

MOKAN SHEET METAL WORKERS WELFARE FUND

NOTICE OF PRIVACY PRACTICES

Effective February 16, 2026

THIS NOTICE OF PRIVACY PRACTICES (THE "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.**
- **HOW TO FILE A COMPLAINT CONCERNING A VIOLATION OF THE PRIVACY OR SECURITY OF YOUR HEALTH INFORMATION, OR OF YOUR RIGHTS CONCERNING YOUR INFORMATION.**

YOU HAVE A RIGHT TO A COPY OF THIS NOTICE (IN PAPER OR ELECTRONIC FORM) AND TO DISCUSS IT WITH VIVIAN ANDERSON, PRIVACY OFFICIAL. CALL VIVIAN AT (816) 531-0334 IF YOU HAVE ANY QUESTIONS.

If you have any questions about this Notice, please contact:

Vivian Anderson, Privacy Official
MoKan Sheet Metal Workers Welfare Fund
2902 Blue Ridge Blvd.
Kansas City, MO 64129-0019
(816) 531-0334 / phone
(816) 753-7252 / fax
Vivian@mokansheetmetal.org

Your Information. Your Rights. Our Responsibilities.

MoKan Sheet Metal Workers Welfare Fund (hereinafter "MoKan") understands that health information about individuals covered under the MoKan Medical, Vision, Dental, Employee Assistance Program, and other health benefit plans (the "Plan") is personal and protected. MoKan is committed to protecting health information about its employees and their covered spouses and dependents. This health information may include substance use disorder records ("SUD records"). SUD records may have different protections or requirements than some protected health information. Please use this Notice as a reference. If a use or disclosure of a SUD record is prohibited or materially limited by other applicable law, the use or disclosure will reflect the more stringent law.

The following explains the ways in which the Plan may use and disclose your health information. It also describes the Plan's responsibilities and your rights regarding the use and disclosure of your health information.

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.
- Choose someone to act for you.
- File a complaint if you believe your privacy rights have been violated.

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.
- Provide disaster relief.
- Market our services. We do not sell your information.

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 the 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.

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.
- You must submit your request to inspect or copy your protected health information in writing to the Fund Office at the address and phone number listed above.
- We will provide a copy or a summary of your health and claims records, usually within thirty (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 will tell you why in writing within sixty (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.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with another health insurer. We will say “yes” unless a law requires us to share that information.

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

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.

Opt out of receiving fundraising communications:

We generally do not use or disclose your health information for fundraising purposes. If we ever do, you may elect not to receive any fundraising communications should your health information be used or disclosed for fundraising purposes.

File a complaint if you feel your rights are violated:

- You can complain if you feel we have violated your rights by contacting us using the information on page 1.
- 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.

If you provide consent for the use and disclosure of SUD records, we will utilize that single consent for all future uses or disclosures for treatment, payment, and health care operations purposes.

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. *Please note that once information is disclosed pursuant to your written consent, it may be redislosed by the recipient in accordance with the HIPAA regulations without your authorization.*

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.
- *Example: We use health information about you in connection with conducting quality assessment and improvement activities, care coordination and case management, premium rating or arranging for medical review, legal services, and conducting audit services.*

Pay for your health services:

We can use and disclose your health information to determine eligibility for benefits, to facilitate payment for the treatment and services you receive from health care providers, to determine benefit responsibility under the Plan, or to coordinate plan coverage. *Example: We share information about you with your doctor's office to determine whether a surgery you are scheduled for is covered by the Plan.*

Administer your plan:

Health information may be disclosed to MoKan personnel solely for purposes of administering benefits under the Plan. MoKan has established safeguards and firewalls to limit the class of MoKan employees that has access to your health information, and what they may access.

Example: We may use medical information in connection with conducting quality assessment and improvement activities; care coordination and case management; underwriting, premium rating, and other activities relating to Plan coverage; submitting claims for stop-loss (or excess-loss) coverage; conducting or arranging for medical review, legal services, audit services, and fraud and abuse detection programs; business planning and development such as cost management;

and business management and general Health Plan administrative activities. However, we will not use your genetic information for underwriting purposes.

Business Associates:

We may contract with individuals or entities known as Business Associates to perform various functions on the Plan's behalf or to provide certain types of services. We may disclose your health information to these Business Associates to perform or to provide these services, but only after the Business Associate agrees in writing to implement appropriate safeguards regarding your health information.

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; and
- 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 are 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; and
- 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. We will not disclose SUD records in civil, criminal, administrative, or legislative proceedings against you unless based on written consent, or a court order after notice and an opportunity to be heard is provided to you. A court order authorizing the use or disclosure must be accompanied by a subpoena or other legal document.

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. An authorization in writing cannot be revoked for uses and disclosures that already have occurred.
- 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 website www.mokansheetmetal.org, and we will mail a copy to you.