

## Appendix E

# Privacy Notice

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 AND RETAIN IT WITH YOUR IMPORTANT PAPERS.

THIS NOTICE ALSO DESCRIBES:

- YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION.
- 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 ON PAPER OR IN ELECTRONIC FORM.

IF YOU HAVE QUESTIONS, CONTACT THE PRIVACY OFFICER AT (651)-645-4540.

THIS NOTICE GIVES YOU INFORMATION REQUIRED BY LAW about the duties and privacy practices of the Pipe Trades Services MN Welfare Plan ("Plan"), the Pipe Trades Services MN Retiree Health Trust, the Pipe Trades Services MN Pension Fund, the Pipe Trades Services MN Pension Supplement Fund and/or Pipe Trades Health Care Services, Inc. and Pipe Trades Services MN, Inc. (collectively "PTSMN") to protect the privacy of your medical information. PTSMN provides health, dental, vision and disability benefits to you as described in your summary plan descriptions. PTSMN receives and maintains your medical information in the course of providing these health benefits to you. PTSMN hires business associates to help it provide these benefits to you. These business associates also receive and maintain your medical information in the course of assisting PTSMN.

THE EFFECTIVE DATE OF THIS NOTICE IS February 16, 2026. PTSMN is required to follow the terms of this notice until it is replaced. PTSMN reserves the right to change the terms of this notice at any time. If PTSMN makes changes to this notice, an updated notice will be posted to the PTSMN webpage, a revised paper copy of the notice will be made available upon request. PTSMN reserves the right to make the new changes apply to all your medical information maintained by PTSMN before and after the effective date of the new notice.

### **Purposes for which PTSMN May Use or Disclose Your Medical Information Without Your Consent or Authorization.**

PTSMN may use and disclose your medical information for a variety of reasons. PTSMN has a limited right to use and/or disclose your medical information without your authorization for payment or its health care operations. Other uses and disclosures require your written

authorization unless the law permits or requires PTSMN to make the use or disclosure without your authorization. If you are receiving substance use treatment services, you must give PTSMN written permission before it can use or disclose your substance use treatment records, including for payment or healthcare operations. In these cases, you may give a single consent for all future uses or disclosures for payment and healthcare operations.

- Payment. For example, PTSMN may use or disclose your medical information to pay claims for covered health care services or to provide eligibility information to your doctor when you receive treatment.
- Health Care Operations. For example, PTSMN may use or disclose your medical information (i) to conduct quality assessment and improvement activities, (ii) for underwriting, premium rating, or other activities relating to the creation, renewal or replacement of a contract of health insurance, (iii) to authorize business associates to perform data aggregation services, and (iv) to engage in care coordination or case management. However, we will not use your genetic information for underwriting purposes.
- Health Services. PTSMN may use your medical information to contact you to give you information about treatment alternatives or other health-related benefits and services that may be of interest to you. The Plan may disclose your medical information to its business associates to assist the Plan in these activities.
- As Required By Law. For example, PTSMN must allow the U.S. Department of Health and Human Services to audit PTSMN records. PTSMN may also disclose your medical information as authorized by and to the extent necessary to comply with workers' compensation or other similar laws.
- As Required By Law (Substance Use Treatment Records). Substance use treatment records, or testimony relating the content of such records, may not be used or disclosed in any civil, administrative, criminal, or legislative proceedings against you unless based on specific written permission or a court order authorizing the use or disclosure. A court order for this purpose must be accompanied by a subpoena or similar legal mandate compelling the disclosure. Such records may only be used or disclosed based on a court order after notice and an opportunity to be heard is provided to you or the holder of the record.
- To Business Associates. PTSMN may disclose your medical information to business associates PTSMN hires to assist PTSMN. Each business associate of PTSMN must agree in writing to ensure the continuing confidentiality and security of your medical information.
- To Plan Sponsor. PTSMN may disclose to the Plan Sponsor (i.e. the Pipe Trades Services MN Welfare Fund, Pipe Trades Services MN Retiree Trust, Pipe Trades Services MN Pension Fund, or Pipe Trades Services MN Pension Supplement Fund), in summary form, claims history and other similar information. Such summary information does not disclose your name or other distinguishing characteristics. PTSMN may also disclose to the Plan Sponsor the fact that you are enrolled in, or disenrolled from the Plan. The Plan may disclose your medical information to the Plan Sponsor for Plan administrative functions that the Plan Sponsor provides to the Plan if the Plan Sponsor agrees in writing to ensure the continuing confidentiality and security of your medical information. The Plan Sponsor must also agree not to use or disclose your medical information for employment-related activities or for any other benefit or benefit plans of the Plan Sponsor without your written authorization.

