



## **Midwest Operating Engineers Welfare Fund**

### **A Brief Explanation of the Attached Privacy Notice**

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Federal regulations require your health plan to follow new procedures to protect your privacy – specifically, the privacy of your health information within the control of the Plan.

When you read the attached notice that the Plan is required to send to you under the new rules, please pay close attention to the following points:

- The rules allow the Plan to use and disclose your Protected Health Information (PHI)
  - To pay claims; and
  - To administer the Plan
- The rules restrict the way the Plan can communicate orally about your claims with someone other than you

#### **Your Personal Representative**

The Midwest Operating Engineers Welfare Fund (the “Fund”) recognizes certain individuals as Personal Representatives without you having to complete a form.

For example:

- A spouse of an individual covered by the Fund
- A parent or guardian of an unemancipated minor unless applicable law requires otherwise

Unless you object, the Fund may discuss your claims electronically, by telephone, or in person with your spouse. The Fund may also discuss your spouse’s claims electronically, by telephone, or in person with you. In addition, the Fund may discuss the claims of your unemancipated minor child electronically, by telephone, or in person with you or your spouse.

Spouses and unemancipated minors may request that the Fund restrict information that goes to family members by completing the *PHI Disclosure Opt-Out Form* found at the end of this notice and returning it to the Fund Office.

If you wish to give the Fund Office authorization to discuss your Protected Health Information (PHI) with someone—such as a trusted person if you are single, or your parents if you are an adult child, you must complete the *PHI-PIN Authorization Form* found at the end of this notice and return it to the Fund Office. Authorization begins once the form is received.

If you have any questions, please contact Member Services at 708-579-6600.

# Midwest Operating Engineers Welfare Fund

## Privacy Notice

The rules described in this Notice apply to each individual covered under the Fund whether the individual is the participant, spouse, or covered dependent child.

### Section 1: Purpose of This Notice and Effective Date

**This Notice Describes:**

1. How medical information about you may be used and disclosed; and
2. How you may obtain access to this information.

Please review this information carefully.

*Effective date.* The effective date of this Notice is February 16, 2026.

This Notice is required by law. The Midwest Operating Engineers Welfare 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 rights to privacy 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 with the Secretary of the U.S. Department of Health and Human Services, and
5. The person or office you should contact for further information about the Fund’s privacy practices.

### Section 2: Your Protected Health Information

#### Protected Health Information (PHI) Defined

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

*PHI refers to your health information held by the Fund.*

#### When the Fund May Disclose Your PHI

Under the law, the Fund may disclose your PHI without your consent, authorization, or the opportunity to object in the following cases:

**The Fund does not need your consent or authorization to release your PHI when:**

- **You request it,**
- **A government agency requires it,**
- **Trustees are required to review it, or**
- **The Fund uses it for treatment, payment, or health care operations.**

- **At your request.** If you request it, the Fund is required to give you access to certain PHI in order to allow you to inspect it and/or copy it.
- **As required by an agency of the government.** The Secretary of the Department of Health and Human Services may require the disclosure of your PHI to investigate or determine the Fund's compliance with the privacy regulations.
- **To the Fund's Trustees:** The Fund will disclose PHI to the Fund's Sponsor. The Sponsor is the Board of Trustees of the Midwest Operating Engineers Welfare Fund for the purposes related to treatment, payment, and health care operations. The Fund Sponsor has amended its Plan documents to protect your PHI as required by federal law.<sup>□</sup>
- **For treatment, payment, or health care operations.** The Fund and its Business Associates will use PHI without your consent, authorization, or opportunity to agree or object in order to carry out:
  - Treatment,
  - Payment, or
  - Health care operations.

| <b>Definitions of Treatment, Payment, or Health Care Operations</b>     |                                                                                                                                                                                                                                                                                                                                                                                                             |
|-------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Treatment</b> is health care.                                        | <p>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.</p> <p><b>For example:</b> The Fund discloses to a treating orthodontist the name of your treating dentist so that the orthodontist may ask for your dental X-rays from the treating dentist.</p> |
| <b>Payment</b> is paying claims for health care and related activities. | <p>Payment includes but is not limited to making coverage determinations and payment. These actions include billing, claims management, subrogation, Fund reimbursement, reviews for medical necessity, and appropriateness of care.</p> <p><b>For example:</b> The Fund tells your doctor whether you are eligible for coverage or what percentage of the bill will be paid by the Fund.</p>               |

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<sup>□</sup> For example, the Fund may disclose information to the Board of Trustees to allow them to decide an appeal or review a subrogation claim.

