

**Notice of Health Information Privacy Practices  
For the  
U.S.W. Local 10-00086 Merck Employees Health and Welfare 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 describes the U.S.W. Local 10-00086 Merck Employees Health and Welfare Plan's (Plan) health information privacy practices for protected health information that is created, received or maintained by the Plan relating to your medical, prescription drug, and vision benefits under the Plan. "Protected Health Information" is information (including demographic information) that may identify you and that relates to health care services provided to you, the payment of health care services provided to you, or your physical or mental health or condition, in the past, present, or future.

This Notice will tell you about many of the ways in which the Plan may use and disclose your protected health information. This Notice also will describe your rights and certain obligations the Plan has regarding the use and disclosure of your protected health information, including your substance use disorder (SUD) information to the extent the Plan receives, maintains or transmits records that are subject to 42 CFR Part 2, Confidentiality of Substance Use Disorder Patient Records ("Part 2").

The Plan is required under the federal health privacy provisions contained in the Health Insurance Portability and Accountability Act of 1996 and the Health Information Technology for Economic and Clinical Health Act and the related regulations (collectively "HIPAA") to maintain the privacy of your protected health information and to provide you with notice of its legal duties and privacy practices with respect to such information. The Plan is required to follow the terms of the Notice that is currently in effect.

Your personal doctor, hospital or other health care provider may have different policies or practices regarding the uses and disclosures of your health information created in the doctor's office or hospital. This Notice does not address the health information policies or practices of your health care providers.

This Notice first will explain how the Plan uses and discloses your protected health information, and then will describe your rights regarding your protected health information.

**HOW THE PLAN MAY USE AND DISCLOSE YOUR HEALTH INFORMATION**

The following categories describe many of the different ways that the Plan may use and disclose your protected health information. For each category of uses or disclosures, this Notice explains what it means and, when appropriate, gives some examples. Not every use or disclosure in a category will be listed. However, all the ways the Plan may use and disclose your protected health information will fall within one of the categories.

- **For Treatment.** The Plan made disclose your protected health information to a health care provider that is rendering treatment on your behalf. For example, if you are unconscious or otherwise unable to provide your medical history as a result of an accident, the Plan may disclose information to an emergency room physician regarding the types of surgery you have undergone in the past, the nature of other treatments you have received, and/ or the types of prescription drugs you take.

- **For Payment.** The Plan may use and disclose your protected health information so that the claims for payment with respect to health care treatments, services, and supplies you receive from various health care providers may be processed and paid to the extent permitted under the terms of the Plan. For example, the Plan may receive and maintain information about surgery you received at a hospital in order to process the hospital's claim for reimbursement of the expenses it incurred on your behalf. The Plan may also receive and maintain information about the prescription drugs you receive in order to process the claims from pharmacies for the prescription drug benefits you have received. As part of the claims process, the Plan may input the information about the health care treatment, services or supplies and you received from a health care provider into an electronic claims processing system maintained by a non-affiliated business.
- **For Health Care Operations.** The Plan may use and disclose your protected health information for all the activities included within the definition of "health care operations" set forth in HIPAA. These uses and disclosures are necessary to run the Plan and make certain that all of the Plan's members and their dependents receive the health benefits to which they are entitled. For example, the Plan may use your protected health information for case management, to conduct quality assessment or in the performance of population-based studies related to the reduction of health care costs. In addition, the Plan may use or disclose your protected health information for purposes of business planning and development, member services, compliance reviews, audits, underwriting, actuarial studies, securing a contract for reinsurance, and fraud and abuse detection. The Plan may also combine the protected health information of multiple Plan participants to help determine what coverage to provide under the Plan. In certain instances, the Plan may de-identify information that identifies you from the set of protected health information disclosed to the Board of Trustees/Plan Sponsor or non-affiliated vendors, called "Business Associates," who assist the Plan with health care operations, including benefits administration, so that it may be used without others learning who the specific participants are who received health care.
- **To the Board of Trustees.** The Plan may disclose your health information to the Board of Trustees, as the Plan Sponsor, in order for the Board's designated Plan Administrator to carry out the Plan's administrative functions, including the uses and disclosures described in this Notice. The Board may use the information only for the purposes described in this Notice or as otherwise permitted by applicable federal and state health information privacy laws. The Plan's policy is that, unless you provide written authorization, your protected health information (1) may be used and disclosed only by designated plan administration personnel to carry out administrative functions; and (2) will not be used for any employment-related actions and decisions. For example, the Plan Administrator may contact the carrier who performs claims processing regarding a member's or dependent's question or issue regarding a claim or coverage.

## **SPECIAL SITUATIONS**

HIPAA provides for specific uses or disclosures of your protected health information that the Plan may make without your authorization, as follows:

- **Treatment Alternatives.** The Plan may use and disclose your protected health information to inform you about possible treatment options or alternatives that may be of interest to you.
- **Health-Related Benefits and Services.** The Plan may use and disclose your protected health information to inform you about health-related benefits or services that may be of interest to you.

