Oregon Homecare Workers Supplemental Trust

NOTICE OF PRIVACY PRACTICES

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

THE TRUST'S COMMITMENT TO PRIVACY

The Oregon Homecare Workers Supplemental Trust (the "Trust") is committed to protecting the privacy of your protected health information ("health information"). Health information is information that identifies you and relates to your physical or mental health, or to the provision or payment of health services for you. In accordance with applicable law, you have certain rights, as described herein, related to your health information.

This Notice is intended to inform you of the Trust's legal obligations under the federal health privacy provisions contained in the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and the related regulations as provided in 45 CFR § 160; 45 CFR § 162; and 45 CFR § 164 ("federal health privacy law"):

- to maintain the privacy of your health information;
- to provide you with this Notice describing its legal duties and privacy practices with respect to your health information; and
- to abide by the terms of this Notice.

This Notice also informs you how the Trust uses and discloses your health information and explains the rights that you have with regard to your health information maintained by the Trust. For purposes of this Notice, "you" or "your" refers to participants who are eligible for benefits under the Trust.

INFORMATION SUBJECT TO THIS NOTICE

The Trust collects and maintains certain health information about you to help provide benefits to you, as well as to fulfill legal and regulatory requirements. The Trust obtains this health information, which identifies you, from applications and other forms that you complete, through conversations you may have with the Trust's administrative staff and healthcare professionals, and from reports and data provided to the Trust by healthcare service providers or other employee benefit plans. This is the information that is subject to the privacy practices described in this Notice. The health information the Trust has about you may include, among other things, your name, address, phone number, birth date, Social Security number, employment information, and health claims information.

SUMMARY OF THE TRUST'S PRIVACY PRACTICES

The Trust's Uses and Disclosures of Your Health Information

The Trust may use your health information to determine your eligibility for benefits, to process and pay for your benefit premiums, and to administer its operations. The Trust may disclose your health information to insurers, third party administrators, and healthcare providers for treatment, payment, and healthcare operations purposes. The Trust may also disclose your health information to third parties that assist the Trust in its operations, to government and law enforcement agencies, to your family members, and to certain other persons or entities. Under certain circumstances, the Trust will only use or disclose your health information pursuant to your written authorization. In other circumstances, authorization is not needed. The details of the Trust's uses and disclosures of your health information, and your rights related to your health information, are described below.

Your Rights Related to Your Health Information

The federal health privacy law provides you with certain rights related to your health information. Specifically, you have the following rights:

- Receive **a copy of your health and claims records**. You can ask the Trust to see or get a copy of your health and claims records and other health information the Trust has about you.
- **Request a correction to your health and claims records**. You can ask the Trust to correct your health and claims records if you think they are incorrect or incomplete. The Trust may say "no" to your request, but will tell you why in writing within 60 days of your request.
- **Request confidential communications**. You can ask the Trust to contact you in a specific way (for example, home or office phone) or to send mail to a different address. The Trust will consider all reasonable requests. The Trust must approve your request if you notify the Trust that you would be in danger if the request is not approved.
- Receive **a list of those with whom we shared your information.** You can ask the Trust for a list ("accounting") of the times the Trust shared your health information for 6 years prior to the date you ask, who the Trust shared it with, and why. The Trust will provide all the disclosures except for those about treatment, payment, and healthcare operations, and certain other disclosures (such as information the Trust shared at your request). The Trust will provide one accounting a year for free, but has the right to charge a reasonable, cost-based fee if you ask for another one within 12 months.
- Have **someone to act for you**. If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. The Trust will verify that the person has this authority and can act for you before it takes any action.

- **File a complaint if you feel your rights are violated**. You can complain if you feel the Trust has violated your rights, by contacting the Trust's HIPAA Privacy Officer using the information later in this Notice. You can also file a complaint 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 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/. The Trust will not retaliate against you for filing a complaint.
- **Request limits on the information the Trust uses or shares**. You can ask the Trust **not** to use or share certain health information for treatment, payment, or operations. However, the Trust is not required to agree to your request and may say "no" if it would affect your care.
- **Request access to your health information in an electronic format**.
- **Receive notice of a breach of unsecured protected health information if it affects you**.
- **Receive a paper copy of this Notice at any time, even if you have agreed to receive this Notice electronically**.

More information about these rights and how you may exercise them is below.

Changes in the Trust's Privacy Practices

The Trust has the right to change its privacy practices and revise this Notice as described below.