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| <p><b>Health Care Operations</b> keep the Fund operating soundly.</p> | <p>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 disease management, 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.</p> <p><i>For example:</i> The Fund uses information about your medical claims to refer you to a disease management program, to project future benefit costs or to audit the accuracy of its claims processing functions.</p> |
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**When the Disclosure of Your PHI Requires Your Written Authorization**

In general, the Plan must obtain your written authorization if it uses or discloses your PHI for purposes other than treatment, payment, or health care operations.

The Fund must generally obtain your written authorization before the Fund will use or disclose psychotherapy notes about you from your psychotherapist. However, the Fund may use and disclose such notes when needed by the Fund to defend itself against litigation filed by you.

*Psychotherapy notes and substance use disorder counseling notes are separately filed notes about your conversations with your mental health professional during a counseling session. They do not include summary information about your mental health treatment.*

The Fund must generally obtain your written authorization before the Fund will use or disclose notes from a Substance Use Disorder (SUD) counseling session. These SUD notes include records of the identity, diagnosis, prognosis, or treatment of any patient that are maintained in connection with the performance of any program or activity relating to substance use disorder education, prevention, training, treatment, rehabilitation, or research.

Also, the Fund must obtain your written authorization before it can disclose your PHI to a pension fund or employer. In some cases, the Fund will require a written authorization before any disclosure is made to a family member (other than a spouse) or a close personal friend.

**Use or Disclosure of Your PHI That Requires You Be Given an Opportunity to Agree or Disagree Before the Use or Release**

Disclosure of your PHI to family members, other relatives, and your close personal friends is allowed under federal law if:

- The information is directly relevant to the family or friend’s involvement with your care or payment for that care, and
- You have either agreed to the disclosure or have been given an opportunity to object and have not objected.

## Use or Disclosure of Your PHI for Which Consent, Authorization, or Opportunity to Object Is Not Required

The Fund is allowed under federal law to use and disclose your PHI without your consent, authorization, or request under the following circumstances:

1. **When required by law.**
2. **Public health purposes.** To an authorized public health official if required by law or for public health and safety purposes. PHI may also be used or disclosed if you have been exposed to a communicable disease or are at risk of spreading a disease or condition, if authorized by law.
3. **Domestic violence or abuse situations.** When authorized by law to report information about abuse, neglect, or domestic violence to public authorities if a reasonable belief exists 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.
4. **Oversight activities.** To a public health oversight agency for oversight activities authorized by law. These activities include 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 the Department of Labor).
5. **Legal proceedings.** When required for judicial or administrative proceedings. For example, your PHI may be disclosed in response to a subpoena or discovery request that is accompanied by a court order:
  - a. The requesting party must give the Fund satisfactory assurances that a good faith attempt has been made to provide you with written notice, and
  - b. The notice provided sufficient information about the proceeding to permit you to raise an objection, and
  - c. No objections were raised or were resolved in favor of disclosure by the court or tribunal.
6. **Law enforcement health purposes.** When required for law enforcement purposes (for example, to report certain types of wounds).
  - a. Identifying or locating a suspect, fugitive, material witness, or missing person, and
  - b. 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 covered entity is unable to obtain the individual's agreement because of emergency circumstances.

***In general, the Fund does not need your consent to release your PHI if required by law or for public health and safety purposes.***

8. ***Determining cause of death and organ donation.*** When required to be given to a coroner or medical examiner to identify a deceased person, determine a cause of death, or other authorized duties. The Fund also may disclose PHI for cadaveric organ, eye, or tissue donation purposes.
9. ***Funeral purposes.*** When required to be given to funeral directors to carry out their duties with respect to the decedent.
10. ***Research.*** For research, subject to certain conditions.
11. ***Health or safety threats.*** When, consistent with applicable law and standards of ethical conduct, 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. ***Workers' compensation programs.*** When authorized by and to the extent necessary to comply with workers' compensation or other similar programs established by law.

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

#### **Other Uses or Disclosures**

The Fund may contact you to provide you information about treatment alternatives or other health-related benefits and services that may be of interest to you.

The Fund may disclose protected health information to the Fund Sponsor of the Fund for reviewing your appeal of a benefit claims or for other reasons regarding the administration of this Fund. The "fund sponsor" of this Fund is the Board of Trustees of the Midwest Operating Engineers Welfare Fund.

