



UNITE HERE NORTHWEST TRUST FUNDS

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www.uniteherenwtrusts.com

UNITEHERE NORTHWEST HEALTH TRUST FUND

NOTICE OF PRIVACY PRACTICES

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.

Pursuant to regulations issued by the federal government, the UniteHERE Northwest Health Trust Fund (Fund) is providing you this Notice about the possible uses and disclosures of your health information. Your health information is information that constitutes protected health information as defined in the Privacy Rules issued by the Department of Health and Human Services pursuant to the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"). As required by law, the Fund has established a policy to guard against unnecessary disclosure of your health information. This Notice describes the circumstances under which and the purposes for which your health information may be used and disclosed and your rights in regard to such information. This Notice is also available at the Fund's website: www.uniteherenwtrusts.com.

USE AND DISCLOSURE OF HEALTH INFORMATION

Your health information may be used and disclosed without an authorization in the following situations:

To Make or Obtain Payment. The Fund may use or disclose your health information to make payment to or collect payment from third parties, such as other health plans or providers, for the care you receive. For example, the Fund may use health information to pay your claims or share information regarding your coverage or health care treatment with other health plans to coordinate payment of benefits.

To Facilitate Treatment. The Fund may disclose information to facilitate treatment which involves providing, coordinating or managing health care or related services. For example, the Fund may disclose the name of your treating physician to another physician so that the physician may ask for your x-rays.

To Conduct Health Care Operations. The Fund may use or disclose health information for its own operations, to facilitate the administration of the Fund and as necessary to provide coverage and services to all of the Fund's participants. Health care operations includes: making eligibility determinations; contacting health care providers;

providing participants with information about health-related issues or treatment alternatives; developing clinical guidelines and protocols; conducting case management; medical review and care coordination; handling claim appeals; reviewing health information to improve health or reduce health care costs; participating in drug or disease management activities; conducting underwriting; premium rating or related functions to create, renew or replace health insurance or health benefits; and performing the general administrative activities of the Fund (such as providing customer service, conducting compliance reviews and auditing, responding to legal matters and compliance inquiries, handling quality assessment and improvement activities, business planning and development including cost management and planning related analyses and formulary development, and accreditation, certification, licensing or credentialing activities). For example, the Fund may use your health information to conduct case management of ongoing care or to resolve a claim appeal you file.

For Disclosure to the Plan Trustees. The Fund may disclose your health information to the Board of Trustees (which is the plan sponsor) and to necessary advisors which assist the Board of Trustees in performing plan administration functions, such as handling claim appeals. The Fund also may provide summary health

information to the Board of Trustees so that it may solicit bids for services or evaluate its benefit plans. Summary health information is information which summarizes participants' claims information but from which names and other identifying information have been removed. The Fund may also disclose information about whether you are participating in the Fund or one of its available options.

Disclosure Where Required By Law. In addition, the Fund will disclose your health information where applicable law requires. This includes:

a. In Connection With Judicial and Administrative Proceedings

The Fund will in response to an order from a court or administrative tribunal disclose protected health information in accordance with the express terms of such an order. The Fund may also disclose protected health information in response to a subpoena or other lawful process if the Fund receives satisfactory documentation that you have received notice of the subpoena or legal process, the notice provided sufficient information to allow you to raise an objection and the time for raising an objection has passed and either no objections were filed or were resolved by the court or administrative tribunal. Alternatively, the party requesting disclosure may provide satisfactory documentation you have agreed to the disclosure or that it has obtained a qualified protective order which meets the requirements of the Privacy Rules and which allows for disclosure.

For example, if the Fund receives a court order requiring it to disclose certain information, it will respond to the court order.

b. When Legally Required and For Law Enforcement Purposes

The Fund will disclose your protected health information when it is required to do so for law enforcement purposes. This may include compliance with laws which require reporting certain types of injuries, pursuant to court issued legal process; or a grand jury subpoena or other administrative requests if satisfactory documentation is provided that the request is relevant to a legitimate law enforcement purpose,

the request is reasonably tailored to meet this legitimate law enforcement purpose and de-identified information cannot be reasonably provided as an alternative. Additionally, limited disclosure may be made for purposes of identifying or locating a suspect, fugitive, material witness or missing person, identifying a victim of a crime or in connection with a criminal investigation that occurred on Fund premises.

