

NOTICE OF HIPAA PRIVACY PRACTICES OF THE VOLUNTARY HOSPITALS HOUSE STAFF BENEFITS PLAN

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.

This Notice is effective February 10, 2026.

By law, the Voluntary Hospitals House Staff Benefits Plan ("VHHSBP") is required to maintain the privacy of your Protected Health Information ("PHI"), information that constitutes protected health information as defined in the Privacy Rule of the Administrative Simplification provision of the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"). The Privacy Regulations cover the disclosure and use of PHI, your individual rights regarding PHI and special rules for plan sponsors, employers and service providers to plans. This notice describes how VHHSBP protects the PHI we have about you and may use your health information for purposes of making or obtaining payment for your care and conducting health care operations. VHHSBP has established a policy to guard against unnecessary disclosure of your health information.

VHHSBP **must** use and disclose your PHI to provide information:

1. To you or someone who has the legal right to act for you (your personal representative),
2. To the Secretary of the Department of Health and Human Services, if necessary, to make sure your privacy is protected, and
3. Where required by law.

VHHSBP **may** use and disclose your PHI for Treatment, Payment and Health Care Operations. For example:

1. **Treatment**. VHHSBP may use or disclosure your PHI for the provision, coordination, or management of your health care. As a health plan, while VHHSBP does not provide treatment, VHHSBP may use or disclose your PHI to support the provision, coordination, or management of your care. For example, VHHSBP may disclose the fact that you are eligible for benefits to a provider who contacts us to verify your eligibility.
2. **Payment**. VHHSBP may use or disclose your PHI to make payment to or collect payment from third parties, such as other health plans or providers, for the care you receive. For example, VHHSBP may provide information regarding your coverage or health care treatment to other health plans to coordinate payment of benefits.
3. **Health Care Operations**. VHHSBP may use or disclose your PHI for its own operations to facilitate the administration of the health plan and as necessary to provide coverage and services to all of VHHSBP's employees.

VHHSBP **may** use or give out your PHI for the following purposes under limited circumstances:

For Treatment Alternatives and Health-Related Benefits and Services. VHHSBP may use and disclose your PHI to tell you about or recommend possible treatment options or alternatives and health-related benefits that may be of interest to you.

For Disclosure to the Plan Sponsor (the Trustees of VHHSBP). VHHSBP may disclose your PHI to the Plan Sponsor (the Trustees of VHHSBP) for plan administration functions performed by the Plan Sponsor (the Trustees of VHHSBP) on behalf of VHHSBP. In addition, VHHSBP may provide summary health information to the Plan Sponsor (the Trustees of VHHSBP) so that the Plan Sponsor (the Trustees of VHHSBP) may solicit premium bids from health insurers or modify, amend

or terminate the plan. VHHSBP also may disclose to the Plan Sponsor (the Trustees of VHHSBP) information on whether you are participating in the health plan.

When Legally Required. VHHSBP will disclose your PHI when it is required to do so by any federal, state or local law.

Public Health. VHHSBP may disclose your PHI for public health purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose of preventing or controlling disease (including communicable diseases), injury or disability. If directed by the public health authority, VHHSBP may also disclose your PHI to a foreign government agency that is collaborating with the public health authority.

Abuse or Neglect. VHHSBP may disclose your PHI to any public health authority authorized by law to receive reports of child abuse or neglect. In addition, if VHHSBP reasonably believes that you have been a victim of abuse, neglect, or domestic violence, VHHSBP may disclose your PHI to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

To Conduct Health Oversight Activities. VHHSBP may disclose your PHI to a health oversight agency for authorized activities including audits, civil administrative or criminal investigations, inspections, licensure or disciplinary action. VHHSBP, however, may not disclose your PHI if you are the subject of an investigation and the investigation does not arise out of or is not directly related to your receipt of health care or public benefits.

In Connection with Judicial and Administrative Proceedings. As permitted or required by state law, VHHSBP may disclose your PHI in the course of any judicial or administrative proceeding in response to an order of a court or administrative tribunal as expressly authorized by such order or in response to a subpoena, discovery request or other lawful process, but only when VHHSBP makes reasonable efforts to either notify you about the request or to obtain an order protecting your health information.

For Law Enforcement Purposes. As permitted or required by state law, VHHSBP may disclose your PHI to a law enforcement official for certain law enforcement purposes, including, but not limited to, if VHHSBP has a suspicion that your death was the result of criminal conduct or in an emergency to report a crime.

Coroners, Funeral Directors, and Organ Donation. VHHSBP may disclose your PHI to a coroner or medical examiner for identification purposes, or other duties authorized by law. VHHSBP may also disclose your PHI to a funeral director, as authorized by law, in order to permit the funeral director to carry out his/her duties. VHHSBP may disclose such information in reasonable anticipation of death. PHI may be used and disclosed for cadaveric organ, eye or tissue donation and transplantation purposes.

In the Event of a Serious Threat to Health or Safety. VHHSBP may, consistent with applicable law and ethical standards of conduct, disclose your PHI if VHHSBP, in good faith, believes that such disclosure is necessary to prevent or lessen a serious and imminent threat to your health or safety or to the health and safety of the public.

