CARPENTERS SERVICES ADMINISTRATIVE CORPORATION

445 South Figueroa Street, Suite 1500
Los Angeles, CA 90071-3203

Tel: 213-386-8590 • **Toll Free:** 800-293-1370
csacbenefits.org

NOTICE OF PRIVACY PRACTICES UNDER HIPAA

Western States Carpenters Health and Welfare Trust sponsoring the **Western States Carpenters Health and Welfare Plan for the benefit of Active Carpenters, Retired Carpenters, and Non-Bargaining Unit Employees, and their Eligible Dependents**

Your Information. Your Rights. Our Responsibilities.

This Notice applies to the health care components of the Plan (i.e., medical, dental, vision, life and accidental death and dismemberment, and health reimbursement account ("HRA") benefits. The Plan does not serve as the employer of the administrative staff who handle the Plan's administrative functions, including claims processing, eligibility and enrollment, and privacy compliance. Rather, the Plan is administered by the Carpenters Service Administrative Corporation ("CSAC"), the third-party administrator of the Plan under the oversight of a joint labor-management appointed Board of Trustees. CSAC and its workforce are bound by the same HIPAA privacy policies and procedures as the Plan, and references in this Notice to "we," "us," "our," or the "Plan" include CSAC when it acts on the Plan's behalf. Neither the Plan or CSAC will disclose your health information to a contributing employer or to the Western States Regional Council of Carpenters (and its affiliated local unions) ("Union") for any employment-related purpose.

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.

Effective Date of Notice: November 20, 2026

SUMMARY

Your Rights

You have the right to:

- Get a copy of your health and claims records
- Correct your health and claims records
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice in hard copy or electronic form
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated
- Receive notification if there is a breach of your unsecured protected health information

Your Choices

You have some choices in the way that we use and share information as we:

- Answer coverage questions from your family and friends
- Assist public or private entities in disaster relief efforts

Our Uses and Disclosures

We may use and share your information as we:

- Help manage the health care treatment you receive
- Run our organization
- Pay for your health services
- Administer your health plan
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests and work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions
- Provide proof of a student's immunizations to a school

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. Please contact CSAC's Privacy Officer by calling (800) 293-1370 to obtain a copy of your health and claims records.
- 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.

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. Ask us how to do this.
- We may say "no" to your request, but we'll tell you why 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.
- We will consider all reasonable requests and must say "yes" if you tell us you would be in danger if we do not.

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.
- Please submit any requests to CSAC's Privacy Officer in writing at 445 South Figueroa Street, Suite 1500, Los Angeles, CA 90071-3203.

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 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'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice and notice of a breach

- 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. If there is a breach of your protected health information, we will notify you.

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

- You can file a complaint if you feel we have violated your rights by contacting us using the information on page 7 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 them at 1-877-696-6775, or visiting their website at 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 will not share your information unless you give written permission to CSAC's Privacy Officer by mailing your express written permission to 445 South Figueroa Street, Suite 1500, Los Angeles, CA 90071-3203, or as required by law or court order:

- Psychotherapy Notes. Written authorization is required before we can use or disclose psychotherapy notes about you from your psychotherapist. Psychotherapy notes are separately filed notes about your conversations with your mental health professional during a counseling session. They do not include summary information about your mental health treatment. However, we may use and disclose such notes when needed for the Plan to defend itself against litigation filed by you.

- Marketing and Sale of PHI. We will require your written authorization for uses and disclosures of your PHI for marketing purposes (meaning a communication that encourages you to purchase or use a product or service) except as permitted by HIPAA. We will require your written authorization for any sale of your protected health information ("PHI"). The Plan does not engage in fundraising and does not use PHI for fundraising activities.

You may revoke a prior authorization granted. The Fund's form to revoke a prior authorization is located at https://csacbenefits.org/media/u4incwth/hipaa-authorization-form-eng_rev_42026.pdf.

Substance Use Disorder Treatment Records. If we receive or maintain records from a federally assisted substance use disorder (SUD) treatment program that are protected under 42 CFR Part 2 ("Part 2 Records"), we will use and disclose those records only as permitted by Part 2 and HIPAA and will limit them to the minimum necessary. Part 2 Records, or testimony relaying their content, will not be used or disclosed in any civil, criminal, administrative, or legislative investigation or proceeding against you unless you give specific written consent or a court issues an order that meets the requirements of 42 CFR Part 2, Subpart E, after notice and an opportunity to be heard, accompanied by a subpoena or similar legal mandate. Part 2 Records will never be disclosed to a contributing employer or the Union for employment verification, union eligibility or disciplinary matters, or any employment-related action. We do not use Part 2 Records for fundraising.

Your Personal Representatives

You may exercise your rights to your PHI by designating a "Personal Representative." Your Personal Representative will be required to produce evidence of the authority to act on your behalf before the Personal Representative will be given access to your PHI or be allowed to take any action for you.

Under this Plan, proof of such authority will include:

(1) a completed, signed and approved form to Appoint a Personal Representative (you may obtain this form by contacting the Privacy Officer at their address listed on page 7 of this Notice or you will find the form on the website under "Health/HIPAA forms" at https://csacbenefits.org/media/u4incwth/hipaa-authorization-form-eng_rev_42026.pdf)

(2) a notarized power of attorney for health care purposes; or

(3) court-appointed conservator or guardian.

