

## Railroad Maintenance and Industrial Health and Welfare Fund

# NOTICE OF PRIVACY PRACTICES

**EFFECTIVE DATE: FEBRUARY 16, 2026**

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.

Under federal law, sponsors of group health care plans are required to notify plan participants and beneficiaries about how the plan uses and discloses “protected health information” (“PHI”) maintained by the plan on behalf of participants and beneficiaries.

“PHI” refers to information that identifies an individual and relates to the individual’s past, present, or future physical or mental health or condition, the provision of health care, or payment for health care.

Under the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”), federal law identifies the circumstances under which PHI may be used or disclosed by the Fund without your authorization, the circumstances under which your authorization is required, and the rights you have with respect to your PHI. The basic purpose of the regulations is to protect the privacy of your PHI, that is, to make sure it is used primarily for the provision of medical care and the processing and payment of health claims and determination of coverage.

The Railroad Maintenance and Industrial Health and Welfare Fund (“Fund”) is a multiemployer, self-funded group health plan administered in accordance with the Employee Retirement Income Security Act (“ERISA”). The Fund is administered by its Board of Trustees, which serves as the plan administrator. The privacy official of the Fund is Dora L. Crenshaw, telephone: 217-787-2923, email: dorac@rrfunds.org, address: 2725 West Monroe Street, Springfield, IL 62704.

**Part I** of this Notice, beginning below, provides an easy-to-read summary of the various regulatory requirements governing the privacy of protected health information.

**Part II**, which follows, provides a more detailed description of these requirements, including references to applicable sections of the HIPAA regulations where you can find additional information.

### **PART I: A SUMMARY OF THE PRIVACY RULES**

#### **Use of PHI Without Your Authorization**

Under federal law, the Fund does **not** need your authorization to use or disclose PHI when such information is needed for:

- Determining eligibility for benefits
- Processing and paying claims
- Health care operations of the Fund

In addition, the Fund does not need your authorization when requests are received for PHI from public health agencies, law enforcement agencies, agencies dealing with child abuse or domestic violence, state or federal courts, health research agencies, or organ procurement organizations, as permitted by law. However, the Fund will release only the minimum amount of PHI necessary to accomplish the purpose of the request, where required by law.

### **Your Options**

You have the right to request that the use or disclosure of PHI for any of the purposes listed above be limited in some fashion. **Such requests should be submitted in writing to the Fund. The Fund may make standard forms available to facilitate requests, but use of a specific form is not required.**

The Fund is not obligated to comply with your request except in certain instances required by law, including where you have paid your health care provider in full out of pocket and request that the PHI not be disclosed to another health plan for purposes of payment or health care operations. If the trustees do agree to your request, the Fund will be bound by that agreement, except as otherwise permitted by law.

### **What the Fund May Not Do With Your PHI**

The Fund is not permitted to use or disclose your PHI **for marketing purposes or to sell your PHI** without your written authorization, except as permitted by law.

### **Your Rights With Respect to PHI**

Under federal law, you have the right to:

1. **Inspect and obtain a copy** of PHI maintained in a designated record set.
2. **Request an amendment or change** of PHI you believe is inaccurate or incomplete.
3. **Request restrictions** on certain uses or disclosures of PHI (subject to HIPAA limitations).
4. **Request confidential communications**, such as receiving communications at an alternative address.
5. **Request an accounting of certain disclosures** of your PHI.
6. **Receive notice of a breach** of unsecured PHI.
7. **Obtain a copy of this Notice** at any time.

## **PART II: DETAILS ON THE FUND'S PRIVACY RULES**

### **Uses and Disclosures of PHI Without Authorization**

The Fund may use or disclose PHI without your authorization for treatment, payment, and health care operations. When the Fund provides PHI for these purposes, it will make reasonable efforts to limit the PHI disclosed to the minimum necessary. An example of each of these purposes follows.

**Treatment.** A service provider will often need to check with the Fund Office to make sure you are eligible for coverage or a service provider may need to know information about prior treatment relevant to your current care, including what an earlier diagnosis was and what treatment was prescribed. The Fund is permitted to provide such PHI to the service provider without your consent.

