



FEBRUARY 2026

HIPAA NOTICE OF PRIVACY PRACTICES FOR THE NORTHERN CALIFORNIA PIPE TRADES HEALTH AND WELFARE PLAN

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, HOW YOU CAN GET ACCESS TO THIS HEALTH INFORMATION, AND YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION. PLEASE REVIEW IT CAREFULLY AND CONTACT THE TRUST FUND OFFICE IF YOU HAVE ANY QUESTIONS.

The Northern California Pipe Trades Health and Welfare Plan (“Plan”) is required by state and federal law, namely the federal **Health Insurance Portability and Accountability Act of 1996 (HIPAA)**, to maintain the security and privacy of your Protected Health Information (known as “PHI”). In conducting its business, the Plan may receive, maintain and/or create records regarding you that involve mental health, substance use disorder, and medical services that are provided to you and/or your eligible dependents. The Plan will not use or share your mental health, substance use disorder, and medical health information other than as permitted by HIPAA unless you authorize the Trust Fund Office to do so in writing. If you give the Plan authorization, you may change your mind at any time, but notification must be received in writing.

The Plan is required by law to maintain the confidentiality of health information that identifies you or your dependent(s) by name. The Plan is also required by law to provide you with this Notice of the Plan's legal duties and privacy practices concerning your PHI. The Plan has established this policy to guard against unnecessary disclosure of your health information. The Plan will let you know promptly if a breach occurs that may have compromised the privacy or security of your PHI.

- **PHI Defined.** The term “PHI” or “medical information” in this Notice means individually identifiable medical and genetic information that relates to your physical or mental health condition (including substance use disorder treatment), the provision of health care to you, or payment of such health care.
- **De-Identified PHI.** This Notice does not apply to information that has been de-identified. De-identified information neither identifies nor provides a reasonable basis to identify you.
- **Minimum Necessary.** When using or disclosing PHI, 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 factors and limitations and any applicable law requiring greater disclosure.

Please be aware that the Plan has contracted with outside organizations (e.g. Kaiser Permanente Health Plan and Blue Shield of California) to administer its medical, hospital, mental health/substance abuse disorder, and prescription drug benefits, and Delta Dental and Vision Service Plan to administer dental and vision benefits. The Trust Fund Office does not have access to medical records retained by these Carriers and Health Maintenance Organizations. While these providers do not share your medical, mental health/substance use disorder, dental, or vision records with the Trust Fund Office, they may share very limited personal information with the Trust Fund Office as required to pay benefits and/or properly administer the Plan's benefits. These carriers may have also separately issued you a Notice regarding disclosure of PHI that is maintained on the Plan's behalf by those entities.

Please be aware that the Plan and staff at the Trust Fund Office take this matter very seriously and keep information strictly confidential. There are requirements that they must follow which may require you to authenticate your identity and we must ensure that you have made written authorization if information is released on your behalf. If you and/or an eligible dependent(s) wish to authorize someone to access your information, you and/or your eligible dependent(s) must complete an “Authorization for Release of Benefit Information Form” and return it to the Trust Fund Office. Please contact the Trust Fund Office for an “Authorization for Release of Benefit Information Form”.

This Notice and its contents are intended to conform to the requirements of HIPAA, and it applies to all records containing your identifiable health information that are created, transmitted, or retained by the Plan or Business Associates (including their subcontractors) that help administer the Plan.

The rights in this Notice apply to you, your eligible spouse, and your eligible dependents. The Board of Trustees has appointed Jeanette Null to be the **Privacy Officer** and Contact Person for the Plan. They may be contacted as follows:

Jeanette Null, Privacy Officer
Northern California Pipe Trades Health and Welfare Plan
935 Detroit Ave Suite 242A
Concord, CA 94518-2501
Phone: 925/356-8921
Email: tfo@ncpttf.com

For more information please visit: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Our Uses and Disclosures

How do we typically use or share your medical information?

The following categories describe different ways that we may use and disclose medical and mental health information. For each category of uses and disclosures, the Plan will explain what it means and present some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information may fall within one of the categories.