PTSMN may also use and disclose your medical information as follows:

- To comply with legal proceedings, such as a court or administrative order or subpoena.
- To law enforcement officials for limited law enforcement purposes.
- To a family member, friend or other person, for the purpose of helping you with your health care or with payment for your health care, if you are in a situation such as a medical emergency and you cannot give your agreement to the Plan to do this.
- To your personal representatives appointed by you or designated by applicable law.
- For research purposes in limited circumstances.
- To a coroner, medical examiner, or funeral director about a deceased person.
- To an organ procurement organization in limited circumstances.
- To avert a serious threat to your health or safety or the health or safety of others.
- To a governmental agency authorized to oversee the health care system or government programs.
- To federal officials for lawful intelligence, counterintelligence and other national security purposes.
- To public health authorities for public health purposes.
- To appropriate military authorities, if you are a member of the armed forces.

### **Uses and Disclosures with Your Permission**

PTSMN will not use or disclose your medical information for any other purposes unless you give PTSMN your written authorization to do so. For example, in general and subject to specific conditions, we will not use or disclose your protected health information for marketing, and we will not sell your protected health information, unless you give us a written authorization.

### **Right to Revoke Permission**

If you give PTSMN written authorization to use or disclose your medical information for a purpose that is not described in this notice, then, in most cases, you may revoke it in writing at any time. Your revocation will be effective for all your medical information PTSMN maintains, unless PTSMN has taken action in reliance on your authorization.

### **Your Rights**

You may make a written request to PTSMN to do one or more of the following concerning your medical information that PTSMN maintains:

- To put additional restrictions on PTSMN's use and disclosure of your medical information. PTSMN does not have to agree to your request. However, we will comply with any restriction request if the disclosure is to a health plan for purposes of payment or health care operations

(not for treatment) and the protected health information pertains solely to a health care item or service that has been paid for out-of-pocket and in full.

- To communicate with you in confidence about your medical information by a different means or at a different location than PTSMN is currently doing. PTSMN does not have to agree to your request, but will honor reasonable requests as long as they continue to allow PTSMN to collect premiums and pay claims. Your request must specify the alternative means or location to communicate with you in confidence.
- To see and get copies of your medical information. In limited cases, PTSMN does not have to agree to your request. If the information is in an electronic health record, you may be able to receive the information in an electronic format.
- To request an amendment to your medical information. In some cases, PTSMN does not have to agree to your request, in which case you will be allowed to place a statement of disagreement with your medical information.
- To receive a list of disclosures of your medical information that PTSMN and its business associates made for certain purposes for the last 6 years. If your request involves substance use treatment records, the time period may not be longer than 3 years.
- To send you a paper copy of this notice if you received this notice by e-mail or on the internet.
- To be notified in the event that we (or one of our Business Associates) discover a breach of your unsecured protected health information. Notice of any such breach will be made in accordance with federal requirements.
- To discuss this notice with PTSMN's Privacy Officer.
- To receive a list of disclosures of substance use disorder records made in the past 3 years by an intermediary (someone, other than a federally-funded substance use disorder program or a HIPAA-covered entity or business associate, who received the records under a general designation in your patient consent).

If you want to exercise any of these rights described in this notice, please contact the Fund Office (below). PTSMN will give you the necessary information and forms for you to complete and return to the Fund Office. In some cases, PTSMN may charge you a nominal, cost-based fee to carry out your request.

### **Complaints**

If you believe your privacy rights have been violated by PTSMN, you have the right to complain to PTSMN or to the Secretary of the U.S. Department of Health and Human Services. You may file a complaint with PTSMN at the Fund Office (below). We will not retaliate against you if you choose to file a complaint with PTSMN or with the U.S. Department of Health and Human Services.

**Fund Office**

To request additional copies of this notice or to receive more information about our privacy practices or your rights, please contact the following Fund Office:

Fund Office: Pipe Trades Services MN, Inc.  
Telephone: 651-645-4540  
Email: [privacy@ptsmn.org](mailto:privacy@ptsmn.org)  
Website: [www.ptsmn.org](http://www.ptsmn.org)  
Address: 4461 White Bear Parkway, Suite 1  
White Bear Lake, MN 55110