#### **Prohibited Uses or Disclosures**

If the Plan receives substance use disorder records created by a federally assisted program or health care provider under 42 CFR part 2, the Plan may not use or disclose such records, or testimony relaying the content of such records, in any civil, criminal, administrative, or legislative proceedings against you unless based on your specific written consent or a court order. The Plan may only use or disclose records based on a court order after: (1) a notice and an opportunity to be heard is provided to you or the holder of the record, where required by 42 CFR part 2; and (2) the court order is accompanied by a subpoena or other similar legal requirement compelling the disclosure.

### **Section 3: Your Individual Privacy Rights**

#### **You May Request Restrictions on PHI Uses and Disclosures and Receipt of PHI**

You may request the Fund to:

1. Restrict the uses and disclosures of your PHI to carry out treatment, payment, or health care operations, or
2. Restrict uses and disclosures to family members, relatives, friends, or other persons identified by you who are involved in your care.

The Fund, however, is not required to agree to your request if the Fund Manager or Privacy Official determines it to be unreasonable. For example, if it would interfere with the Fund’s ability to pay a claim the Fund would consider it unreasonable.

In addition, the Fund will accommodate an individual’s reasonable request to receive communications of PHI **by alternative means or at alternative locations** where the request includes a statement that disclosure could endanger the individual.

You or your personal representative will be required to complete a form to request restrictions on uses and disclosures of your PHI or to receive communications of PHI by alternative means or at alternative locations. Make such requests to:

Ramesh Pondhe, Privacy Official  
 Midwest Operating Engineers Welfare Fund  
 6150 Joliet Rd  
 Countryside, IL 60525

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

**You May 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.

The Fund must provide the requested information within 30 days if the information is maintained on site or within 60 days if the information is maintained offsite. A single 30-day extension is allowed if the Fund is unable to comply with the deadline.

You or your personal representative will be required to complete a form to request access to the PHI in your designated record set. Requests for access to PHI should be made to the following official:

Ramesh Pondhe, Privacy Official  
 Midwest Operating Engineers Welfare Fund  
 6150 Joliet Rd  
 Countryside, IL 60525

***Designated Record Set:*** includes your medical records and billing records that are maintained by or for the Fund. Records include enrollment, payment, billing, claims adjudication, and case or medical management record systems maintained by or for a health fund or other information used in whole or in part by or for the covered entity to make decisions about you. Information used for quality control or peer review analyses and not used to make decisions about you is not included.

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 exercise your review rights, and a description of how you may complain to Fund and the Secretary of the U.S. Department of Health and Human Services.

**You Have the Right to Amend Your PHI**

You have the right to request that the Fund amend your PHI or a record about you in a designated record set for as long as the PHI is maintained in the designated record set subject to certain exceptions. See the Fund’s Right to Amend Policy for a list of exceptions.

The Fund has 60 days after receiving your written request to act on it. The Fund is allowed a single 30-day extension if the Fund is unable to comply with the 60-day deadline. If the Fund denied your written request in whole or part, the Fund must provide you with a written denial that explains the basis for the decision. 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 that PHI.

You must submit a written request to amend PHI to the following official:

Ramesh Pondhe, Privacy Official  
Midwest Operating Engineers Welfare Fund  
6150 Joliet Rd  
Countryside, IL 60525

You or your Personal Representative will be required to complete a form to request amendment of the PHI.

**You Have the Right to Receive an Accounting of the Fund’s PHI Disclosures**

At your request, the Fund will also provide you with an accounting of disclosures by the Fund of your PHI. The Fund does not have to provide you with an accounting of disclosures related to treatment, payment, or health care operations or disclosures made to you or authorized by you in writing. See the Fund’s Accounting for Disclosure Policy for the complete list of disclosures for which an accounting is not required.

The Fund has 60 days to provide the accounting. The Fund is allowed an additional 30 days if the Fund gives you 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.

**You Have the Right to Receive a Paper Copy of This Notice Upon Request**

To obtain a paper copy of this Notice, contact the following official:

Ramesh Pondhe, Privacy Official  
Midwest Operating Engineers Welfare Fund  
6150 Joliet Rd  
Countryside, IL 60525

**You Have the Right to Assign a PHI-PIN**

You may establish a four-digit Personal Identification Number (PIN). The PHI-PIN allows the Midwest Operating Engineers Welfare Fund (“Welfare Fund”) to discuss PHI in accordance with applicable law. A PHI-PIN can only be established for individuals that are 18 years of age or older.

