

# NEW YORK CITY DISTRICT COUNCIL OF CARPENTERS BENEFIT FUNDS

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**To:** All Participants in the New York City District Council of Carpenters  
Welfare Fund

**Date:** February 16, 2026

**Re:** Notice of Privacy Practices

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## **Section 1: Purpose of This Notice and Effective Date**

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

**Effective date.** The effective date of this Notice is February 16, 2026.

**This Notice is required by law.** The New York City District Council of Carpenters Welfare Fund (the “Fund” or the “Plan”) is required by law to take reasonable steps to ensure the privacy of your personally identifiable health information and to inform you about:

1. The Plan’s uses and disclosures of Protected Health Information (“PHI”),
2. Your rights to privacy 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 the United States Department of Health and Human Services (“HHS”), and
5. The person or office you should contact for further information about the Plan’s privacy practices.

This Notice applies to your health information held by the Plan and outside companies that help administer the Plan. Please share this Notice with your covered family members, as their health information is also protected under federal law.

## **Section 2: Your Protected Health Information**

### **Protected Health Information (“PHI”) Defined**

The term “Protected Health Information” (“PHI”) includes all individually identifiable health information related to your past, present or future physical or mental health condition or to payment for health care. PHI includes information maintained by the Plan in oral, written, or electronic form.

### **When the Plan May Disclose Your PHI**

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

- **At your request.** If you request it, the Plan is required to give you access to certain PHI in order to allow you to inspect and/or copy it.
- **As required by HHS.** The Secretary of HHS may require the disclosure of your PHI to investigate or determine the Plan’s compliance with the privacy regulations.
- **For treatment, payment or health care operations.** The Plan and its business associates will use PHI in order to carry out treatment, payment, or health care operations.

**Treatment** is the provision, coordination, or management of health care and related services. For example, the Plan may disclose PHI to a physician who is treating you.

**Payment** includes, but is not limited to, actions to make coverage determinations and payment. For example, the Plan may use health information to pay claims from your health care provider. If we contract with third parties to help us with payment operations, such as a third-party claims administrator, we will also disclose information to them and they may conduct these activities on our behalf. These third parties are known as “business associates.”

**Health care operations** include, but are not limited to, quality assessment and improvement, underwriting, premium rating and other insurance activities relating to creating or renewing insurance contracts. They also include disease management, case management, conducting or arranging for medical review, legal services, and auditing functions, including fraud and abuse compliance programs, business planning and development, business management and general administrative activities. For example, the Plan or its third-party administrators may use information about your claims to refer you to a disease management program or a well-pregnancy program, to project future benefit costs or to audit the accuracy of its health care payments.

The Plan will not use your genetic information for underwriting purposes.

### **Disclosure to the Plan Sponsor**

The Plan will also disclose PHI to certain individuals who work for the Plan Sponsor for purposes related to treatment, payment, and health care operations, and the Plan Documents permit this use and disclosure as required by federal law. For example, we may disclose information to certain individuals to allow them to decide appeals, negotiate renewals of insurance contracts or audit the accuracy of health care payments.

In addition, the Plan may use or disclose “summary health information” for the purpose of obtaining premium bids or modifying, amending or terminating the Plan. Summary information

summarizes the claims history, claims expenses or type of claims experienced by individuals for whom the Plan has provided health benefits.

## **Section 3: Use or Disclosure of Your PHI For Which Consent, Authorization or Opportunity to Object is Not Required**

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

1. **When required by applicable law.**
2. **Public health purposes.** To an authorized public health authority if required by law or for public health and safety purposes. PHI may also be used or disclosed if you have been exposed to a communicable disease or are at risk of spreading a disease or condition, if authorized by law.
3. **Domestic violence or abuse situations.** When authorized by law to report information about abuse, neglect or domestic violence to public authorities if a reasonable belief exists that you may be a victim of abuse, neglect or domestic violence. In such case, 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.
4. **Health oversight activities.** To a health oversight agency for oversight activities authorized by law. These activities include civil, administrative or criminal investigations, inspections, licensure or disciplinary actions (for example, to investigate complaints against health care providers) and other activities necessary for appropriate oversight of benefit programs (for example, to the Department of Labor).
5. **Legal proceedings.** When required for judicial or administrative proceedings. For example, your PHI may be disclosed in response to a subpoena or discovery request that is accompanied by a court order.
6. **Law enforcement health purposes.** When required for law enforcement purposes (for example, to report certain types of wounds).
7. **Law enforcement emergency purposes.** For certain law enforcement purposes, including identifying or locating a suspect, fugitive, material witness or missing person, and disclosing information about an individual who is or is suspected to be a victim of a crime.
8. **Determining cause of death and organ donation.** When required to be given to a coroner or medical examiner to identify a deceased person, determine a cause of death or other authorized duties. We may also disclose PHI for cadaveric organ, eye or tissue donation purposes.
9. **Funeral purposes.** When required to be given to funeral directors to carry out their duties with respect to the decedent.
10. **Research.** For research, subject to certain conditions.
11. **Health or safety threats.** When, consistent with applicable law and standards of ethical conduct, the Plan in good faith believes the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public and the disclosure is to a person reasonably able to prevent or lessen the threat, including the target of the threat.

