



NOTICE OF PRIVACY PRACTICES

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.

**Effective Date of Notice:
February 16, 2026**

This Notice is required by law. The SDC-League Health Fund (the "Fund") is required by law to take reasonable steps to ensure the privacy of your personally identifiable health information and to inform you about:

1. the Fund's uses and disclosures of Protected Health Information (PHI);
2. your privacy rights with respect to your PHI;
3. the Fund's duties with respect to your PHI;
4. your right to file a complaint with the Fund and to the Secretary of the U.S. Department of Health and Human Services (HHS); and
5. the person or office to contact for further information about the Fund's privacy practices.

This Notice applies to your PHI used or disclosed by the Plan as well as entities designated as "business associates" of the Plan.

You will receive a separate Privacy Notice, if applicable, from the insurer or HMO that you have selected for your health coverage. Please share these Notices with your covered family members, as their PHI is also protected under federal law.

The term "Protected Health Information" (PHI) includes all individually identifiable health information related to your past, present or future physical or mental health condition or to the payment for health care. PHI includes information maintained by the Fund, regardless of form (oral, written, electronic).

Section 1. Notice of PHI Uses and Disclosures

Required PHI Uses and Disclosures

1. At your request. Upon your request, the Fund is required to give you access to your PHI in order to inspect and/or copy it.
2. As required by HHS. Use and disclosure of your PHI may be required by the Secretary of the

Department of Health and Human Services to investigate or determine the Fund's compliance with the privacy regulations.

3. Uses and disclosures to carry out treatment, payment and health care operations.

The Fund and its business associates will use PHI without your authorization to carry out treatment, payment or health care operations. The Fund and its business associates (and any health insurers providing benefits to Fund participants) may also disclose the following to the Fund's Board of Trustees, as the Plan Sponsor: (1) PHI for purposes related to Fund administration (payment and health care operations); (2) summary health information for purposes of health or stop loss insurance underwriting or for purposes of modifying the Fund; and (3) enrollment information (whether an individual is eligible for benefits under the Fund). In particular, the Fund may disclose PHI to the Trustees, as is necessary, in connection with appeals or other due process considerations relating to the provision or denial of benefits (including where an individual directly contacts the Trustees with respect to a claim for benefits).

Treatment is the provision, coordination or management of health care and related services. It also includes but is not limited to consultations and referrals between one or more of your providers.

For example, the Fund may disclose to a treating physician the name of your treating radiologist so that the physician may ask for your X-rays from the treating radiologist.

Payment includes but is not limited to actions to make coverage determinations and payment (including billing, claims processing, subrogation, reviews for medical necessity and appropriateness of care, utilization review and pre-authorizations).

For example, the Fund may tell a treating doctor whether you are eligible for coverage or what percentage of the bill will be paid by the Fund.

Health care operations include but are not limited to quality assessment and improvement, reviewing competence or qualifications of health care professionals, underwriting, premium rating and other insurance activities relating to creating or renewing insurance contracts. It also includes case management, conducting or arranging for medical review, legal services and auditing functions including fraud and abuse compliance programs, business planning and development, business management and general administrative activities. However, no genetic information can be used or disclosed for underwriting purposes.

For example, the Fund may use information to project future benefit costs or audit the accuracy of its claims processing functions.

Uses and disclosures that require that you be given an opportunity to agree or disagree prior to the use or release.

Unless you object, the Fund may provide relevant portions of your protected health information to a family member, friend or other person you indicate is involved in your health care or in helping you receive payment for your health care. Also, if you are not capable of agreeing or objecting to these disclosures because of, for instance, an emergency situation, the Fund will disclose protected health information (as the Fund determines) in your best interest. After the emergency, the Fund will give you the opportunity to object to future disclosures to family and friends.

Uses and disclosures for which your consent, authorization or opportunity to object is not required.

