

**BUILDING SERVICE 32BJ HEALTH FUND**  
**(including the 32BJ Dental Center)**  
**NOTICE OF PRIVACY PRACTICES**  
Effective Date: February 16, 2026

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**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.**

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This notice describes how the Building Service 32BJ Health Fund (the Fund) protects your medical information and how the Fund may use or disclose your medical information. The Fund is required to provide this notice to you by the federal law known as the Health Insurance Portability and Accountability Act, as amended (HIPAA).

We must follow the privacy practices described in this notice while it is in effect. We reserve the right to change our privacy practices and the terms of this notice at any time, as long as law permits the changes. We will notify you when we change this notice. This new notice will be effective for all medical information that we maintain, including medical information we created or received before the changes were made.

Additionally, please know that the Fund is required by law to maintain the privacy of your medical information, to give you this notice regarding your rights, our privacy practices and legal duties concerning your medical information, and to notify you upon a breach of your unsecured medical information.

When we refer to medical information in this notice, we mean information that is individually identifiable health information. This includes demographic information collected from you or created or received by a health care provider, a health plan, or a health care clearinghouse.

This information relates to: (1) your past, present or future physical or mental health or condition; (2) the provision of health care to you; or (3) past, present or future payments for the provision or health care to you.

**Uses and Disclosures of Medical Information**

This section provides you with a general description and examples of the ways your medical information is used and disclosed. The Fund's uses and disclosures are not limited to these examples.

**Treatment:** Your medical information may be used or disclosed to a physician or other health care provider in order for them to provide you with treatment. Treatment means the provision, coordination, or management of your health care.

For example:

- We may provide the name of your physician to a hospital that is treating you.
- We may share information about your condition with your specialist.

**Payment:** Your medical information may be used or disclosed:

- For billing, claims management, collections, and subrogation activities.
- To pay claims from physicians, hospitals, and other providers for services delivered to you that are covered by the Fund.
- To determine your eligibility for benefits.
- To conduct risk management activities.
- To coordinate benefits.
- To determine medical necessity or appropriateness of care.
- To conduct utilization review activities and pre-authorizations.
- To obtain premiums.
- To issue explanations of benefits to the person who subscribes to the health plan in which you participate.
- To a health care provider or entity so they can obtain payment or engage in payment activities.

For example:

- We may disclose your medical information to your health care provider to determine whether a particular surgery is medically necessary or to determine whether the Fund will cover that surgery.

**Health Care Operations:** Your medical information may be used and disclosed in connection with our health care operations, including:

- Underwriting, premium rating, and other activities relating to the creation, renewal, or replacement of benefits coverage, but the Fund will not use or disclose your genetic information.
- Case management and care coordination.
- Contacting healthcare providers and patients with information about treatment alternatives, disease management or wellness programs, and related functions that do not include treatment.
- Population-based activities relating to improving health or reducing health care costs.
- Quality assessment and improvement activities and protocol development.
- Reviewing the competence or qualifications of health care professionals, evaluating practitioner and provider performance, conducting training programs,

accreditation, certification, licensing, or credentialing activities.

- Conducting or arranging for medical review, legal services, auditing, fraud and abuse detection, and compliance programs.
- Business planning and development.
- Business management and general administrative activities, including management activities relating to privacy, customer service, and resolution of internal grievances.

For example:

- We may need to review your medical information as a part of our efforts to uncover instances of health care provider abuse and fraud.

**Additional Disclosures:** Your medical information may be disclosed:

- To another entity that has a relationship with you for their healthcare operations relating to quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, or detecting or preventing healthcare fraud and abuse.
- To other persons or entities that provide services to us (for example, assisting us in conducting our payment, healthcare operations, and business activities). We will not disclose your medical information to those persons or entities unless they agree to keep it protected, through written contract.

**Health-Related Services:** Your medical information may be used to send you appointment reminders or to communicate with you regarding health-related products or services (or payment for such products or services), that are provided by the Fund.

**To the Board of Trustees:**

We may disclose your medical information to the Fund's Board of Trustees for purposes relating to payment and health care operations and in connection with claim appeals. The Board of Trustees may also receive your medical information to fulfill their fiduciary duties.

**To Your Family and Friends:**

Your medical information may be disclosed to a family member, friend, or other person to the extent necessary to help with your healthcare or with payment for your health care. For example, if a family member or a caregiver calls the Fund with prior knowledge of a claim, the Fund may confirm if the claim has been received and paid.