Treatment.	The Plan can use your PHI to tell you about or recommend possible treatment options or alternatives that may be of interest to you, including but not limited to consultations and referrals between your providers. <i>Example: Doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.</i>
For Payment.	We may use and disclose medical information about you to determine 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. <i>Example: We share your eligibility for benefits information with Blue Shield or Kaiser to confirm whether payment will be made for a particular service.</i>
For Health Care Operations/Appeals.	The Plan can use and disclose health information about you for Plan operations that are necessary to run the Plan. The Plan may also release your PHI to the Board of Trustees or an Appeals Committee if it is needed to make a decision regarding an appeal. <i>Example: We use health information in reviewing and responding to appeals, medical reviews, legal services, audit services, Plan administrative activities, premium rating, or conducting quality assessment and improvement activities.</i>
As Required by Law.	The Plan can use and disclose your health information if required by state, federal or local laws. <i>Example: We share information with the Department of Health & Human Services for compliance with federal privacy laws.</i>
To Avert a Serious Threat to Health or Safety/Assist Public Health Issues.	The Plan can use and disclose your health information when it believes, in good faith, that such disclosure is necessary to prevent a serious threat to the safety and health of you, another individual, or the public. This includes disclosing medical information for public health activities to a public authority. These disclosures will be made for the purpose of controlling disease, injury, or disability. <i>Example: We share health information to report suspected abuse, neglect or domestic violence if we have a reasonable belief, or to prevent disease, or to help with product recalls, or to prevent/reduce a serious threat to anyone's health or safety.</i>

To Inform You About Treatment Alternatives or Other Health Related Benefits.	The Plan may use PHI to identify whether you may benefit from communications from the Plan regarding (1) available provider networks or available products or services under the Plan, (2) your treatment, (3) case management or care coordination for you, or (4) recommended alternative treatments, therapies, health care providers, or settings of care for you. <i>Example: We may forward a communication to a Participant who is a smoker regarding an effective smoking-cessation program.</i>
Disclosure to Health Plan Sponsor and UA Local 342.	The Plan may disclose your health information to the Plan sponsors, i.e., the Union and the Associations, or Board of Trustees, for purposes related to, but not limited to administering benefits under the Plan. <i>Example: We provide summary health information to the Board of Trustees so that the Board may solicit premium bids from health insurers or similar entities.</i>
Organ and Tissue Donation.	The Plan can share health information about you with organizations involved in procuring, banking or transplanting organs and tissues, as necessary.
Military, Veterans, and Inmates.	The Plan may release health information about you as required by military command authorities, if you are a member of the armed forces, or to a correctional institute or law enforcement official, if you are an inmate or under custody of a law enforcement official.
Respond to Lawsuits and Disputes.	The Plan can use and disclose your health information to respond to a court order, administrative proceeding, arbitration, subpoena, other lawful process, or similar proceedings. <i>Example: We receive a discovery request in which you are a party involved in a lawsuit.</i>
Government or Law Enforcement Requests.	To the extent permitted or required by local/state/federal law, the Plan may release your health information to law enforcement officials or for law enforcement purposes, to authorized government agencies, to health oversight agencies, or to comply with laws related to workers' compensation claims. <i>Example: We release health information because there is suspicion that your death was the result of a criminal conduct, or because of civil administrative or criminal investigations, audits, inspections, licensure or disciplinary action, or other activities necessary for the government to monitor government programs (such as Medicare fraud review), or for special government functions such as military, national security and presidential protective services.</i>
Research.	The Plan can use and share your health information for health research subject to certain conditions.
Child Immunization Proof to Schools.	The Plan may disclose proof of immunization of a student to the school, prior to admitting the student, where state or other law requires such information, upon obtaining the consent of the parent, guardian, or student of consenting age. Consent may be given by e-mail, in writing, over the phone, or in person.
Decedent's Health Information.	The Plan may disclose your PHI to your family members and others who were involved in your care or payment of your care, unless doing so is inconsistent with your prior written expressed wishes that were given to the Plan. However, PHI of people who are deceased for more than 50 years is not protected under the HIPAA privacy and security rules. <i>Example: We disclose health information to a coroner or medical examiner necessary to identify a deceased person or determine the cause of death.</i>
Business Associates and Subcontractors.	The Plan may also share your PHI with business associates, including its subcontractors or agents that perform certain administrative services for the Plan. As required by federal law, the Plan has a written contract with each of its business associates that contains provisions requiring them to protect the confidentiality of your PHI and to not use or disclose your PHI other than as permitted by the contract or as permitted by law.