For example, the Fund could upon request of a law enforcement agency provide information concerning the address of a fugitive.

c. To Conduct Public Health and Health Oversight Activities

The Fund may disclose your health information to a health oversight agency for authorized activities (including audits, civil administrative or criminal investigations, inspections, licensure or disciplinary action), government benefit programs for which health information is relevant, or to government agencies authorized by law to receive reports of abuse, neglect or domestic violence as required by law. The Fund, however, may not disclose your health information if you are the subject of an investigation and the investigation does not arise out of or is not directly related to your receipt of health care or public benefits.

d. In the Event of a Serious Threat to Health or Safety

The Fund may, consistent with applicable law and ethical standards of conduct, disclose your health information if the Fund, in good faith, believes that such disclosure is necessary to prevent or lessen a serious and imminent threat to your health or safety or to the health and safety of the public. For example, the Fund may disclose evidence of a threat to harm another person to the appropriate authority.

e. For Specified Government Functions

In certain circumstances, federal regulations require the Fund to use or disclose your health information to facilitate specified government functions related to the military and veterans, national security and intelligence activities, protective services for the president and others, and correctional institutions and inmates.

f For Workers Compensation

The Fund may release your health information to the extent necessary to comply with laws related to workers compensation or similar programs.

g To Your Personal Representative

The Fund may disclose your health information to an individual who is authorized by you or applicable law to serve as your personal representative.

Substance Use Disorder Information

If you are receiving treatment for a substance use disorder, your records may be protected by federal law and regulations (42 CFR Part 2) that provide additional privacy protections beyond HIPAA. The Fund is required to obtain your written consent before disclosing information identifying you as a patient with a substance use disorder, except in limited circumstances. Information disclosed pursuant to your consent may be subject to redisclosure by the recipient and may no longer be protected by 42 CFR Part 2.

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

AUTHORIZATION TO USE OR DISCLOSE HEALTH INFORMATION

Other than as stated above, the Fund will not disclose your health information without your written authorization. Generally, you will need to submit an Authorization if you wish the Fund to disclose your health information to someone other than yourself. Authorization forms are available from the Privacy Contact Person listed below.

If you have authorized the Fund to use or disclose your health information, you may revoke that Authorization in writing at any time. The

revocation should be in writing.

Include a copy of or reference to your Authorization and be sent to the Privacy Contact Person listed below.

Special rules apply about disclosure of psychotherapy notes. Your written Authorization generally will be required before the Fund will use or disclose psychotherapy notes. Psychotherapy notes are a mental health professional's separately filed notes which document or analyze the contents of a counseling session. They do not include summary information about your mental health treatment or information about medications, session stop and start times, the diagnosis and other basic information. The Fund may use and disclose psychotherapy notes when needed to defend against litigation filed by you or as necessary to conduct Treatment, Payment and Health Care Operations.

YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION

You have the following rights regarding your health information that the Fund maintains:

Right to Request Restrictions. You may request restrictions on certain uses and disclosures of your health information. You have the right to request a limit on the Fund's disclosure of your health information to someone involved in payment for your care. However, the Fund is not required to agree to your request.

Right to Inspect and Copy Your Health Information. You have the right to inspect and copy your health information. This right, however, does not extend to psychotherapy notes or information compiled for civil, criminal or administrative proceeding. The Fund may deny your request in certain situations subject to your right to request review of the denial. A request to inspect and copy records containing your health information must be made in writing to the Privacy Contact Person listed below. If you request a copy of your health information, the Fund may charge a reasonable fee for copying, assembling costs and postage, if applicable, associated with your request.