Your name, location, and general condition or death may be used or disclosed to notify or assist in the notification of (including identifying or locating) a person involved in your care.

We will generally provide you with an opportunity to object to such uses or disclosures, unless such opportunity cannot practically be provided because of your incapacity or an emergency circumstance, in which case, based on professional judgment, we decide that disclosing your medical information would be in your best interest.

**Disaster Relief:** We may use or disclose your medical information to a public or private entity authorized by its charter or by law to assist in disaster relief efforts.

We will generally provide you with an opportunity to object to such uses or disclosures, unless such opportunity cannot practically be provided because of your incapacity or an emergency circumstance, in which case, based on professional judgment, we decide that disclosing your medical information would be in your best interest.

**For the Public Benefit:** Your medical information may be used or disclosed as authorized by law for the following purposes:

- **As required by law.** The Fund may disclose your medical information to a person or entities as required to do so by federal, state, or local law. For example, the Fund may disclose your medical information when required by national security laws or public health disclosure laws.
- **For public health activities.** The Fund may disclose your medical information for public health and safety purposes to a public health authority that is permitted by law to collect or receive the information. If directed by the public health authority, the Fund may also disclose your medical information to a foreign government agency that is collaborating with the public health authority. For example, your medical information may be used or disclosed for the purpose of preventing or controlling disease (including communicable diseases), injury, or disability.
- **In connection with an FDA-regulated product or activity.** The Fund may disclose your medical information to a person subject to the jurisdiction of the Food and Drug Administration (“FDA”) with respect to an FDA-regulated product or activity for which that person has responsibility, for the purpose of activities related to the quality, safety, or effectiveness of such FDA-regulated product or activity.
- **To report abuse, neglect, or domestic violence.** The Fund may disclose your medical information to any

public health authority authorized by law to receive information about child abuse or neglect. In addition, the Fund may disclose your medical information to a governmental entity or agency authorized by law to receive reports about abuse, neglect, or domestic violence if the Fund reasonably believes that you have been a victim of abuse, neglect, or domestic violence. In this case, the disclosure will be made consistent with the requirements of applicable law. The Fund will inform you that such a disclosure has been or will be made unless that notice will place you at risk of serious harm or that notice will go to a personal representative who is believed to be responsible for the abuse, neglect, or violence.

- **To health oversight agencies.** The Fund may disclose your medical information to health oversight agencies for activities authorized by law, such as audits, investigations, inspections, and legal actions. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs, and civil rights laws.
- **In response to court and administrative orders and other lawful processes.** The Fund may share your medical information in response to a court or administrative order so long as the Fund shares only the medical information expressly authorized by the order. The Fund may also disclose your medical information under certain conditions in response to a subpoena, discovery request, or other lawful process by someone involved in a legal dispute, but only if reasonable efforts have been made to tell you about the request and give you an opportunity to object to the disclosure or to seek a qualified protective order.
- **To law enforcement officials.** The Fund may disclose your medical information to federal, state, and local law enforcement officials if requested by law enforcement as part of certain law enforcement activities (for example, concerning crime victims, suspicious deaths, crimes on our premises, reporting crimes in emergencies, and for purposes of identifying or locating a suspect or other person).
- **To the U.S. Department of Health and Human Services.** The Fund may disclose your medical information to the Secretary of the U.S. Department of Health and Human Services when the Secretary is investigating or determining the Fund’s compliance with federal regulations.
- **To coroners, medical examiners, and funeral directors.** The Fund may disclose your medical

information to a coroner or medical examiner for identification purposes or for determining a cause of death, or other duties authorized by law. In addition, the Fund may disclose your medical information to funeral directors, as authorized by law, to carry out their duties. The Fund may also disclose medical information in reasonable anticipation of death.