Contact Information

If you have any questions or concerns about the Trust's privacy practices, or about this Notice, or if you wish to obtain additional information about the Trust's privacy practices, please contact:

HIPAA Privacy Officer
Oregon Homecare Workers Supplemental Trust
Carewell SEIU 503
PO Box 94253
Seattle, WA 98124-6553

DETAILED NOTICE OF THE TRUST'S PRIVACY POLICIES

THE TRUST'S USES AND DISCLOSURES

Except as described in this section, as provided for by federal privacy law, or as you have otherwise authorized, the Trust uses and discloses your health information only for the administration of the Trust and the processing of your benefits. The Trust will not use or share your information other than as described here unless you authorize otherwise in writing. You may change your mind at any time by notifying the Trust in writing.

Uses and Disclosures for Treatment, Payment, and Healthcare Operations

We typically use or share your health information in the following ways:

1. **To help manage the healthcare treatment you receive.** Although the Trust does not anticipate making disclosures "for treatment," if necessary, the Trust may make such disclosures without your authorization. For example, the Trust may disclose your health information to a healthcare provider to assist the provider in treating you.

2. **For Pay for Health Services**. The Trust may use and disclose your health information so that claims for treatment, services, and supplies that you receive from healthcare providers can be paid according to the Trust's program of benefits. For example, the Trust may share your enrollment, eligibility, and claims information with the Trust's claim processors, so that they may process your claims. The Trust may use or disclose your health information to healthcare providers to notify them as to whether certain health benefits are covered. The Trust may also disclose your health information to other insurers or benefit plans to coordinate payment of your healthcare claims with others who may be responsible for certain costs. In addition, the Trust may disclose your health information to claims auditors to review billing practices of healthcare providers, and to verify the appropriateness of claims payment.

3. **For Trust Operations and Plan Administration**. The Trust may use and disclose your health information to enable it to operate efficiently and in the best interests of its participants. For example, the Trust may disclose your health information to actuaries and accountants for business planning purposes or to attorneys who are providing legal services to the Trust.

Uses and Disclosures to Business Associates

The Trust shares health information about you with its "business associates," which are third parties that assist the Trust in its operations. The Trust discloses information, without your authorization, to its business associates for treatment, payment, and healthcare operations. For example, the Trust shares your health information with the Trust's claim processors so that they may process your claims. The Trust may disclose your health information to auditors, actuaries, accountants, and attorneys as described above, and the Trust may provide names and address information to mailing services. In addition, if you are a non-English speaking participant who has questions about a claim, the Trust may disclose your health information to a translator.

The Plan enters into agreements with its business associates to protect the privacy of your health information.

Uses and Disclosures to Plan Sponsor

The Trust may disclose your health information without your authorization to the Plan Sponsor, which is the Trust's Board of Trustees, for plan administration purposes, such as performing quality assurance

functions and evaluating overall funding of the Trust. The Trust may also disclose your health information to the Plan Sponsor for purposes of hearing and deciding your appeals. Before any health information is disclosed to the Plan Sponsor, the Plan Sponsor will certify to the Trust that it will protect your health information and that it has included language in the Trust rules to reflect its obligation to protect the privacy of your health information.

Other Uses and Disclosures That May Be Made Without Your Authorization

As described below, the federal health privacy law provides for specific uses or disclosures that the Trust may make without your authorization.

1. **Required by Law**. Your health information may be used or disclosed as required by law. For example, your health information may be disclosed for the following purposes:

- For judicial and administrative proceedings pursuant to court or administrative order, legal process, and/or authority.
- To report information related to victims of abuse, neglect, or domestic violence.
- To assist law enforcement officials in their law enforcement duties.
- To notify the appropriate authorities of a breach of unsecured health information.

  Records received from a substance use disorder treatment program, or testimony relaying the content of such records, may not be used or disclosed in a civil, criminal, administrative, or legislative proceeding against you unless based on either your written consent, or a valid court order or subpoena, provided you receive notice of and an opportunity to contest such disclosure.

2. **Health and Safety**. Your health information may be disclosed to avert a serious threat to the health or safety of you or any other person. Your health information may also be disclosed for public health activities, such as preventing or controlling disease, injury, or disability, and to meet the reporting and tracking requirements of governmental agencies, such as the U.S. Food and Drug Administration.

3. **Government Functions**. Your health information may be disclosed to the government for specialized government functions, such as intelligence, national security activities, security clearance activities, and protection of public officials. Your health information also may be disclosed to health oversight agencies for audits, investigations, licensure, and other oversight activities.

4. **Active Members of the Military and Veterans**. Your health information may be used or disclosed in order to comply with laws and regulations related to military service or veterans affairs.