Your Choices

For certain information, you can tell us your choices about what we share.

Except as provided for in this Notice or as permitted by law, the Plan will not release your PHI without your written authorization. If you have a clear preference for how the Plan shares your information in the situations described below, contact the Trust Fund Office and advise them of your preference. The Trust Fund Office has an Authorization Form that you may sign to authorize release of all or part of your PHI.

In these cases below, you have both the right and choice to tell the Plan to:

- ✓ **Share information with your family, close friends, or others involved in your health care or payment for your case, as long as you do not object.**
- ✓ **Share information in a disaster relief situation.**

If you are not able to tell the Plan your preference, for instance if you are unconscious or not around, the Plan may share your health information if the Plan believes it is in your best interest. The Plan may also share your health information when needed to lessen a serious and imminent threat to health or safety.

In these cases, the Plan will not share your information unless you give your written authorization subject to your right to revoke, amend, or limit your authorization in writing, at any time:

- ✓ **Psychotherapy & Substance Use Disorder Notes.** Psychotherapy notes (including substance use disorder counseling notes) are separately filed notes about your conversations with your mental health or substance use disorder professional. Although this Plan does not routinely obtain psychotherapy notes, it must generally obtain your written authorization before the Plan will use or disclose psychotherapy notes about you. Your records related to Substance Use Disorder (“SUD”) are protected by federal law under 42 CFR Part 2. This law provides extra confidentiality and requires a separate individual consent for the use and disclosure of SUD counseling notes. Each disclosure made with your consent must include a copy of the consent or a clear explanation of the scope of the consent. Consent cannot be combined for SUD counseling notes.
- ✓ **Marketing Authorization.** The Plan cannot receive financial remuneration (direct or indirect payment) from third parties in exchange for the marketing of PHI unless permitted under HIPAA or with your prior written authorization. Marketing is any communication about a product or service that encourages recipients of the communication to purchase or use the product or service. This Plan never markets personal information.
- ✓ **Sale of PHI.** The Plan is prohibited from directly or indirectly receiving financial or non-financial remuneration in cash or in kind (including granting license rights) from a third party in exchange for your PHI unless permitted under HIPAA or with your prior written authorization. This Plan does not sell your PHI.
- ✓ **Fundraising Purposes.** Except as permitted under HIPAA or with your prior written authorization, the Plan cannot use or disclose your PHI (including Substance Use Disorder Part 2 records protected by federal law under 42 CFR Part 2) for fundraising purposes. You have the right to opt out of receiving any fundraising communications (before receiving such communication) whether received in writing or over the phone. Although the Plan does not use nor does it intend to use your PHI for fundraising purposes, if you receive any applicable fundraising communication and want to opt out of receiving such communication, please call the Trust Fund Office at 925/356-8921.
- ✓ **Genetic Information.** Your PHI includes genetic information. In regard to underwriting, which is premium rating, or similar activities, the Plan will not use or disclose genetic information about an individual, as prohibited under the Genetic Information Nondiscrimination Act of 2008. Also, the **Plan cannot use your genetic information to decide whether it will give you coverage and the price of that coverage.**

- ✓ **Alcohol and Substance Use Information.** Your records related to Substance Use Disorder (“SUD”) known as “Part 2 records” are protected by federal law under 42 CFR Part 2. This law provides extra confidentiality for SUD related information and records. The Plan cannot use or disclose any information about you from a substance use disorder treatment program that is covered by 42 CFR Part 2 for purposes of treatment, payment or health care operations without your authorization. The law allows you to sign a single consent form for all future uses and disclosures for SUD treatment, payment, and other health care operations. Disclosure of these records requires your explicit written consent except in limited circumstances (ex. medical emergencies only to the extent needed to treat your emergency, child abuse reporting to appropriate state or local authorities). You may revoke this consent at any time.