The Fund is allowed to use and disclose your PHI without your authorization under the following circumstances:

- (1) For treatment, payment and health care operations.
- (2) Enrollment information can be provided to the Trustees, as the Plan Sponsor.
- (3) Summary health information can be provided to the Trustees, as the Plan Sponsor, for the purposes designated above.
- (4) When required by applicable law.
- (5) When permitted for purposes of public health activities, including when necessary to report product defects and to permit product recalls. PHI may also be disclosed if you have been exposed to a communicable disease or are at risk of spreading a disease or condition, if required by law.
- (6) When required by law to report information about abuse, neglect or domestic violence to public authorities if there exists a reasonable belief that you may be a victim of abuse, neglect or domestic violence. In such case, the Fund will promptly inform you that such a disclosure has been or will be made unless that notice would cause a risk of serious harm. For the purpose of reporting child abuse or neglect, it is not necessary to inform the minor that such a disclosure has been or will be made. Disclosure may generally be made to the minor's parents or other representatives although there may be circumstances under federal or state law when the parents or other representatives may not be given access to the minor's PHI.
- (7) The Fund may disclose your PHI to a public health oversight agency for oversight activities required by law. This includes uses or disclosures in civil, administrative or criminal investigations; inspections; licensure or disciplinary actions (for example, to investigate complaints against providers); and other activities necessary for appropriate oversight of government benefit programs (for example, to investigate Medicare or Medicaid fraud).
- (8) The Fund may disclose your PHI when required for judicial or administrative proceedings. For example, your PHI may be disclosed in response to a subpoena or discovery request.
- (9) When required for law enforcement purposes, including for the purpose of identifying or locating a suspect, fugitive, material witness or missing person. Also, when disclosing information about an individual who is or is suspected to be a victim of a crime but only if the individual agrees to the disclosure or the Fund is unable to obtain the individual's agreement because of emergency circumstances. Furthermore, the law enforcement official must represent that the information is not intended to be used against the individual, the immediate law enforcement activity would be materially and adversely affected by waiting to obtain the individual's agreement and disclosure is in the best interest of the individual as determined by the exercise of the Fund's best judgement.

- (10) When required to be given to a coroner or medical examiner for the purpose of identifying a deceased person, determining a cause of death or other duties as authorized by law. Also, disclosure is permitted to funeral directors, consistent with applicable law, as necessary to carry out their duties with respect to the decedent.
- (11) When consistent with applicable law and standards of ethical conduct if the Fund, in good faith, believes the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public and the disclosure is to a person reasonably able to prevent or lessen the threat, including the target of the threat.
- (12) When authorized by and to the extent necessary to comply with workers' compensation or other similar programs established by law.
- (13) Specialized Government Functions. When required, to military authorities under certain circumstances, or to authorized federal officials for lawful intelligence, counterintelligence and other national security activities.

Except as otherwise indicated in this notice, uses and disclosures will be made only with your written authorization subject to your right to revoke such authorization.

Notwithstanding, records received from a substance use disorder treatment program, or testimony relaying the content of such records, may not be used or disclosed in a civil, criminal, administrative, or legislative proceeding against you unless based on either your written consent, or a valid court order or subpoena, provided you receive notice of and an opportunity to contest such disclosure.

Uses and disclosures that require your written authorization.

Other uses or disclosures of your protected health information not described above will only be made with your written authorization. For example, in general and subject to specific conditions, the Fund will not use or disclose your psychiatric notes, notwithstanding that the Fund does not routinely obtain psychotherapy notes; although the Fund does not use PHI for marketing purposes, the Fund will not use or disclose your protected health information for marketing; although the Fund does not sell PHI, the Fund will not sell your protected health information, unless you provide a written authorization to do so. You may revoke written authorizations at any time, so long as the revocation is in writing. Once the Fund receives your written revocation, it will only be effective for future uses and disclosures. It will not be effective for any information that may have been used or disclosed in reliance upon the written authorization and prior to receiving your written revocation. The Fund will not use or disclose substance use disorder treatment records (SUD records) received from programs subject to 42 C.F.R. Part 2, or testimony relaying the content of such records, shall not be used or disclosed in civil, criminal, administrative, or legislative proceedings against the individual unless based on written consent, or a court order is issued after notice and an opportunity to be heard is provided to the individual or the holder of the record, as provided under 42 C.F.R. Part 2. A court order authorizing use or disclosure must be accompanied by a subpoena or other legal requirement compelling disclosure before the requested record is used or disclosed.

Substance Use Disorder Treatment Records

If the Fund receives SUD records that includes your consent for all future uses and disclosures of such records for treatment, payment, or health care operations, the Fund may use and disclose those records

for the purposes of treatment, payment, or health care operations, until the Fund receives notice that you have revoked your consent in writing. In addition, the Fund may further disclose such records in accordance with HIPAA, except for uses and disclosures in civil, criminal, administrative, and legislative proceedings against you.