The Plan retains discretion to deny a Personal Representative access to an individual's PHI if the Plan has a reasonable belief that the result could be to subject the individual to domestic violence, abuse, neglect, or endangerment, or it is the Plan's professional judgment that it is not in the best interests of the individual.

- Current Spouse. An individual's spouse is not automatically the individual's personal representative, for purposes of the HIPAA privacy rules, simply by virtue of the marriage. Under this Plan, we will honor the employee's spouse as their personal representative for Plan benefit payment-type purposes and vice versa, only if each spouse appoints the other spouse as their personal representative by completing a form to Appoint a Personal Representative and submitting this form to the Privacy Officer, or if the Plan is presented with a notarized Health Care Power of Attorney document, or if the Plan is presented with a completed HIPAA-valid Authorization form. These forms are available on the Fund's website under "Health/HIPAA forms" at https://csacbenefits.org/media/u4incwth/hipaa-authorization-form-eng_rev_42026.pdf).
- Parents and Guardians Deemed Personal Representatives of Unemancipated Minors. The Plan will consider a parent, guardian, or other person acting in loco parentis as the Personal Representative of an unemancipated minor (a child generally under age 18) unless the applicable law requires otherwise. In loco parentis may be further defined by state law, but in general it refers to a person who has been treated as a parent by the child and who has formed a meaningful parental relationship with the child for a substantial period of time.
- Authorization Needed for Adult Children. If you have dependent children age 18 and older (e.g. students) covered under the Plan, and the child wants you, as the parent(s), to be able to access their PHI, that child will need to complete a form to Appoint a Personal Representative to designate you and/or your spouse as Personal Representatives. The form is available from the Privacy Officer or on the Fund's website under "Health/HIPAA forms" at: https://csacbenefits.org/media/u4incwth/hipaa-authorization-form-eng_rev_42026.pdf

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.

Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.

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. This does not apply to long term care plans.

Example: We use health information about you to develop better services for you.

Pay for your health services

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

Example: We share information about you with your dental plan to coordinate payment for your dental work.

Administer your plan

- We may disclose your health information to the Board of Trustees, as Plan Sponsor, for Plan administrative functions only. The Board of Trustees has certified that it will not use or disclose your health information for employment-related actions or in connection with the administration and oversight of any other benefit plan.

Other Uses and Disclosures

Any other use or disclosure not described in the notice will only be made with your authorization. The Plan's authorization form can be found on our website at https://csacbenefits.org/media/u4incwth/hipaa-authorization-form-eng_rev_42026.pdf.

Revocation of Prior Authorization

You may revoke a prior authorization granted for psychotherapy notes, marketing, sales or any other authorized use and disclosure. The Fund's form to revoke a prior authorization is located at https://csacbenefits.org/media/u4incwth/hipaa-authorization-form-eng_rev_42026.pdf.

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 visit: 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 hard copy or electronic 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 visit: 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.

Whom to contact at the Plan for more information:

If you have any questions regarding this notice or the subjects addressed in it, you may contact the Privacy Officer, specified below, at CSAC, the Plan's administrative office:

1. **Medical Plans**
   Privacy Officer
   Carpenters Services Administrative Corporation (CSAC)
   445 South Figueroa Street, Suite 1500
   Los Angeles, CA 90071-3203
   Phone: (800) 293-1370
2. **Self-Funded Indemnity Prescription Drug Plan** (Administered by Express Scripts)
   Privacy Officer Express Scripts Privacy Services Unit
   P.O. Box 800
   Franklin Lakes, NJ 07417
   Phone: 1 (800) 939-7087

CARPENTERS SERVICES ADMINISTRATIVE CORPORATION

445 South Figueroa Street, Suite 1500
Los Angeles, CA 90071-3203

Tel: 213-386-8590 • **Toll Free:** 800-293-1370
csacbenefits.org

HIPAA AUTHORIZATION

To provide you with the benefits to which you are entitled, the Western States Carpenters Health & Welfare Trust) (the "**Trust**") must collect, create and maintain information about you. We at the Trust are concerned about the privacy of this information which is referred to as "**Protected Health Information**" or "**PHI**" under the Health Insurance Portability and Accountability Act of 1996 ("**HIPAA**"). To protect PHI, HIPAA requires health plans such as the Trust to maintain policies and procedures regarding how they use and disclose information about participants such as you.

The Notice of Privacy Practices that has been mailed to all members of the Trust's health plans describes how the Trust may use and disclose Protected Health Information about you, as well as the Trust's obligations and your rights with respect to that information. If you would like another copy of the Notice of Privacy Practices, you may request one by calling the Trust Office at (800) 293-1370 or visit the website at csacbenefits.org.

HIPAA establishes limits on those with whom the Trust can discuss your Protected Health Information when you are not present for the conversation. These limits include information regarding your eligibility and the eligibility of your covered dependents, treatment dates and the reasons for any denial of benefits. If you want to authorize the Trust Office to discuss this type of Protected Health Information with another person you must complete the Trust's standard Authorization Form. Generally, you will not need an authorization to obtain Protected Health Information about your minor children. However, you will need an authorization to obtain Protected Health Information about covered dependents that are adults.

You may obtain additional information regarding authorizations by writing to:

Carpenters Services Administrative Corporation
Attn: Privacy Officer
445 South Figueroa Street, Suite 1500
Los Angeles, CA 90071-3203