

ASBESTOS WORKERS 12A ABATEMENT HEALTH FUND

Daniel H. Cook Associates
1040 Avenue of the Americas, 24th Fl.
New York, NY 10018
(212) 505-5050

Notice of Privacy Practices for Protected Health Information

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.**

The Asbestos Workers 12A Abatement Health Fund (the “plan”) is required by law to take reasonable steps to ensure the privacy of your personally identifiable health information. This Notice applies to any self-insured benefits under the plan.

The plan may use or disclosure protected health information for other reasons permitted under federal law. Protected health information is the information the plan creates and obtains in providing benefits to you. Such information may include information regarding your health status, including diagnosis, treatment and claims payment. The plan may make these uses and disclosures without your written authorization or consent.

The Notice is updated as of February 16, 2026.

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get a copy of health and claims records

- You can ask to see or get a copy of your health and claims records and other health information we have about you.
- We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee. The request may be denied by the plan for certain reasons.

Ask us to correct health and claims records

- You can ask us to correct your health and claims records if you think they are incorrect or incomplete.
- We may say “no” to your request, but we’ll tell you why in writing.

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.

- The plan will accommodate any reasonable request.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations.
- We are not required to agree to your request, and we may say “no” if it would affect your care.

Get 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 as required to be maintained by law by delivering a written request to the plan using the form provided to you upon request.
- 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).

Get 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.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- If you have questions, would like additional information, or want to report a problem regarding the handling of your information, you may contact the privacy officer listed at the end of this Notice.
- You can 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:

- Share information with your family, close friends, or others involved in payment for your care
- Share information in a disaster relief situation

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases we *never* share your information unless you give us written permission:

- Marketing purposes
- Sale of your information

Special Considerations Regarding Substance Use Disorder (“SUD”) Records

- The plan grants greater confidentiality protection to SUD records as compared to other forms of PHI in accordance with the law.
- SUD counselling notes will be maintained separate from other records.
- SUD records cannot be used or disclosed in legal cases against you without your express written consent or a court order.
- SUD records may be used or disclosed without your express written consent to medical personnel for bona fide medical emergencies where your prior written cannot be obtained and/or for certain treatment, payment, or health care operations.
- You have the right to revoke consent to use or disclose SUD records.
- You can provide a single consent for all future uses or disclosures related to treatment, payment, and health care operations purposes.
- When SUD records are shared, they will be accompanied by a notice prohibiting any further sharing unless otherwise permitted.

Our Uses and Disclosures

How do we typically use or share your health information?

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

Help manage the health care treatment you receive

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

Run our organization

- We can use and disclose your information to run our organization and contact you when necessary.
- We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage.

Pay for your health services

We can use and disclose your health information as we pay for your health services.

Administer your plan

We may disclose your health information to your health plan sponsor for plan administration.

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Do research

We can use or share your information for health research.

Comply with the law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests and work with a medical examiner or funeral director

- We can share health information about you with organ procurement organizations.
- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know 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 tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our web site, and we will mail a copy to you.

Privacy Officer

If you have any questions regarding this Notice or the subjects addressed in it, you may contact the Privacy Officer, specified below, at the Trust Fund Office:

Privacy Officer
c/o Asbestos Workers 12A Abatement Health Fund
1040 Avenue of the Americas, 24th Fl.
New York, NY 10018
(212) 505-5050