For Specified Government Functions. In certain circumstances, federal regulations require VHHSBP to use or disclose your PHI to facilitate specified government functions related to the military and veterans, national security and intelligence activities, protective services for the President and others, and correctional institutions and inmates.

For Workers' Compensation. VHHSBP may release your health information to the extent necessary to comply with laws related to worker's compensation or similar programs.

Redisclosure. Information that VHHSBP discloses pursuant to the HIPAA Privacy Rule may be subject to redisclosure by the recipient and no longer protected by the HIPAA Privacy Rule.

Uses and Disclosures of Your Substance Use Disorder Records. The Plan provides additional confidentiality protections to certain substance use disorder (“SUD”) records. This applies to records of the identity, diagnosis, prognosis, or treatment of any patient which are maintained in connection with the performance of any program or activity relating to SUD education, prevention, training, treatment, rehabilitation, or research, which is conducted, regulated, or directly or indirectly assisted by any department or agency of the United States (“Part 2 records”), that are protected by federal law under 42 C.F.R. Part 2.

Except in limited circumstances, the disclosure of Part 2 records requires your explicit written consent. If the Plan receives Part 2 records through a general consent you provide to the Part 2 SUD treatment program, the Plan may use and disclose the Part 2 records for treatment, payment, and health care operations purposes as described in this Notice. If the Plan receives Part 2 records through a specific consent that you provide to the Plan, the Plan will use and disclose your Part 2 records only as specifically permitted.

The Plan is prohibited from using and disclosing Part 2 records or testimony relating the content of such records in civil, criminal, administrative, or legislative proceedings by any federal, state or local authority conducted against you if you are the patient who is the subject of the Part 2 record, unless specifically authorized by (1) you or (2) the order of a court, accompanied by a subpoena or other lawful process compelling disclosure, after it provides you with notice of the court order and an opportunity to be heard.

The Plan does not use Part 2 records for fundraising purposes.

By law, VHHSBP must have your written permission (authorization) to use or disclose your PHI for any other purpose that is not set out in this Notice. If you authorize VHHSBP to use or disclose your health information, you may revoke that authorization in writing at any time.

You **have the following rights** regarding your health information that VHHSBP maintains:

Right to Inspect and Copy Your Health Information Held by VHHSBP. A request to inspect and copy records containing your health information must be made in writing. If you request a copy of your health information, VHHSBP may charge a reasonable fee for copying, assembling costs and postage, if applicable, associated with your request.

Right to Amend Your Health Information. If you believe that your health information records are inaccurate or incomplete, you may request that VHHSBP amend the records. That request may be made as long as the information is maintained by VHHSBP. VHHSBP may deny the request if it does not include a reason to support the amendment. The request also may be denied if your health information records were not created by VHHSBP, if the health information you are requesting to amend is not part of VHHSBP's records, if the health information you wish to amend falls within an exception to the health information you are permitted to inspect and copy, or if VHHSBP determines the records containing your health information are accurate and complete.

Right to Request Restrictions on Certain Uses and Disclosures of Your Health Information. You have the right to request a limit on VHHSBP's disclosure of your health information to someone involved in the payment of your care. However, VHHSBP is not required to agree to your request.

Right to Receive Confidential Communications. You have the right to request that VHHSBP communicate with you in a certain way if you feel the disclosure of your health information could endanger you. VHHSBP will attempt to honor your reasonable requests for confidential communications.

Right to Receive a Listing of Those Receiving Your PHI from VHHSBP. You have the right to request a list of certain disclosures of your health information, such as disclosures for public purposes authorized by law or disclosures that are not in accordance with VHHSBP's privacy policies and applicable law. The request must be made in writing, specifying the time period for which you are requesting the information, but may not start earlier than April 14, 2003. Accounting requests may not be made for periods of time going back more than six (6) years.

Right to a Paper Copy of this Notice. You have the right to paper copy of this Notice at any time, even if you have received this Notice previously or agreed to receive it electronically.

Right to Receive Notice of Certain Breaches of PHI. If your "unsecured" PHI is accessed, acquired, used or disclosed in a manner that is considered a breach and not permitted under the HIPAA Privacy Rule, VHHSBP will notify you. Unsecured PHI is PHI that is not rendered unusable, unreadable, or indecipherable to unauthorized persons through certain specified technologies and methodologies.

VHHSBP is required by law to maintain the privacy of your health information as set forth in this Notice and to provide to you this Notice of its duties and privacy practices. VHHSBP is required to abide by the terms of this Notice, which may be amended from time to time. VHHSBP reserves the right to change the terms of this Notice and to make the new Notice provisions effective for all health information that it maintains. If VHHSBP changes its policies and procedures, VHHSBP will revise the Notice and will provide a copy of the revised Notice to you within sixty (60) days of the change. You have the right to express complaints to VHHSBP and to the Secretary of the Department of Health and Human Services if you believe that your privacy rights have been violated. Any complaints to VHHSBP should be made in writing to:

**Yavena Deoki-Lyles
Privacy & Security Officer
Voluntary Hospitals House Staff Benefits Plan
10-27 46th Avenue, Suite 300-2
Long Island City, NY 11101
Phone: (212) 356-8180
Email: privacy@cirseiu.org**