- **Research.** Under certain circumstances, the Plan may use and disclose your protected health information about you for research purposes.
- **As Required By Law.** The Plan will disclose your protected health information about you when required to do so by federal, state, or local law.
- **To Avert Serious Threat to Health or Safety.** The Plan may use and disclose your protected health information when necessary to prevent a serious threat to your health and safety, or the health and safety of the public or another person. Any disclosure, however, would only be to someone who is able to reduce or prevent that threat.
- **Others Involved in Your Health Care.** Unless you object, the Plan may disclose your protected information to a family member or friend that you have identified as being involved in your health care. The Plan may disclose your protected health information to an entity assisting in a disaster relief effort, so that your family can be notified about your condition, status and location. If you are not present or able to agree to these disclosures of your protected health information, then the Plan may, under unusual or emergency circumstances, using professional judgment, determine whether the disclosure is in your best interest.
- **Organ and Tissue Donation.** If you are an organ donor, the Plan may release your protected health information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary, to facilitate organ or tissue donation and transplantation.
- **Workers' Compensation.** The Plan may disclose your protected health information to the extent authorized by and to the extent necessary to comply with laws relating to workers' compensation or other similar programs established by law.
- **Health Oversight and Public Health Activities.** The Plan may disclose your protected health information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These types of activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws. To the extent required by law, the Plan will disclose health information about you for public health activities, including to prevent or control disease, injury or disability; to report child abuse or neglect, or to notify people of recalls of products they may be using.
- **Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, the Plan may disclose your protected health information in response to a court or administrative order (to the extent permitted by applicable law). The Plan may also disclose your protected health information in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, to the extent permitted by applicable law.
- **Coroners, Medical Examiners, and Funeral Directors.** The Plan may release your protected health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or to determine the cause of death. The Plan may also release your protected health information to funeral directors, as necessary, to carry out their duties.
- **Military and Veterans.** If you are a member of the United States armed forces, the Plan may release your protected health information about you as required by military command authorities.

- **National Security, Intelligence Activities, and Protective Services.** The Plan may release your protected health information about you to federal officials (1) for intelligence, counterintelligence, and other national security activities authorized by law; and (2) to enable them to provide protection to the President of the United States, other authorized persons or foreign heads of state or to conduct special investigations.
- **Inmates.** If you are an inmate in a correctional institution or under the custody of a law enforcement official, the Plan may release your protected health information about you to the correctional institution or law enforcement official. This may be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution and its personnel.
- **Law Enforcement.** Under certain conditions, the Plan may release your protected health information if asked to do so by law enforcement officials. For example: in response to a court order, subpoena, warrant, summons or similar process; to identify or locate you if you are a suspect, fugitive, material witness, or missing person; if you are the victim of a crime and the Plan is unable to obtain your agreement; about your death if the Plan believes it may be the result of criminal conduct; and in emergency circumstances, to report a crime, the location of the crime or victims, or your identity, description or location if you are the person who committed the crime.

## **OTHER USES AND DISCLOSURES OF HEALTH INFORMATION**

Other uses of disclosures of health information not covered by this Notice or by the laws that apply to the Plan may be made only with your written authorization. If you provide the Plan with authorization to use or disclose health information about you, you may revoke the authorization, in writing, at any time. If you revoke your authorization, the Plan will no longer use or disclose health information about you for the reasons covered by your written authorization; however, the Plan will be unable to take back any disclosures the Plan has already made with your authorization.

**IMPORTANT NOTE:** Protected health information disclosed as permitted or required under these rules may be subject to redisclosure by the recipient of such information and no longer protected by the federal health privacy provisions contained HIPAA.

## **SPECIAL CONSIDERATIONS REGARDING SUD RECORDS**

To the extent the Plan receives, maintains, or transmits your SUD records that are subject to Part 2, it shall comply with the protections required under Part 2 as follows:

- SUD received from programs subject to Part 2 will be maintained separate from other records.
- SUD records received from programs subject to Part 2, or testimony relaying the content of such records, cannot be used or disclosed in civil, criminal, or legislative proceedings against you without your express written consent or a court order after notice and opportunity to be heard have been provided to you or the holder of the records, as required in Part 2. A court order authorizing use or disclosure must be accompanied by a subpoena or other legal requirements compelling disclosure before the required record is used or disclosed.

- You can provide a single consent for all future uses or disclosures related to treatment, payment, and health care operations purposes, and the Plan may use and disclose your SUD records for treatment, payment, and healthcare operations until you revoke such consent in writing.
- If the Plan creates or maintains SUD records and intends to use or disclose such records for fundraising purposes for the benefit of the Plan, you will be provided with a clear and conspicuous opportunity to elect not to receive any fundraising communications prior to the use and disclosure.

## **YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION**

You have the following rights regarding the health information the Plan maintains about you:

- **Right to Inspect and Copy.** You have the right to inspect and copy certain health information about you and the health care you have received. This includes only protected health information that may be used to make decisions about your benefits under the Plan. Usually, this includes eligibility, claims and appeal records, and case management records, but does not include psychotherapy notes.