- **To organ procurement organizations.** If you are an organ donor, the Fund may release your medical information to organizations that handle organ procurement or organ, eye, or tissue transplantation or to an organ donation bank to facilitate organ or tissue donation and transplantation.
- **To avert a serious threat to health or safety.** Consistent with applicable laws, the Fund may disclose your medical information to someone able to help prevent a serious threat to your health and safety, or the health and safety of the public or another person if the Fund believes in good faith that the disclosure is necessary to prevent or lessen a serious and imminent threat to your health and safety or the health and safety of the public or another person. For example, the Fund may disclose your medical information in a proceeding regarding the licensure of a physician.
- **In connection with certain research activities.** The Fund may disclose your medical information to researchers when their research has been approved by an institutional review board or privacy board that has established protocols to ensure the privacy of your medical information and certain other requirements are met.
- **To the military and to federal officials for lawful intelligence, counterintelligence, and national security activities.** If you are a member of the armed forces, the Fund may disclose your medical information for activities deemed necessary by appropriate military command authorities, or to a foreign military authority if you are a member of that foreign military service. The Fund may also use or disclose your medical information to authorized federal officials to conduct lawful intelligence, counterintelligence, or other national security activities, including the protection of the president.
- **To correctional institutions regarding inmates.** If you are an inmate of a correctional institution or are in the custody of a law enforcement official, the Fund may disclose your medical information to the correctional institution or law enforcement official if the medical information is 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.

- ***As authorized by state workers' compensation law.*** The Fund may disclose your medical information to persons as authorized by and to the extent necessary to comply with laws relating to workers' compensation or other similar programs, established by law, that provide benefits for work-related injuries or illness without regard to fault.
- ***To provide legally required notices of unauthorized access to or disclosure of your health information.***
- ***To your personal representative.*** The Fund may disclose your medical information to your personal representative in accordance with applicable state law (for example, to parents of unemancipated children under 18, to those persons with unlimited powers of attorney or health care proxies, etc.) and HIPAA. In addition, you may authorize a personal representative to receive your medical information and to act on your behalf.

**Your Written Authorization Is Required:** All other uses and disclosures of your medical information that are not described above will only be made with your written authorization. For example, the Fund is required to obtain your written authorization for any use and disclosure of your medical health information for marketing and for any sale of your medical information.

In addition, except for certain narrow exceptions permitted by law (such as legal defense in a proceeding you bring against the Fund), the Fund will not use or disclose any mental health professional's psychotherapy notes without your prior written authorization.

Further, the Fund will not use or disclose substance use disorder treatment records received from programs subject to 42 CFR Part 2, or testimony relaying the content of such records, in civil, criminal, administrative, or legislative proceedings against you unless you provide written consent, or there is a court order. The records may only be used or disclosed based on a court order after notice and an opportunity to be heard is provided to you or the holder of the record, as provided in 42 CFR Part 2. A court order authorizing use or disclosure must be accompanied by a subpoena or other legal requirement compelling disclosure before the requested record is used or disclosed.

You may give us written authorization to use or to disclose your medical information to anyone for any purpose. You may revoke your authorization at any time by sending a written revocation to the Fund. However, your revocation will not affect any use or disclosure prior to your revocation.

### **Substance Use Disorder Treatment Records**

If the Fund receives substance use disorder treatment records pursuant to your consent for all future uses and disclosures of such records for treatment, payment, or health care operations, the Fund may use and disclose those records for the purposes of treatment, payment, or health care operations, until the Fund receives notice that you have revoked your consent in writing. In addition, the Fund may further disclose such records in accordance with HIPAA, except for uses and disclosures for civil, criminal, administrative, and legislative proceedings against you.

### **Genetic Information**

The Fund is prohibited by law from using or disclosing medical information that is genetic information for underwriting purposes. Generally, genetic information involves information about differences in a person's DNA that could increase or decrease their chance of getting a disease (for example, diabetes, heart disease, cancer, or Alzheimer's disease).

### **Additional Special Protections**

Additional special privacy protections, under federal or state law, may apply to certain sensitive information, such as genetic information, HIV-related information, alcohol and substance use treatment information, and mental health information. If you have questions or would like more information, please contact the Privacy Officer at the address or phone number listed below.

### **Redisclosure**

Medical information disclosed in accordance with this notice may be subject to redisclosure by the recipient and may no longer be protected by HIPAA.

### **Your Individual Rights**

**Access to, and Copies of, Your Information:** You have the right to inspect or obtain a copy of the medical information about you that is contained in a "designated record set" except for psychotherapy notes and certain other information. A "designated record set" generally contains medical and billing records as well as other records that are maintained by or for us or used by or for us to make decisions about you.

You should submit your request in writing and provide us with the specific information we need in order to fulfill your request (i.e., the specific information requested and the form you want to receive the information).