5. **Workers' Compensation**. Your health information may be used or disclosed in order to comply with laws and regulations related to Workers' Compensation benefits.

6. **Emergency Situations**. Your health information may be used or disclosed to a family member or close personal friend involved in your care in the event of an emergency or to a disaster relief entity in the

event of a disaster. If you do not want this information to be shared, you may request that these types of disclosures be restricted as outlined later in this Notice.

7. **Others Involved in Your Care**. Under limited circumstances, your health information may be disclosed to a family member, close personal friend, or others whom the Trust has verified are directly involved in your care (for example, if you are seriously injured and unable to communicate with the Trust). Also, upon request, the Trust may advise a family member or close personal friend about your general condition, location (such as in the hospital), or death. If you do not want this information to be shared, you may request that these disclosures be restricted as outlined later in this Notice.

8. **Personal Representatives**. Your health information may be disclosed to people whom you have authorized to act on your behalf or people who have a legal right to act on your behalf. Examples of personal representatives are parents for unemancipated minors and those who have Power of Attorney for adults.

9. **Treatment and Health-Related Benefits Information**. The Trust and its business associates may contact you to provide information about treatment alternatives or other health-related benefits and services that may interest you, including, for example, alternative treatment, services, and medication.

10. **Research**. Under certain circumstances, your health information may be used or disclosed for research purposes as long as the procedures required by law to protect the privacy of the research data are followed.

11. **Organ, Eye, and Tissue Donation**. If you are an organ donor, your health information may be used or disclosed to an organ donor or procurement organization to facilitate an organ or tissue donation or transplantation.

12. **Deceased Individuals**. The health information of a deceased individual may be disclosed to coroners, medical examiners, and funeral directors so that those professionals may perform their duties.

Uses and Disclosures for Fundraising and Marketing Purposes

The Trust and its business associates do not use or sell your health information for fundraising or marketing purposes.

Other Uses and Disclosures Require Your Express Authorization

Uses and disclosures of your health information other than those described above will be made only with your express written authorization. You may revoke your authorization to use or disclose your health information in writing. If you do so, the Trust will not use or disclose your health information as authorized by the revoked authorization, except to the extent that the Trust has already relied on your authorization. Once your health information has been disclosed pursuant to your authorization, the federal privacy law protections may no longer apply to the disclosed health information and that information may be re-disclosed by the recipient without your knowledge or authorization.

YOUR HEALTH INFORMATION RIGHTS

You have the following rights regarding your health information that the Trust creates, collects, and maintains. If you are required to submit a written request related to these rights, as described herein, you should address such requests to:

HIPAA Privacy Officer
Trust Director
Oregon Homecare Workers Supplemental Trust
Carewell SEIU 503
PO Box 94253
Seattle, WA 98124-6553

Right to Inspect and Copy Health Information

You have the right to inspect and obtain a copy of your health record. Your health record includes, among other things, health information about your plan eligibility, plan coverages, claim records, and billing records. For health records that the Trust keeps in electronic form, you may request to receive the records in an electronic format.

To inspect and copy your health record, submit a written request to the HIPAA Privacy Officer. Upon receipt of your request, the Trust will send you a Claims History Report, which is a summary of your claims history that covers the previous 2 years. If you have been eligible for benefits for less than 2 years, then the Claims History Report will cover the entire period of your coverage.

If you do not agree to receive a Claims History Report, and instead want to inspect and/or obtain a copy of some or all of your underlying claims record, which includes information such as your actual claims and your eligibility/enrollment card and is not limited to a 2-year period, please state that in your written request and that request will be accommodated. If you request a paper copy of your underlying health record or a portion of your health record, the Trust will charge you a fee of $0.25 per page for the cost of copying and mailing the response to your request. Records provided in electronic format may also be subject to a small charge.

In certain limited circumstances, the Trust may deny your request to inspect and copy your health record. If the Trust does so, it will inform you in writing. In certain instances, if you are denied access to your health record, you may request a review of the denial.

Right to Request That Your Health Information Be Amended

You have the right to request that your health information be amended if you believe the information is incorrect or incomplete.

To request an amendment, submit a detailed written request to the HIPAA Privacy Officer. This request must provide the reason(s) that support your request. The Trust may deny your request if it is not in writing, it does not provide a reason in support of the request, or if you have asked to amend information that:

- Was not created by or for the Trust, unless you provide the Trust with information that the person or entity that created the information is no longer available to make the amendment;
- Is not part of the health information maintained by or for the Trust;
- Is not part of the health record information that you would be permitted to inspect and copy; or
- Is accurate and complete.