12. **Workers' compensation programs.** When authorized by and to the extent necessary to comply with workers' compensation or other similar programs established by law.
13. **Specialized Government Functions.** When required, to military authorities under certain circumstances, or to authorized federal officials for lawful intelligence, counterintelligence and other national security activities.

Except as otherwise indicated in this Notice, uses and disclosures will be made only with your written authorization, which you have the right to revoke.

## **Other Uses or Disclosures**

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

## **Additional Restrictions on Uses and Disclosures**

Some federal and state laws may require special privacy protections that restrict the use and disclosure of certain sensitive health information such as alcohol and substance use disorder, (including Part 2 Programs); biometric information; child or adult abuse or neglect, including sexual assault; communicable diseases; genetic information; HIV/AIDS; mental health; minors' information; prescriptions; reproductive health; and sexually transmitted diseases. In such case, the Plan will follow the more stringent or protective law, to the extent that it applies.

Information that is disclosed by the Plan in accordance with HIPAA's Privacy Rule is subject to redisclosure by the recipient and may no longer be protected by the Privacy Rule.

## **Section 4: Use or Disclosure for which Your Authorization or Consent is Required**

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 PHI for a purpose that requires authorization, you may revoke your authorization in writing at any time. If you revoke your authorization, the Plan will no longer be able to use or disclose PHI about you for the reasons covered by your written authorization. However, the Plan will be unable to rescind any disclosures it has already made with your permission. Requests to revoke a prior authorization must be submitted in writing to the Privacy Officer. The following situations require your authorization:

### **Use of 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. Face-to-face communications made by the Plan to you are not considered to be 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.

## **Section 5: Your Individual Privacy Rights**

### **Privacy Officer**

All requests under this Notice with respect to information about the Plan should be addressed to:

Privacy Officer  
New York City District Council of Carpenters Welfare Fund  
395 Hudson Street, 9<sup>th</sup> Floor  
New York, NY 10014

If a form is required, it will be available from the Privacy Officer.

## **You May Request Restrictions on PHI Uses and Disclosures**

You may request the Plan to:

1. Restrict the uses and disclosures of your PHI to carry out treatment, payment or health care operations, or
2. Restrict uses and disclosures to family members, relatives, friends or other persons identified by you who are involved in your care.

The Plan, however, is not required to agree to your request if the Plan Administrator or Privacy Officer determines it to be unreasonable.

## **You May Request Confidential Communications**

The Plan will accommodate an individual's reasonable request to receive communications of PHI by alternative means or at alternative locations where the request includes a statement that disclosure could endanger the individual.

You or your personal representative will be required to complete a form to request restrictions on uses and disclosures of your PHI.

## **You May Inspect and Copy PHI**

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 the PHI.

The Plan must provide the requested information within 30 days if the information is maintained on site or within 60 days if the information is maintained offsite. A single 30-day extension is allowed if the Plan is unable to comply with the deadline.

You or your personal representative will be required to complete a form to request access to the PHI in your designated record set. A reasonable fee may be charged.

If access is denied, you or your personal representative will be provided with a written denial setting forth the basis for the denial, a description of how you may exercise your review rights and a description of how you may complain to the Plan and HHS.

**Designated Record Set** includes enrollment, payment, claims adjudication and other information used to make decisions about payment for care. Information used for quality control or peer review analyses and not used to make decisions about you is not included.