Right to Receive Confidential Communications. You have the right to request that the Fund communicate with you in a certain way if you feel

the disclosure of your health information through regular procedures could endanger you. For example, you may ask that the Fund only communicate with you at a certain telephone number or by e-mail. If you wish to receive confidential communications, please make your request in writing to the Privacy Contact Person listed below. The Fund will attempt to honor reasonable requests for confidential communications.

Right to Amend Your Health Information. If you believe that your health information records are inaccurate or incomplete, you may request that the Fund amend the records. That request may be made as long as the information is maintained by the Fund. A request for an amendment of records must be made in writing to the Fund's Privacy Contact Person listed above. The Fund may deny the request if it does not include a reasonable reason to support the amendment. The request also may be denied if your health information records were not created by the Fund, if the health information you are requesting to amend is not part of the Fund's records, if the health information you wish to amend falls within an exception to the health information you are permitted to inspect and copy, or if the Fund determines the records containing your health information are accurate and complete.

Right to an Accounting. You have the right to request a list of disclosures of your health information made by the Fund. The request must be made in writing to the Privacy Contact Person. The request should specify the time period for which you are requesting the information. No accounting will be given of disclosures made: to you; for Treatment, Payment or Health Care Operations; disclosures made before April 14, 2003; disclosures for periods of time going back more than six years; or in other limited situations. The Fund 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 Fund will inform you in advance of the fee, if applicable.

Right to a Paper Copy of this Notice. You have a right to request and receive a paper copy of this Notice at any time, even if you have received this Notice previously or agreed to receive the Notice

electronically. To obtain a paper copy, please contact the individual listed below. If this Notice is modified you will be mailed a new copy.

Privacy Contact Person/Privacy Official. To exercise any of these rights related to your health information you should contact the Privacy Contact Person listed below. The Fund has also designated a Privacy Official to oversee its compliance with the Privacy Rules who is also listed below.

Privacy Contact Person

UniteHERE Northwest Health Trust Fund Account Executive
Northwest Administrators, Inc.
2323 Eastlake Avenue E.
Seattle, WA 98102
Phone: (844) 411-0786

Privacy Official

UniteHERE Northwest Health Trust Fund Privacy Office
Northwest Administrators, Inc.
2323 Eastlake Avenue E.
Seattle, WA 98102
Phone: (844) 411-0786
privacy_office@nwadmin.com

DUTIES OF THE TRUST

The Fund is required by law to maintain the privacy of your health information as set forth in this Notice and to provide to you this Notice summarizing its privacy practices and duties. The Fund is required to abide by the terms of this Notice, which may be amended from time to time. The Fund reserves the right to change the terms of this Notice and to make the new Notice provisions effective for all health information that it maintains. If the Fund changes its policies and procedures, the Fund will revise the Notice and will provide you a copy of the revised Notice within 60 days of the change.

You have the right to request a written copy of the Notice at any time. You have the right to express complaints to the Fund and to the Secretary of the Department of Health and Human Services if you believe that your privacy rights have been violated. Any complaints to the Fund should be made in writing to the Privacy Official identified above. The Fund encourages you to express any concerns

you may have regarding the privacy of your health information. You will not be retaliated against in any way for inquiring about or filing a complaint about privacy matters.

EFFECTIVE DATE

This notice and the rights it describes are effective February 16, 2026.

Usted puede solicitar ayuda de traducción en español llamando a la Oficina de Administración al número telefónico que aparece arriba.

Maaari kang humiling ng pagsasalin ng tulong mula sa Admistration Office sa Tagalog sa pamamagitan ng pagtawag sa numero ng telepono na nakalista si itaas.

Bạn có thể yêu cầu hỗ trợ dịch tiếng Việt từ Văn phòng Cục Quản lý bằng cách gọi số điện thoại được liệt kê ở trên.
你可以通过调用行政办公室在上面列出的电话号码, 请求帮助中国的翻译。

Вы можете обратиться за помощью в переводе на русский язык по телефону Управления Администрации по номеру телефона , указанному выше.