disclosure is to the Fund for purposes of carrying out payment or health care operations (and is not for purposes of carrying out treatment); and (2) the protected health information pertains solely to a health care item or service for which you paid the health care provider involved out of your own pocket and in full.

**Designated Record Set** - Includes your medical or billing records that are maintained by the Fund. Records include enrollment, payment, billing, claims adjudication and case or medical management record systems maintained by the Fund or other information used in whole or in part by the Fund 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.

**Amendment** - You have the right to request an amendment to your PHI records that you believe are inaccurate or incomplete. The request will be considered as long as the information is maintained by the Fund. A request for an amendment of records must be made in writing and mailed to the Fund Office. The Fund may deny the request if you do not state why you believe your records to be inaccurate or incomplete. The request also may be denied if your PHI records were not created by the Fund, if the health information you are requesting to amend is not part of the Fund's records, if the health information you wish to amend includes information you are not permitted to change, or if the Fund determines the

records containing your PHI are accurate and complete. To apply for an amendment of your PHI you must do so using an appropriate Fund form that can be obtained from Fund Office.

**Alternative Contact Information** - You have the right to receive communications of PHI about you from the Fund in a certain manner or at a certain location. The request must be reasonable. For example, you may prefer that the Fund's mailings to you be sent to your work address rather than to your home. Submit requests for an alternative method of contact in writing to the Fund Office. Such a request must be made on an appropriate Fund form.

**Notice in Writing** - You have the right to receive a paper copy of this Privacy Notice upon request to the Fund Office in writing.

**Your Personal Representative** - You may exercise your rights through a personal representative. Except as provided below in connection with parents of unemancipated minor children, 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. The Fund 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 Fund will recognize certain individuals as personal representatives without completion of an Appointment of Personal Representative form. For example, the Fund will consider a parent or guardian as the personal representative of an unemancipated minor unless applicable state law requires otherwise. Unemancipated minors may, however, request that the Fund restrict information that goes to family members. Other documentation that may substitute for this form would include other official legal documentation that demonstrates that under relevant state law the representative is authorized to make health care decisions for you (e.g., appointment as a legal guardian, or a health care power of attorney).

**Accounting** - You have a right to request an "accounting of disclosures," which is a list detailing how the Fund has shared your PHI with others during a relevant accounting period (six years before the date of that request for nonelectronic PHI, three years before the date of that request for electronic PHI to carry out treatment, payment, and health care operations). An accounting list, however, will not include

- Disclosures the Fund made to you;
- Disclosures the Fund made in order to provide you with benefits or conduct the Fund's normal business operations (i.e., Fund administration), including those disclosures made to business associates of the Fund, except for disclosures through electronic health records;
- Disclosures to the Trustees for purposes related to administration of the Fund, except for disclosures through electronic health records;
- Disclosures made to your friends and family involved in your care or payment for your care;
- Disclosures of information that only indirectly identifies you (for example, through dates but not by name); or
- Disclosures not made during the relevant accounting period.

The request must be in writing to the Fund Office. Your request must state a time period within the past six years for the disclosures you want the Fund to include (but three years for electronic health records to carry out treatment, payment, and health care operations). You have a right to one accounting list within every 12-month period for free. However, the Fund may charge you for the cost of providing any additional lists in that same 12-month period. The Fund will always notify you of any cost involved so that you may choose to withdraw or modify your request before any costs are incurred.

## **The Fund's Duties**

**Maintaining Your Privacy** - The Fund is required by law to maintain the privacy of your PHI and to provide you and your eligible dependents with notice of its legal duties and privacy practices.

**Minimum Necessary Standard** - When using or disclosing your PHI or when requesting it from another entity, the Fund will make reasonable efforts not to use, disclose or request more than the minimum amount of PHI necessary to accomplish the intended purpose of the use, disclosure or request, taking into consideration practical and technological limitations. However, the minimum necessary standard will not apply in the following situations:

- Disclosures to or requests by a health care provider for your treatment;
- Uses or disclosures made to you;
- Disclosures made to the Secretary of the U.S. Department of Health and Human Services
- Uses or disclosures that are required by law; and
- Uses or disclosures that are required for the Fund's compliance with legal regulations.

**Right to Receive Notification of a Breach** - You have the right to be notified of a breach of your unsecured PHI. If such a breach occurs, the Fund will notify you within the time and manner HIPAA required.

## **Your Right To File A Complaint With The Fund Or The HHS Secretary**

**Complaints** - If you believe your privacy rights have been violated, you may file a complaint with the Fund or with the U.S. Secretary of Health and Human Services. All complaints must be submitted in writing. The Fund will not penalize or retaliate against you for filing such a complaint.

In order to exercise any of your rights as set forth in this Notice of Privacy Practices, to obtain forms, or if you have any questions, please write to:

HIPAA Contact Officer  
Teamsters Local 237 Welfare Fund  
216 W 14<sup>th</sup> St  
New York, NY 10011

Or

HIPAA Contact Officer  
Teamsters Local 237 Retirees' Benefit Fund  
216 W 14<sup>th</sup> St  
New York, NY 10011

In addition to filing a complaint with the Fund Office listed above, you may also file a complaint with:

Secretary of the U.S. Department of Health and Human Services  
Hubert H. Humphrey Building  
200 Independence Avenue, SW  
Washington, DC 20201