## **You Have the Right to Amend Your PHI**

You have the right to request that the Plan amend your PHI or a record about you in a designated record set for as long as the PHI is maintained in the designated record set subject to certain exceptions.

The Plan has 60 days after receiving your request to act on it. The Plan is allowed a single 30-day extension if the Plan is unable to comply with the 60-day deadline. If the Plan denied your request in whole or part, the Plan must provide you with a written denial that explains the basis for the decision. You or your personal representative may then submit a written statement disagreeing with the denial and have that statement included with any future disclosures of that PHI.

You or your personal representative must complete a form to request amendment of the PHI.

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

At your request, the Plan will provide you with an accounting of certain disclosures by the Plan of your PHI. We do not have to provide you with an accounting of disclosures related to treatment, payment, or health care operations, or disclosures made to you or authorized by you in writing. The Plan has 60 days to provide the accounting. The Plan is allowed an additional 30 days if the Plan gives you a written statement of the reasons for the delay and the date by which the accounting will be provided.

If you request more than one accounting within a 12-month period, the Plan will charge a reasonable, cost-based fee for each subsequent accounting.

## **You Have the Right to Receive a Paper Copy of This Notice**

You have the right to obtain a paper copy of this Notice upon request.

## **Your Personal Representative**

You may exercise your rights through a personal representative. Your personal representative will be required to produce evidence of authority to act on your behalf before the personal representative will be given access to your PHI or be allowed to take any action for you. Proof of such authority will be a completed, signed and approved Appointment of Personal Representative form or other form acceptable under state or federal law, such as (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) the status of the personal representative as the parent of a minor child.

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.

## **Use or Disclosure of Your PHI to Family Members**

Disclosure of your PHI to family members, other relatives, your close personal friends, and any other person you choose is allowed under federal law if:

- The information is directly relevant to the family or friend's involvement with your care or payment for that care, and
- You have either agreed to the disclosure or have been given an opportunity to object and have not objected.

Contact the Fund's Privacy Officer if you wish to limit access to your PHI by any of the persons described above.

## **Section 6: The Plan's Duties**

### **Maintaining Your Privacy**

The Plan is required by law to maintain the privacy of your PHI and to provide you and your eligible dependents with notice of its legal duties and privacy practices.

This Notice is effective on February 16, 2026. The Plan is required to comply with the terms of this Notice. However, the Plan reserves the right to change its privacy practices and to apply the changes to any PHI received or maintained by the Plan prior to that date. If a privacy practice is changed, a revised version of this Notice will be provided to you.

When using or disclosing PHI or when requesting PHI from another covered entity, the Plan will make reasonable efforts not to use, disclose or request more than the minimum amount of PHI necessary to accomplish the intended purpose of the use, disclosure or request, taking into consideration practical and technological limitations.

However, the minimum necessary standard will not apply in the following situations:

- Disclosures to or requests by a health care provider for treatment,
- Uses or disclosures made to you or pursuant to your written authorization,
- Disclosures made to the Secretary of HSS pursuant to its enforcement activities under HIPAA,
- Uses or disclosures required by law, and
- Uses or disclosures required for the Plan's compliance with the HIPAA privacy regulations.

This Notice does not apply to information that has been de-identified. De-identified information is information that:

- Does not identify you, and
- With respect to which there is no reasonable basis to believe that the information can be used to identify you.

### **Breach Notification**

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

## **Section 7: Your Right to File a Complaint with the Plan or the HHS Secretary**

### **Privacy Officer**

If you believe that your privacy rights have been violated, you may file a complaint with the Plan in care of the following person:

Privacy Officer  
New York City District Council of Carpenters Welfare Fund  
395 Hudson Street, 9<sup>th</sup> Floor  
New York, NY 10014

## **U.S. Department of Health and Human Services (“HHS”)**

You may also file a complaint with the Secretary of HHS. Contact the nearest office of HSS, listed in your telephone directory, visit the HHS website at [www.hhs.gov](http://www.hhs.gov), or contact the Privacy Officer for more information about how to file a complaint. The Plan will not retaliate against you for filing a complaint.

## **Section 8: If You Need More Information**

If you have any questions regarding this Notice or the subjects addressed in it, you may contact the Privacy Officer.

Privacy Officer  
New York City District Council of Carpenters Welfare Fund  
395 Hudson Street, 9<sup>th</sup> Floor  
New York, NY 10014

## **Section 9: Conclusion**

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