

NOTICE OF PRIVACY PRACTICES FOR TEAMSTERS UNION LOCAL 170 HEALTH AND WELFARE FUND PART 2 PROGRAMS

FEDERAL LAW PROVIDES ADDITIONAL PRIVACY PROTECTIONS FOR PATIENT RECORDS FROM SOME TEAMSTERS LOCAL 170 HEALTH & WELFARE FUND SUBSTANCE USE DISORDER PROGRAMS

As described in Teamsters Local 170 Health & Welfare Fund Notice of Privacy Practices, patient medical records are protected by federal, and/or state laws and regulations, including the Health Insurance Portability and Accountability Act of 1996 (*HIPPA). Certain substance use disorder records are also protected by federal regulations under 42 CFR Part 2 (“Part 2”). At the Teamsters Local 170 Health & Welfare Fund, the Part 2 regulations apply to treatment records containing information subject to Part 2 which includes information regarding your identity, diagnosis, or treatment when maintained in connection with a program relating to substance use disorder education, prevention, training, treatment, rehabilitation, or research, that is administered or assisted, in whole or in part, by any department or agency of the federal government. Part 2 Information is a subset of protected health information that is subject to additional protection under federal law.

This notice for Teamsters Local 170 Health & Welfare Fund Part 2 programs (“this Notice”) describes the additional confidentiality protections that apply to Part 2- protected records.

This Notice:

- Describes how Part 2- protected records may be used and disclosed;
- Describes your rights with respect to your Part 2- protected records;
- Describes how to file a complaint concerning a violation of the privacy of your Part 2- protected records, or of your rights concerning your Part 2- protected records;
- Supplements Teamsters Local 170 Health & Welfare Fund Notice of Privacy Practices and describes the additional protections for Part 2-protected records; and
- Applies only to your Part 2 -protected records. This Notice does not apply to health information related services you receive outside of Teamsters Local 170 Health & Welfare Fund Part 2 programs. For example, this notice does not apply to information related to care provided outside these programs such as substances abuse screening that is performed in emergency rooms or by your primary care provider.

I. USES AND DISCLOSURES OF PART 2- PROTECTED RECORDS

Teamsters Local 170 Health & Welfare Fund will use and disclose your Part 2-protected records only as described in this Notice or with your written consent.

a. Using and Sharing Part 2-Protected Records Without Consent:

We are allowed to share your Part 2-protected records without your consent in the following situations:

- i. To communicate among staff members within Teamsters Local 170 Health & Welfare Fund Part 2 programs who have a need for the information in connection with their duties to provide diagnosis, treatment, or referral for treatment;
- ii. To medical personnel in a medical emergency;
- iii. To qualified service organizations providing services on our behalf who agree in writing to protect the information in the same way that we are required to protect the information;
- iv. To law enforcement if you commit, or threaten to commit a crime in our facilities or against our personnel;
- v. To report suspected child abuse and neglect as required by applicable law;
- vi. To qualified personnel for research subject to approval and oversight laws;
- vii. To qualified personnel for audit or program evaluation who a) agree in writing to protect the information as required under our policies, b) represent federal, state, or local government agencies that are authorized by law to oversee our program, or c) provide financial assistance to the program or provide payment for health care; or
- viii. To a public health authority, if the information has been de-identified;

ix. For conducting scientific research in compliance with strict federal requirements;

x. In response to certain required audits and evaluations.

b. Consent Requirements for using or Sharing Part 2-Protected Records:

i. When Consent is Required. We will ask for your consent to share your Part 2-protected records in situations not listed in above Section I (a), Including:

- **Treatment, payment and health care operations purposes.** To allow us to share your Part 2-protected records with the doctors treating you at the hospital or another clinic, or for our quality improvement and other operations purposes, you must sign a Part 2 consent form.
- You may provide a single consent for all future uses or disclosures for treatment, payment and health care operations purposes. If the recipient is a HIPPA covered entity (such as another health care provider or insurance company) or a business associate (such a company that assists a health care provider with storing medical records), they may disclose your information as permitted by HIPPA, except in civil, criminal, administrative and legislative proceedings against you.

- **Mandated Treatment.** If you were mandated to receive treatment from Teamsters Local 170 Health and Welfare Fund Part 2 programs through the criminal legal system (including drug court, probation, or parole), you must sign a separate consent form allowing us to share your Part 2-protected records with the criminal legal system such as the court, probation officers, parole officers, prosecutors, or other law enforcement. The duration of your consent (how long it is in effect) and your right to revoke your consent may be more limited than under a standard Part 2 consent form.
- **Prescription Drug Monitoring Programs.** If we are required by law to report SUD medications we prescribe or dispense to a state prescription drug monitoring program, we may disclose information protected by Part 2 with your written consent.
- **Civil, Criminal, Administrative or Legislative Proceedings.** To share your Part 2-protected records or testify about your information in the records in a civil, criminal, administrative, or legislative investigation or proceeding against you, you must sign a separate Part 2 consent form.
- **Other Uses and Disclosures.** Teamsters Local 170 Health and Welfare Fund will make

uses and disclosures of Part 2-protected records not described in this Notice only with your consent or a court order.