Additional Special Protections

Additional special privacy protections, under federal or state law, may apply to certain sensitive information, such as genetic information, HIV-related information, alcohol and substance abuse treatment information, and mental health information. In such case, the Plan will follow the more stringent or protective law, to the extent that it applies. For more information, please contact the Privacy Official.

Redisclosure

Information that is disclosed by the Plan in accordance with the regulations is subject to redisclosure by the recipient and may no longer be protected by HIPAA.

Section 2 Rights of Individuals

Right to Request Restrictions on Uses and Disclosures of PHI

You may request the Fund to restrict the uses and disclosures of your PHI. However, the Fund is not required to agree to your request. 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, payment or our operations, and we will agree unless a law requires us to share that information.

You or your personal representative will be required to submit a written request to exercise this right. Such requests should be made to the Fund's Privacy Official.

Right to Request Confidential Communications

The Fund will accommodate reasonable requests to receive communications of PHI by specific means or at a different location.

You or your personal representative will be required to submit a written request to exercise this right. Such requests should be made to the Fund's Privacy Official.

Right to Inspect and Copy PHI

You have a right to inspect and obtain a copy of your PHI contained in a "designated record set," for as long as the Fund maintains the PHI. If the information you request is in an electronic designated record set, you may request that these records be transmitted electronically to yourself or a designated individual.

"Protected Health Information" (PHI) includes all individually identifiable health information transmitted or maintained by the Fund, regardless of form.

"Designated Record Set" includes the medical records and billing records about individuals maintained

by or for a covered health care provider; enrollment, payment, billing, claims adjudication and case or medical management record systems maintained by or for the Fund; or other information used in whole or in part by or for the Fund to make decisions about individuals. Information used for quality control or peer review analyses and not used to make decisions about individuals is not in the designated record set.

The requested information will usually be provided within 30 days. A 30-day extension is allowed if the Fund is unable to comply with the deadline.

You or your personal representative will be required to submit a written request to request access to the PHI in your designated record set. Such requests should be made to the Fund's Privacy Official.

Under federal law, however, you may not inspect or copy: (1) psychotherapy notes; (2) information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding; or (3) any information, including PHI, to which the law does not permit access.

The Fund may also decide to deny access to your PHI if it is determined that the requested access is reasonably likely to endanger the life or physical safety of you or another individual or to cause substantial harm to you or another individual, or if the records make reference to another person (other than a health care provider) and the requested access would likely cause substantial harm to the other person. In the event access is denied on this basis, that decision to deny access may be reviewable by a licensed health professional who was not involved in the initial denial of access and who has been designated by the Fund to act as a reviewing official.

If access is denied, you or your personal representative will be provided with a written denial, setting forth the basis for the denial, a description of how you may appeal the Fund's decision and a description of how you may complain to the Secretary of the U.S. Department of Health and Human Services.

The Fund may charge a reasonable, cost-based fee for copying records at your request.

Right to Amend PHI

You have the right to request the Fund to amend your PHI or a record about you in your designated record set that you think is incorrect or incomplete. You may exercise this right for as long as the PHI is maintained in the designated record set.

The Fund has 60 days after the request is made to act on the request. A single 30-day extension is allowed if the Fund is unable to comply with the deadline. If the request is denied in whole or part, the Fund will provide you with a written explanation of the denial within 60 days. You or your personal representative may then submit a written statement disagreeing with the denial and have that statement included with any future disclosures of your PHI.

Such requests should be made in writing to the Fund's Privacy Official.

Right to Receive an Accounting of PHI Disclosures

At your request, the Fund will also provide you an accounting of disclosures by the Fund of your PHI for six years prior to the date of your request, who it was shared with, and why. The accounting will not include PHI disclosures made: (1) to carry out treatment, payment or health care operations; (2) to individuals about their own PHI; (3) pursuant to your authorization; or (4) where excluding the

disclosure from the accounting is otherwise permissible under the law and consistent with the Fund's privacy practices. In addition, the Fund need not account for certain incidental disclosures.

If the accounting cannot be provided within 60 days, an additional 30 days is allowed if the individual is given a written statement of the reasons for the delay and the date by which the accounting will be provided.

If you request more than one accounting within a 12-month period, the Fund will charge a reasonable, cost-based fee for each subsequent accounting.

Such requests should be made to the Fund's Privacy Official.

Right to Receive a Paper Copy of This Notice Upon Request

You have the right to obtain a paper copy of this Notice, even if you previously agreed to accept the Notice electronically. Such requests should be made in writing to the Fund's Privacy Official.