The new rule also expands prohibitions on the use and disclosure of Part 2 records or testimony in civil, criminal, administrative, or legislative proceedings by any Federal, State or Local authority, conducted against a patient unless the patient provides consent, or a court order is issued. 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.

- ✓ **Other Uses of Medical, Mental Health and Substance Use Disorder Information.** Other uses and disclosures of mental health, medical and substance use disorder information not covered by this Notice or the laws that apply to the Plan will be made only with your written permission. If you provide us permission to use or disclose health information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose health information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission.
- ✓ **Redisclosure of PHI.** PHI disclosed pursuant to the HIPAA rules may be subject to redisclosure by the recipient and may no longer be protected by the HIPAA rules except where other laws apply.

Your Rights

When it comes to your health information, you have certain rights.

This section explains your rights and some of your responsibilities to help you.

- ✓ **Right to Inspect and Obtain Paper or Electronic Copy of Your Medical Information.** You have the right to inspect and obtain copies of your health information, including medical records and billing records and other health information we have about you. This includes the right to request a copy of your PHI in hard copy or electronic form contained in a designated record set for so long as the Plan maintains the PHI. The electronic form you request may be in the form of MS Word, Excel, text, or text-based PDF, among other formats. If the format you request is not readily producible, the Plan will provide you with a copy of your PHI in a readable format as agreed to by you and the Plan. A request to inspect and copy records containing your health information must be made in writing to the Privacy Officer at the address noted below. The requested information will be furnished within 30 days if the information is maintained on-site or within 60 days if the information is maintained off-site. A one-time 30-day extension may be necessary in unique circumstances. If you request a copy of your health information, the Plan may charge a reasonable fee for copying, assembling costs and postage, if applicable, associated with your request. Pursuant to government regulations, you do not have a right to copies of psychotherapy notes.
- ✓ **Right to Amend or Correct Your Medical Information.** If you believe that your health information records are inaccurate or incomplete, you may ask the Plan to correct, clarify, or amend your records. That request may be made as long as the information is maintained by the Plan. A request for an amendment/correction of records must be made in writing to the Trust Fund Office. The Plan has 60 days after the request is made to act on the request. A single 30-day extension is allowed if the Plan is unable to comply with the deadline. If the request is denied, the Plan will provide you with a written denial and the basis for denial. 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 your health information. Common examples of denials include; failure to state a reason to support the amendment or correction, your health information records were not created by the Plan, if the health information you are requesting to amend is not part of the Plan's records, if the health information you wish to amend falls within an exception to the health information you are permitted to inspect and copy, or if the Plan determines the records containing your health information are accurate and complete.