The Trust will notify you in writing as to whether it accepts or denies your request for an amendment to your health information. If the Trust denies your request, it will explain how you can continue to pursue the denied amendment.

Right to an Accounting of Disclosures

You have the right to receive a written accounting of disclosures. The accounting is a list of disclosures of your health information by the Trust to others. The accounting covers up to 6 years prior to the date of your request. If you want an accounting that covers a time period of less than 6 years, please state that in your written request for an accounting.

To request an accounting of disclosures, submit a written request to the HIPAA Privacy Officer. In response to your request for an accounting of disclosures, the Trust may provide you with a list of business associates who make such disclosures on behalf of the Trust, along with contact information so that you may request the accounting directly from each business associate. The first accounting that you request within a 12-month period will be free. For additional accountings in a 12-month period, you will be charged for the cost of providing the accounting, but the Trust will notify you of the cost involved before processing the accounting so that you can decide whether to withdraw your request before any costs are incurred.

Right to Request Restrictions

You have the right to request restrictions on your healthcare information that the Trust uses or discloses about you to carry out treatment, payment, or healthcare operations. You also have the right to request restrictions on your health information that the Trust discloses to someone who is involved in your care or the payment for your care, such as a family member or friend. The Trust is generally not required to agree to your request for such restrictions, and the Trust may terminate its agreement to the restrictions you requested. The Trust is required to agree to your request for restrictions in the case of a disclosure for payment purposes where you have paid the healthcare provider in full, out of pocket.

To request restrictions, submit a written request to the HIPAA Privacy Officer that explains what information you seek to limit, and how and/or to whom you would like the limit(s) to apply. The Trust

will notify you in writing as to whether it agrees to your request for restrictions, and when it terminates agreement to any restriction.

Right to Request Communications by Alternative Means or at Alternative Location

You have the right to request that your health information be communicated to you in confidence by alternative means or in an alternative location. For example, you may ask that you be contacted only at work or by mail, or that you be provided with access to your health information at a specific location.

To request communications by alternative means or at an alternative location, submit a written request to the HIPAA Privacy Officer. Your written request should state the reason(s) for your request, and the alternative means by or location at which you would like to receive your health information. If appropriate, your request should state that the disclosure of all or part of the information by non-confidential communications could endanger you. Reasonable requests will be accommodated to the extent possible, and you will be notified appropriately.

Right to Complain

You have the right to complain to the Trust and to the Department of Health and Human Services if you believe your privacy rights have been violated. To file a complaint with the Trust, submit a written complaint to the HIPAA Privacy Officer listed above.

You will not be retaliated against or discriminated against and no services, payment, or privileges will be withheld from you because you file a complaint with the Trust or with the Department of Health and Human Services.

Right to Paper Copy of Notice

You have the right to a paper copy of this Notice. To make such a request, submit a written request to the HIPAA Privacy Officer listed above. You may also obtain a copy by submitting a written request to:

HIPAA Privacy Officer
Oregon Homecare Workers Supplemental Trust
Carewell SEIU 503
PO Box 94253
Seattle, WA 98124-6553

Right to Receive Notice of a Breach

You will be notified promptly if your health information has been breached. A breach occurs when there has been an unauthorized use or disclosure under HIPAA that compromises the privacy or security of protected health information. The notice will provide you with the following information: (1) a brief description of what happened, including the date of the breach and the date of the discovery of the breach; (2) the steps you should take to protect yourself from potential harm resulting from the breach;

and (3) a brief description of what steps are being taken to investigate the breach, mitigate losses, and to protect against further breaches. Please note that not every unauthorized disclosure of health information is a breach that requires notification; you may not be notified if the health information that was disclosed was adequately secured — for example, computer data that is encrypted and inaccessible without a password — or if it is determined that there is a low probability that your health information has been compromised.

CHANGES IN TRUST'S PRIVACY POLICIES

The Trust reserves the right to change its privacy practices and make the new practices effective for health information that it maintains, including health information that it created or received prior to the effective date of the change and health information it may receive in the future. If the Trust materially changes any of its privacy practices, it will revise this Notice and provide you with the revised Notice, either by U.S. Mail or email, within 60 days of the revision. In addition, copies of the revised Notice will be made available to you upon your written request and will be made available for review at the Trust Office.

EFFECTIVE DATE

This Notice was first effective on February 16, 2026. This Notice will remain in effect unless and until the Trust publishes a revised Notice.