- ii. **Revoking (Canceling) Your Consent.** You may revoke your consent at any time, except to the extent that Teamsters Local 170 Health and Welfare Fund has acted in reliance upon it.

You may revoke consent by submitting a request in writing to Teamsters Local 170 Health and Welfare Fund Privacy Officer, or you may request reasonable accommodation for an alternative revocation process by contacting your Part 2 provider.

c. Using or Sharing Part 2-Protected Records in Lawsuits and Legal Actions.

- i. Records, or testimony relaying the content of such records, shall not be used or disclosed in any civil, administrative, criminal, or legislative proceedings against you unless you sign a specific consent form allowing the use or disclosure or a court order the use or disclosure.
- ii. Records shall only be used or disclosed based on a court order after notice and an opportunity to hear is provided to you and /or the holder of the record (Teamsters Local 170 H&W Fund), where required by 42 USC § 290dd-2 and 42 CFR Part 2.
- iii. A court order authorizing use or disclosure must be accompanied

by a subpoena or other similar legal mandate compelling disclosure before the record is used or disclosed.

II. YOUR RIGHTS RELATED TO YOUR PART 2-PROTECTED RECORDS

As patient in a Teamsters Local 170 Health and Welfare Fund Part 2 program, you have the following rights regarding your Part 2-protected records:

- a. **Right to request restrictions.** You have a right to request a restriction or limitation on the Part 2-protected records we use or disclose about you for purposes of treatment, payment, and health care operations, including when you have signed a consent for such disclosures. To request a restriction, submit your request in writing to the Teamsters Local 170 Health and Welfare Fund Privacy Officer (contact information provided below) and tell us: (1) what information you want to limit; (2) whether you want to limit use, disclosure, or both, and (3) to whom you want the limits to apply. We will review your request. If we are agree to your request, we may still share your information where needed for emergency care or where required by law.
- b. **Right to request and obtain restrictions on disclosures to your health insurer.** You have the right to request and obtain restrictions of disclosures to your health plan for those services which you have paid (or which someone has paid on your behalf) in full. To request a restriction, follow the process in above Section II(a). We will agree to your request, unless a law requires us to share the information.

- c. **Right to an accounting of disclosures.** You have a right to ask for an accounting (list) of the times we have shared your Part 2-protected records, who we shared it with, and why. To request an accounting of disclosures, submit your request in writing to the Teamsters Local 170 Health and Welfare Fund Privacy Officer (contact information provided below) and provide the time period for the accounting (not more than six years from the date of your request).
- d. **Right to a list of disclosures by an intermediary.** If you consented to share your Part 2-protected records through an intermediary, you have a right to a list of disclosures by an intermediary for the past 3 years. To request a list of disclosures by an intermediary, submit your request to the intermediary.
- e. **Right to a copy of this notice and discuss this Notice.** To get a paper or electronic copy of this notice or to discuss this Notice with the Teamsters Local 170 Health and Welfare Fund Privacy Officer, submit your request to Southwest Cutoff, Suite 202 Worcester, MA 01604 and/or at 508-791-3416.
- f. **Right to opt-out of fundraising communications.** If you do not want to receive fundraising communications from Teamsters Local 170 Health and Welfare Fund, please submit your request to 330 Southwest Cutoff, Suite 202 Worcester, MA 01604, Attention: Privacy Officer and/or at 508-791-3416.

III. OUR DUTIES.

- a. **Maintaining the privacy of Part 2-protected records.** Teamsters Local 170 Health and Welfare Fund Part 2 programs are required by law to maintain the privacy

of records, to provide patients with notice if its legal duties and privacy practices with respect to Part 2- protected records, and to notify affected patients following a breach of unsecured records.

- b. Following this Notice.** Teamsters Local 170 Health and Welfare Fund Part 2 programs are required to abide by the terms of the Notice currently in effect.
- c. Changing this Notice.** Teamsters Local 170 Health and Welfare Fund reserves the right to change this Notice. We further reserve the right to make the revised or changed Notice effective for information that we already have about you, as well as any information that we receive in the future.

IV. COMPLAINTS.

If you have questions or believe that your privacy rights have been violated, you may file a complaint with:

- a. Teamsters Local 170 Health and Welfare Fund,** Write to 330 Southwest Cutoff, Suite 202 Worcester, MA 01604, Attention: Compliance/Privacy Officer and/or call at 508-791-3416.
- b. HHS. Secretary of Department of Health and Human Services:** Write to the U.S. Department of Health and Human Services Office for Civil Rights, 200 Independence Avenue, SW, Washington, DC 20201, or call 877-696-6775, or visit www.hhs.gov/ocr/privacy/hipaa/complaints.

You will not be retaliated against for filing a complaint.

- V. For additional information.** If you have any questions about this Notice or its contents, please ask a Part 2

Program staff member. You may also contact Teamsters Local 170 Health and Welfare Fund Privacy Officer at Southwest Cutoff, Suite 202, Worcester, MA 01604 and/or at 508-791-3416.

- VI. Effective Date:** This Notice is effective January 26, 2026, and amends in its entirety all prior Teamsters Local 170 Health and Welfare Fund Part 2 Notices.