A Note About Personal Representatives

You may exercise your rights through a personal representative. Your personal representative will be required to produce evidence of his/her authority to act on your behalf before that person will be given access to your PHI or allowed to take any action for you. Proof of such authority may take one of the following forms:

1. a power of attorney for health care purposes;
2. a court order of appointment of the person as the conservator or guardian of the individual;
3. an individual who is the parent of an unemancipated minor child may generally act as the child's personal representative (subject to state law);
4. a completed, signed and approved Appointment of Personal Representative form

The Fund retains discretion to deny access to your PHI by a personal representative to provide protection to those vulnerable people who depend on others to exercise their rights under these rules and who may be subject to abuse or neglect.

Section 3 The Fund's Duties

The Fund is required by law to maintain the privacy of PHI and to provide individuals (participants and beneficiaries) with notice of the Fund's legal duties and privacy practices.

This Notice is effective February 16, 2026, and the Fund is required to comply with the terms of this Notice. However, the Fund reserves the right to change this Notice or its privacy practices and to apply the changes to any PHI received or maintained by the Fund prior to that date, even if the Fund received the protected health information before the change. If this Notice or a privacy practice is changed, a revised version of this Notice will be provided to all participants for whom the Fund still maintains

PHI. The revised Notice will be distributed in the same manner as the initial Notice was provided or in any other permissible manner.

If the revised version of this Notice is posted on the Fund's website, www.SDCLeagueFunds.org, you will also receive a copy of the Notice, or information about any material change and how to receive a copy of the Notice in the Fund's next annual mailing. Otherwise, the revised version of this Notice will be distributed within 60 days of the effective date of any material change to the Fund's policies regarding the uses or disclosures of PHI, the individual's privacy rights, the duties of the Fund or other privacy practices stated in this Notice.

Minimum Necessary Standard

When using or disclosing PHI or when requesting PHI from another covered entity, the Fund will make reasonable efforts not to use, disclose or request more than the minimum amount of PHI necessary to accomplish the intended purpose of the use, disclosure or request, taking into consideration practical and technological limitations. When required by law, the Fund will restrict disclosures to the limited data set, or otherwise as necessary, to the minimum necessary information to accomplish the intended purpose.

However, the minimum necessary standard will not apply in the following situations:

1. disclosures to or requests by a health care provider for treatment;
2. uses or disclosures made to the individual;
3. disclosures made to the Secretary of the U.S. Department of Health and Human Services;
4. uses or disclosures that are required by law; and
5. uses or disclosures that are required for the Fund's compliance with legal regulations.

De-Identified Information

This notice does not apply to information that has been de-identified. De-identified information is information that does not identify an individual and with respect to which there is no reasonable basis to believe that the information can be used to identify an individual.

Summary Health Information

The Fund may disclose "summary health information" to the Trustees for obtaining insurance premium bids or modifying, amending or terminating the Fund. "Summary health information" summarizes the claims history, claims expenses or type of claims experienced by participants and excludes identifying information in accordance with HIPAA.

Notification of Breach

The Fund is required by law to maintain the privacy of participants' PHI and to provide individuals with notice of its legal duties and privacy practices. In the event of a breach of unsecured PHI, the Fund will notify affected individuals of the breach.

Section 4
Your Right to File a Complaint With the Fund or the HHS Secretary

If you believe that your privacy rights have been violated, you may complain to the Fund. Such complaints should be made to the Fund's Privacy Official.

You may file a complaint with the Secretary of the U.S. Department of Health and Human Services, Office of Civil Rights by sending a letter to Hubert H. Humphrey Building, 200 Independence Avenue SW, Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.

The Fund will not retaliate against you for filing a complaint.

Section 5
Whom to Contact at the Fund for More Information

If you have any questions regarding this notice or the subjects addressed in it, you may contact the Fund's Privacy Official. Such questions should be directed to the Fund's Privacy Official at: SDC-League Health Fund, 321 West 44th Street, Suite 804, New York, NY 10036 or by calling (800) 317-9373 or (212) 869-8129.

Conclusion

PHI use and disclosure by the Fund is regulated by a federal law known as HIPAA (the Health Insurance Portability and Accountability Act). You may find these rules at 45 *Code of Federal Regulations* Parts 160 and 164. The Fund intends to comply with these regulations. This Notice attempts to summarize the regulations. The regulations will supersede any discrepancy between the information in this Notice and the regulations.