**Claims Processing and Payment.** The Fund usually receives a bill from each service provider who treated you (hospital, physician, lab, clinic, etc.) containing a diagnosis and a description of services rendered for a specific patient. This is PHI. The Fund uses this information to process the claim and to generate a check for the appropriate payment of the service provider in accordance with the Fund's rules.

**Health Care Operations.** The Fund sometimes uses PHI for case management of specific patients (such as diabetics, heart patients, cancer patients, etc.), for providing insurance carriers with de-identified or aggregated data needed by the carrier to quote premiums to the Fund, for utilization review where alternative treatment options are available, and for detection of fraud and abuse. For purposes of obtaining premium quotes, the Fund is prohibited from using or disclosing PHI that is genetic information.

### **Other Purposes for Which PHI May Be Used Without Authorization**

In addition to the purposes described above, the Fund may use or disclose PHI without your authorization as permitted or required by law, including:

- **Public health activities**, such as preventing or controlling disease, injury, or disability.
- **Reporting suspected abuse, neglect, or domestic violence** to appropriate government authorities, as required or permitted by law.
- **Health oversight activities**, including audits, investigations, inspections, licensure, or other activities authorized by law to oversee the health care system.
- **Judicial and administrative proceedings**, such as responding to court orders or subpoenas in accordance with applicable legal requirements.
- **Law enforcement purposes**, including disclosures required by law or permitted to assist in identifying or locating a suspect, fugitive, material witness, or missing person.
- **Correctional institution or lawful custody situations**, when disclosure is necessary to protect the health or safety of an individual or others.
- **Organ and tissue donation**, such as disclosures to organ procurement organizations.
- **Research activities**, subject to applicable legal safeguards and oversight requirements.
- **Workers' compensation purposes**, as authorized by applicable law.

### **Uses and Disclosures Requiring Authorization**

Except as otherwise permitted or required by law, the Fund will not use or disclose PHI without your written authorization. You may revoke an authorization at any time in writing, except to the extent the Fund has already relied on it.

## **YOUR RIGHTS REGARDING ACCESS TO YOUR OWN PHI**

### **A. Restrictions on Uses and Disclosures**

You may request that restrictions be placed on the uses and disclosures of your PHI for treatment, payment of claims, or health care operations. **Requests should be submitted in writing to the Fund. The Fund may make standard forms available to facilitate requests, but use of a specific form is not required.**

The Fund must agree to your request if the use or disclosure of your PHI to another health plan pertains to payment or health care operations and you, or someone acting on your behalf, have paid in full for the covered health care item or service, unless the use or disclosure is otherwise required by law. Otherwise, the Fund is not required to agree to a requested restriction.

Even if the Fund agrees to a restriction, the Fund may be required to use or disclose such information for emergency treatment or as otherwise required by state or federal law. **You may terminate a restriction at any time, either orally or in writing. The Fund may also terminate a restriction as permitted by law.**

### **B. Access to and Copies of PHI**

You may ask to inspect or obtain a copy of your PHI found in a “designated record set.” A designated record set includes:

1. Medical and billing records maintained by the Fund or by a health care provider; and
2. Enrollment, payment, claims adjudication, and case management records maintained by the Fund.

**Requests for access should be submitted to the Fund.** The Fund will arrange a convenient time and place for you to inspect or obtain a copy of the requested PHI and will discuss the scope and format of the request with you in advance, if necessary. **Access will be provided within 30 days after the request is received, with one additional 30-day extension if permitted by law.** If the Fund denies access, you will receive a written denial explaining the reason(s) and the procedures available for review of the decision. If you request copies, **the Fund may charge a reasonable, cost-based fee as permitted by HIPAA,** including costs for copying and postage, if applicable. You will be informed of any fees in advance.

### **C. Amendment of PHI**

You have the right to request that your PHI be amended if you believe it is inaccurate or incomplete. **Requests should be submitted in writing to the Fund.** The Fund will respond to your request within 60 days after receipt, with one permitted extension if necessary. If approved, the Fund will notify other parties as required by law. If denied, you will receive a written explanation, notice of your right to submit a statement of disagreement, and information regarding further review.