To inspect and copy your protected health information that is maintained by the Plan and used to make decisions about you, you must complete an Access Request Form and submit it through the Plan. If you request a copy of the information, the Plan may charge a fee to repay the claims administrator for the cost of copying, mailing or other supplies associated with your request. If you agree in advance, the Plan may provide a summary of the explanation of the requested information instead of allowing inspection and copying of the information. You also would need to agree in advance to any fees for providing a summary of explanation.

The Plan may deny your request to inspect and copy in very limited circumstances. If you were denied access to your protected health information, you may request that the denial be reviewed. If the grounds for denial of access are reviewable in accordance with applicable law, a licensed health care professional designated by the Plan will review your request and the denial.

- **Right to Amend.** If you think that the protected health information the Plan has about you is incorrect or incomplete, you may ask the Plan to amend that information.

To request an amendment, you must fill out an Amendment Request Form and submit it to the Plan Administrator. This Form requires you to provide a reason that supports your amendment request.

The Plan may deny your request for an amendment if the request is not in writing or does not include a reason to support the request. In addition, the Plan may deny your request if you ask the Plan to amend health information that:

- Was not created by the Plan, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of your protected health information kept by or for the Plan;
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete.

- **Right to An Accounting of Disclosures.** You have the right to request an “accounting of disclosures.” This is a list of certain disclosures the Plan has made of your health information for certain reasons other than treatment, payment and health care operations. Keep in mind that most disclosures of protected

health information by the Plan will be for purposes of payment or health care operations and would not be included in an accounting report.

To request this accounting of disclosures, you must complete an Accounting Request Form and submit it to the Plan Administrator. This Form requires you to state a time period of disclosures that may not be longer than six years and may not include dates before April 14, 2003. The first list of disclosures you request within a 12-month period will be free. For additional lists requested during this period, the Plan may charge you for the costs of providing the list. The Plan will notify you of the cost involved and you may choose to withdraw or modify your request before any costs are incurred.

- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the protected health information the Plan uses or discloses about you for treatment, payment or health care operations. You also have the right to request a limit on the protected health information the Plan discloses about you to someone who is involved in the payment for your care, like a family member or friend.

***The Plan is not required to agree to your request.*** If the Plan does agree, the Plan will comply with your request, unless the information is needed to provide you with emergency treatment and the Plan discloses such information to a health care provider who will provide such treatment to you. The Plan will request that the health care provider not further use or disclose the information.

To request restrictions, you must complete and submit to the Plan administrator a form entitled: Request For a Restriction on Uses or Disclosure of Protected Health Information. When completing the Form, you must tell the Plan (1) what information you want to limit; (2) whether you want to limit the Plan's use, disclosure or both; and (3) to whom you want the limits to apply.

- **Right to Request Confidential Communications.** You have the right to request that the Plan communicate with you about your medical benefits in a certain way or at a certain location. For example, you can ask that the Plan send you the explanation of benefits forms on claims you file for benefits under the Plan by mail to a specified address.

To request confidential communications, you must send a written request to the Plan Administrator. The Plan will not ask you the reason for your request. The Plan will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

- **Right to Receive Breach Notification.** You have the right to, and will receive, notification if a breach of your unsecured protected health information requiring notification occurs.
- **Right to a Paper Copy of This Notice.** You have the right to a paper copy of this Notice. You may ask the Plan to give you a copy of this Notice at any time. Even if you have agreed to receive this Notice electronically, you are still entitled to a paper copy of this Notice. To obtain a paper copy of this Notice, you should contact the Plan Administrator.

## **COMPLAINTS**

You may make a complaint in writing to the Plan concerning (i) the Plan's HIPAA policies and procedures; (ii) the Plan's compliance with such policies and procedures; or (iii) the Plan's compliance with HIPAA. Written complaints must be submitted to the Plan Administrator, who is the contact person responsible for receiving privacy-related complaints and who may provide further information about matters covered by this Notice.

You also may file a complaint with the Secretary of the U.S. Department of Health and Human Services if you believe that the Plan is not complying with HIPAA. The complaint must be in writing, either on paper or electronically. The complaint must name the Plan and describe the acts or omissions believed to be in violation of HIPAA.

You will not be retaliated against for exercising any rights described in this Notice, including the filing of a complaint with the Plan or directly with the Secretary of the U.S. Department of Health and Human Services.

**CHANGES TO THIS NOTICE** The Plan reserves the right to change its privacy practices and this Notice at any time provided it is in keeping with the Privacy regulations. The Plan reserves the right to make the revised Notice effective for health information the Plan already has about you, as well as any information the Plan receives in the future. Any updated Notice will state its effective date.

### **CONTACT INFORMATION**

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

Plan Administrator  
RAE Consulting  
601 Dresher Road, Suite 201  
Horsham, PA 19044  
(215) 773-0900  
**[USWHealth@rae-consulting.net](mailto:USWHealth@rae-consulting.net)**

### **EFFECTIVE DATE:**

This Notice was originally effective on April 14, 2003.

### **REVISED:**

This notice was most recently revised on February 16, 2026.