We reserve the right to charge a reasonable fee for the cost of producing and mailing the copies to you, should you choose not to receive them in an electronic format. In certain situations, we may deny your request to inspect or obtain a copy of the requested information. If we deny your request, we will notify you in writing, which will include 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 Fund or the U.S. Department of Health and Human Services.

**Accounting of Disclosures:** You have the right to receive a list of instances in which we disclosed your medical information for purposes other than treatment, payment, health care operations, or those authorized by you as well as for certain other activities that occurred up to six years before the date of your request. Any list we send you will include the date(s) of the disclosure, to whom it was made, their address, if known, a brief description of the information disclosed, and the purpose of the disclosure. If you request this accounting list more than once in a 12-month period, we may charge you a reasonable administrative fee for these additional requests.

To request this list, you must submit your request in writing to the Fund. Your request must state the time period for which you want to receive a list of disclosures, which shall be no more than six years from the date on which the list is requested. Your request should indicate in what form you want the list (for example, on paper or electronically).

**Restrictions on Use or Disclosure:** You have the right to request that we restrict the use or disclosure of your medical information in connection with treatment, payment, and health care operations. You also have the right to request that we restrict disclosure to persons involved in your health care or payment for your health care. You should submit your request in writing, and your request should include: (1) what information you want to limit; (2) whether you want to limit the Fund's use, disclosure, or both; and (3) to whom you want the limit(s) to apply (for example, your spouse). We will review your request, but we are not required to comply with it, unless (1) the disclosure is not otherwise required by law; and (2) the medical information pertains solely to a health care item or service that has been paid in full by someone other than the Fund. If the Fund does agree to the request, the Fund will not use or disclose your medical information in violation of that restriction unless it is needed to provide emergency treatment, or the Fund terminates the restriction with or without your agreement. If you do not agree to the termination, the restriction will continue to apply to medical information created or received prior to the Fund's notice to you of the Fund's termination of the restriction.

**Confidential Communication:** You have the right to request that we communicate with you about your medical information by different means or at a different location. You must make your request in writing and specify the new means or location of contact. We must accommodate your request if it includes a statement that disclosures using the Fund's regular communication could endanger you, if your request is reasonable.

**Amending Your Medical Information:** If you believe the medical information contained in your “designated record set” is not correct or complete, you have the right to request that we amend it. Your request should be in writing and it should explain why the information should be changed. If we make the amendment, we will notify you. In addition, if we make the change, we will make reasonable efforts to inform others, including people you name, of the amendment and to include the change in any future disclosures of that information.

If your request is denied, you will be notified in writing of the reason for the denial and the letter will explain how to file a written statement of disagreement. The Fund has the option to rebut your request. You have the right to ask that your original request, our denial, and your statement of disagreement be included with any future disclosures of your information.

#### **Additional Copies, Questions, or Complaints**

##### **Requests for Additional Copies and Questions Regarding Privacy and Individual Rights:**

- You may request a copy of this notice at any time.
- You may request more detailed information about your rights and privacy protections or learn how to exercise those individual rights as described in this notice.
- You may request a copy of this notice translated into another language.
- If you received this notice electronically, you may request a paper copy.

Please contact Member Services or write to us at:

**Building Service 32BJ Health Fund  
25 West 18th Street  
New York, NY 10011-4676  
Attn: Member Services  
1-800-551-3225**

**Requests/Complaints:** To ask for an accounting of disclosures, restrict the use or disclosure of your medical information, request an amendment to your medical information, request access to, or copies of, your medical information, or request confidential communication, or if you believe that the Fund has violated your privacy right, write to our Privacy Officer at:

**Building Service 32BJ Health Fund  
25 West 18th Street  
New York, NY 10011-4676  
Attn: Privacy Officer  
1-800-551-3225**

You also may file a complaint with the Secretary of the U.S. Department of Health and Human Services if you believe your

privacy rights have been violated. Complaints filed directly with the Secretary must: (1) Be in writing; (2) contain the name of the entity against which the complaint is lodged; (3) describe the relevant problem; and (4) be filed within 180 days of the time you become or should have become aware of the problem. We will provide you with this address upon request. We will not retaliate in any way if you choose to file a complaint with us or with U.S. Department of Health and Human Services. We support your right to the privacy of your medical information.