### **D. Confidential Communications**

You have the right to request that communications containing PHI be sent to an address other than your home address or by alternative means. The Fund will accommodate all reasonable requests and must say “yes” if you tell us you would be in danger if we do not.

#### **E. Paid-in-Full Restriction**

You have the right to request that PHI not be disclosed to another health plan for purposes of payment or health care operations if you have paid for the health care item or service in full out of pocket. This restriction does not apply to disclosures for treatment.

#### **F. Electronic Health Records and Accounting**

You have the right to request a copy of PHI maintained in an electronic health record, if applicable, and to direct the Fund to transmit such information to a person or entity designated by you. The Fund does not generally maintain electronic health records. **Any fees charged will be limited to the Fund’s actual, reasonable cost and will be disclosed in advance.** You also have the right to request an accounting of certain disclosures of PHI, as required by HIPAA.

#### **ACCESS OF PARENTS TO THE PHI OF THEIR CHILDREN**

Under the privacy rules a parent usually acts as a "personal representative" of his or her child. As a result, parents generally have authority to access or to amend their child's PHI, unless access is restricted by applicable law. The Fund may require proper documentation.

#### **WHAT THE FUND IS PROHIBITED FROM DOING WITHOUT YOUR AUTHORIZATION**

The Fund and any entity performing services on its behalf may not use or disclose PHI for marketing purposes or sell PHI without your written authorization, except as permitted by law.

If the Fund makes communications about health-related products or services, it will comply with HIPAA marketing requirements, including identification of the Fund and disclosure of any remuneration, where applicable. You will be given an opportunity to opt out of such communications when required by law.

#### **SUBSTANCE USE DISORDER RECORDS (42 C.F.R. Part 2)**

Substance use disorder treatment records (SUD Records) received from a program covered by 42 CFR Part 2 (a “Part 2 Program,” which is a program that is federally assisted and provides substance use disorder diagnosis or treatment), or testimony relaying the content of such records, are subject to additional federal confidentiality protections beyond HIPAA and may be used or disclosed only as permitted by applicable law. Such records may be used or disclosed with written consent, pursuant to a court order and a subpoena, or as otherwise permitted for treatment, payment, or health care operations consistent with 42 C.F.R. Part 2 and the HIPAA Privacy Rule. Additional restrictions may apply to the use or disclosure of SUD Records in civil, criminal, administrative, or legislative proceedings, as required by applicable law.

If the Plan receives SUD Records about you from a Part 2 Program pursuant to a consent you provided to the Part 2 Program to use and disclose your SUD records for all future purposes of treatment, payment or health care operations, the Plan may use and disclose your SUD records for the purposes of treatment, payment or health care operations, as described above, consistent with such consent until the Plan receives notification that you have revoked such consent in writing. When disclosed to the Plan for treatment, payment, and health care operations activities, the Plan may further disclose those SUD records in accordance with HIPAA regulations, subject to any applicable limitations under 42 C.F.R. Part 2.

### **FUNDRAISING**

The Plan will not use or disclose your PHI (including, but not limited to SUD Records) for any fundraising activities whether for the benefit of the Plan, or for or on behalf of others. If the Plan were to engage in fundraising activities in the future, any use or disclosure of PHI would occur only in compliance with applicable HIPAA requirements, and any use or disclosure of SUD Records would occur only with your prior written consent, as required by 42 C.F.R. Part 2.

### **BREACH NOTIFICATION**

If unsecured PHI is compromised, you will receive notice of the breach without unreasonable delay and no later than 60 days following discovery, as required by HIPAA.

### **CHANGES TO THIS NOTICE**

The Fund reserves the right to change this Notice and make the revised Notice effective for PHI it maintains. Any revised Notice will be distributed in accordance with applicable law.

### **NEED HELP?**

If you have questions or complaints, please contact the Fund office. You may also file a complaint with the U.S. Department of Health and Human Services. The Fund will not retaliate against you for filing a complaint.

### **Privacy Official**

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