

HIPAA Notice of Privacy Practices

This notice describes how medical information about you may be used and disclosed by the Michigan Conference of Teamsters Welfare Fund (MCTWF) and how you can obtain access to this information. Please review it carefully. A complete copy of your privacy rights can be found on our website at www.mctwf.org. Select the *Information* tab and choose *HIPAA Privacy Rule*.

YOUR RIGHTS

You have the right to:

Obtain an electronic or paper copy of your medical record

- You can ask to see or obtain an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Request to correct your medical record

- You can ask us to correct health information about you which you believe is incorrect or incomplete. Ask us how to do this.
- We may deny your request, but we will provide you with an explanation in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.

Request that we limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations. The request may be denied if failure to provide the information may affect your care.
- You can ask us not to share information regarding your out-of-pocket payment for service or healthcare with your health insurer. We will only share information for which we are legally obligated to do so.

Request a list of those with whom we've shared information

- You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We will provide one accounting a year free of charge, but will assess a reasonable, cost-based fee for subsequent requests within the same 12-month period.

Obtain a copy of this privacy notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose 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 on your behalf.
- We will verify that the person, or entity named, has this authority to act on your behalf before we take any action.

File a complaint if you feel your rights are violated

- You can file a complaint if you believe that we have violated your rights by contacting us.
- 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/.
- We will not retaliate against you for filing a complaint.

YOUR CHOICES

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

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

- Whether to share information with your family, close friends, or others involved in your care.
- Whether to share information in a disaster relief situation.
- Whether to include your information in a hospital directory.

If you are unable to communicate your preference, we may share your information if we believe it is in the best interest of your healthcare treatment.

OUR USES AND DISCLOSURES

Some federal and state laws may require special privacy protections that restrict the use and disclosure of certain types of health information. Such laws may protect the following types of information: 42 CFR part 2 relating to the use and disclosure of substance use disorder, biometric information, child or adult or neglect including sexual assault, communicable diseases, genetic information, HIV/AIDS, mental health, minors' information, prescriptions, reproductive health, and sexually transmitted diseases. The Plan will follow the more stringent law, where applicable.

How do we typically use or share your health information?

Healthcare treatment

We can use your health information and share it with other professionals who are treating you.

Bill for your services

We can use and share your health information to bill and obtain payment from health plans or other entities.

Comply with the law

We will share information about you if required by federal, state, or local law, including agencies that monitor our compliance with privacy laws.

Respond to organ and tissue donation requests

Under limited circumstances, we can share health information about you with organ procurement organizations.

Work with a medical examiner or funeral director

Under limited circumstances, we can share health information with a coroner, medical examiner, or funeral director when an individual dies.

OTHER USES AND DISCLOSURES

The Plan will not (1) supply confidential information to another entity for its marketing purposes in violation of the privacy regulations, or (2) sell your confidential information in violation of the privacy regulations. The Plan generally will require an authorization form for use and disclosure of your PHI for sales or marketing purposes if the Plan receives direct or indirect payment from the entity whose product or service is being marketed or sold. You have a right to revoke an authorization at any time.

PROTECTIONS FOR SENSITIVE INFORMATION

In addition to the standard protections provided by HIPAA, federal law (42 CFR Part 2) provides enhanced confidentiality protections for records related to substance use disorder treatment. These records are subject to stricter privacy rules than other types of protected health information (PHI) and, in most cases, cannot be disclosed without your specific written authorization. To the extent that the Plan receives substance use disorder treatment records from programs subject to 42 CFR Part 2, or testimony relating the content of such records, the Plan will not use or disclose such records in civil, criminal, administrative, or legislative proceedings against the individual who is the subject of the records, unless the use or disclosure is based on written consent, or a court order after notice and an opportunity to be heard is provided to the individual 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.

OUR RESPONSIBILITIES

- We are required by law to maintain the privacy and security of your protected health information.
- We will inform you promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you request in writing that we release the information requested. You may cancel your authorization at any time by submitting a written termination notice. The information used or disclosed pursuant to your written authorization may be subject to re-disclosure by the person or class of persons or facility receiving it, and would then no longer be protected by federal regulations, except as prohibited by law.

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

This Notice applies to all affiliates, employees, agents, and community partners of the Michigan Conference of Teamsters Welfare Fund.

CHANGES TO THE TERMS OF THIS NOTICE:

MCTWF may modify the terms of this notice at its discretion. The modifications will apply to all of the Protected Health Information we have on file for you, and the changes will apply to all information we have about you. The revised notice will be available on our web site, and we will also mail a copy to you at your address of record, unless otherwise directed.

Privacy Officer: Gail Wilson
(313) 964-2400 ext. 202 - gwilson@mctwf.org

This notice was updated February 2026 and is valid until any additional updates are completed.

The Michigan Conference of Teamsters Welfare Fund
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