- ✓ **Right to Request a List of Those with Whom the Plan Shared Your Information.** You have the right to request a list of certain disclosures of your health information that the Plan is required to keep a record of under the Privacy Rule. This right extends to all disclosures other than disclosures made to carry out treatment, payment or health care operations and certain other disclosures (such as any you asked the Plan to make). The request must be made in writing to the Trust Fund Office. Accounting requests may not be made for periods of time going back more than six (6) years. The Plan will provide the first accounting you request during any 12-month period without charge. Subsequent accounting requests may be subject to a reasonable cost-based fee. The Plan will inform you in advance of the fee, if applicable. Your request will be provided within 30 days if the information is maintained on-site or within 60 days if the information is maintained off-site. A single 30-day extension is allowed if the plan is unable to comply with the deadline.
- ✓ **Right to Request Restrictions (Limit Information).** You may request restrictions on certain uses and disclosures of your health information. You have the right to request a limit on the Plan's use or disclosure of your health information for treatment, payment, or health care operations. You have the right to request that the Plan limit its disclosure of your PHI to individuals involved in your care or the payment for your care, such as family members and friends, which will apply even after your death if requested. However, the Plan is not required to agree to your request; if the Plan agrees, it is bound by the agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you. If you wish to make a request for restrictions, please make your request in writing to the Privacy Officer at the address noted below.
- ✓ **Right to Request Confidential Communications.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. Such requests shall be honored if, in the sole discretion of the Plan, the requests are reasonable and can be accommodated with minimal disruption to Plan administration. However, the Plan must say "yes" if you tell us you would be in danger if the Trust Fund Office does not honor your request. To request confidential communications, you must make your request in writing to the Trust Fund Office. Your request must specify how or where you wish to be contacted.
- ✓ **Right to a Paper Copy of This Notice.** You have the right to a paper copy of this notice. You may ask us to provide you with a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.
- ✓ **Right to Provide an Authorization.** As noted above, the Plan may request your written authorization for uses and disclosures that are not identified by this Notice or permitted by law. Any authorization you provide regarding the use and disclosure of your PHI may be revoked at any time in writing.
- ✓ **Right to File a Complaint.** If you believe your privacy rights have been violated, you may file a complaint with the Trust Fund Office by contacting the Privacy Officer listed on the last page or with the U.S. Department of Health and Human Services, Office for Civil Rights by sending a letter to 200 Independence Avenue S.W., Washington, D.C. 20201, calling (877) 696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints. You must file a complaint within 180 days after the occurrence of the event or violation. You may also contact the Privacy Officer if you have any questions or concerns regarding your Privacy rights or regarding the specifics of filing a complaint. All complaints must be submitted in writing. You will not be penalized for filing a complaint and the Plan will not retaliate against you for filing a complaint.
- ✓ **Right to Notice in Event of Breach of Unauthorized Disclosure (Breach Notice).** You have the right to receive, and the Plan is required to provide, a Notice to you, as soon as reasonably possible, but no later than 60 days after discovery of a breach of your unsecured PHI. There will be a presumption that any unauthorized acquisition, access, use, or disclosure of your PHI, in violation of the Privacy rule is a breach, *unless* the Plan demonstrates that there is a low probability that your PHI has been compromised based on the results of a risk assessment, or an exception permitted by the Privacy Rule applies. This Plan has implemented a policy to require the performance of a risk assessment in all cases of impermissible uses or disclosures of PHI to ensure your PHI will not be compromised and intends on complying with any future guidance on risk assessments.
- ✓ **Right to Restrict Disclosure of PHI If Paying Out-of-pocket.** If you paid for services out-of-pocket, in full, for a specific item or service, you have the right to ask your Health Care Provider to not disclose your PHI related to that item or service to the Plan for purposes of payment of health care operations. The Health Care Provider must accommodate your request, except where the Health Care Provider is required by law to make a disclosure.
- ✓ **Right to Choose Someone to Act for You (Personal Representative).** You may exercise your rights through a Personal Representative, who will be required to produce evidence of his/her authority to act on your behalf before he/she will be given access to your health information or be allowed to take any action for you. The Trust Fund Office will verify that the person has this authority and can act for you before it takes any action. Proof of such authority may take one of the following forms: (a) notarized power of attorney for health care purposes or (b) court order of appointment of the individual as your conservator or guardian.

- ✓ **Right to Revoke an Authorization.** You have the right to revoke your written authorization to use and disclose your PHI at any time. You must inform us of the revocation in writing. If you revoke your written authorization, we will stop sharing your PHI. However, any information already used or shared while the authorization was valid cannot be taken back.

Changes to This Notice

The effective date of this Notice is **January 1, 2026**. The Plan can change this Notice, and the changes will apply to all information we have about you. If any changes may occur, the Plan will mail the revised Notice to you. The New Notice will also be available upon request (at any time), and on our website. The Plan will comply with the terms of any such Notice currently in effect.

Requests for Information

Questions regarding this information should be addressed to the following:

Northern California Pipe Trades Trust Fund office
Attn: Jeanette Null, Privacy Officer
Telephone: 925/356-8921
935 Detroit Ave Suite 242A
Concord, CA 94518-2501