When a PHI-PIN is established, the Welfare Fund is authorized to discuss and disclose PHI and other information that is, or would be,

**If you disagree with the record of your PHI, you may amend it.**

**If the Fund denies your request to amend your PHI, you still have the right to have your written statement disagreeing with that denial included in your PHI.**

**Forms are available for these purposes.**

***You may designate a PHI-PIN by completing a form that is available from the Fund Office.***

provided to the Covered Individual as a participant or beneficiary of the Welfare Fund. This includes information related to eligibility, coverage, benefits, and claims. The PHI-PIN is recognized as valid authorization under the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

The PHI-PIN must consist of four numeric digits only. Letters and special characters are not permitted, and only one PHI-PIN may be active at any time. Any individual who correctly provides the PHI-PIN when contacting the Fund Office may receive PHI related to you, subject to applicable law. No PHI will be disclosed without the correct PHI-PIN.

## **Section 4: The Fund's Duties**

### **Maintaining Your Privacy**

The Fund is required by law to maintain the privacy of your PHI and to provide you and your eligible dependents with notice of its legal duties and privacy practices.

***This notice is written to inform you of the Fund's obligation to maintain the privacy of your PHI.***

This notice became effective on February 16, 2026 and the Fund is required to comply with the terms of this notice. However, the Fund reserves the right to change its privacy practices and to apply the changes to any PHI received or maintained by the Fund prior to that date. If a privacy practice is changed, a revised version of this notice will be provided to you and to all past and present participants and beneficiaries for whom the Fund still maintains PHI.

The Fund will send you the Notice in the mail.

Any revised version of this notice will be distributed within 60 days of the effective date of any material change to:

- The uses or disclosures of PHI,
- Your individual rights,
- The duties of the Fund, or
- Other privacy practices stated in this notice.

### **Disclosing Only the Minimum Necessary Protected Health Information**

When using or disclosing PHI or when requesting PHI from another covered entity (i.e., a health care provider or another health plan), 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.

***The Fund must limit its uses and disclosures of PHI or requests for PHI to the minimum necessary amount to accomplish its purposes.***

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

- Disclosures to or requests by a health care provider for treatment,
- Uses or disclosures made to you,
- Disclosures made to the Secretary of the U.S. Department of Health and Human Services,

- Uses or disclosures required by law, and
- Uses or disclosures required for the Fund’s compliance with legal regulations.

This notice does not apply to information that has been de-identified. De-identified information is information that:

- Does not identify you, and
- With respect to which there is no reasonable basis to believe that the information can be used to identify you.

In addition, the Fund may use or disclose “summary health information” to the Fund Sponsor (i.e., the Board of Trustees of the Midwest Operating Engineers Welfare Fund) for obtaining premium bids or modifying, amending, or terminating the group health Fund. Summary information summarizes the claims history, claims expenses or type of claims experienced by individuals for whom a Fund Sponsor has provided health benefits under a group health fund. Identifying information will be deleted from summary health information, in accordance with HIPAA.

**Section 5: 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 file a complaint with the Fund in care of the following official:

Ramesh Pondhe, Privacy Official  
 Midwest Operating Engineers Welfare Fund  
 6150 Joliet Rd  
 Countryside, IL 60525

***You have the right to file a complaint if you feel your privacy rights have been violated.***

***The Fund may not retaliate against you for filing a complaint.***

You may also file a complaint with:

Secretary of the U.S. Department of Health and Human Services  
 Hubert H. Humphrey Building  
 200 Independence Avenue S.W.  
 Washington, D.C. 20201

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

**Section 6: Final HIPAA Rule**

Final modifications to the HIPAA Privacy, Security, and Enforcement Rules mandated by the Health Information Technology for Economic and Clinical Health (HITECH) Act generally referred to as the HIPAA Final Rule, are as follows:

- You have the right to be notified of a data breach relating to your unsecured health information.
- You have the right to ask for a copy of your electronic medical record in an electronic form provided the information already exists in that form.
- To the extent the Plan performs any underwriting, the Plan cannot disclose or use any genetic information for such purposes.

- The Plan may not use your PHI for marketing purposes or sell such information without your written authorization.

### **Section 7: If You Need More Information**

If you have any questions regarding this notice or the subjects addressed in it, you may contact the following official at the Fund Office:

Ramesh Pondhe, Privacy Official  
Midwest Operating Engineers Welfare Fund  
6150 Joliet Rd  
Countryside, IL 60525

### **Section 8: Conclusion**

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



## MIDWEST OPERATING ENGINEERS PHI-PIN AUTHORIZATION FORM

The purpose of this form is to allow individuals covered by the Plan (“Covered Individuals”) to establish a four-digit PHI-PIN that authorizes the Midwest Operating Engineers Welfare Fund (“Welfare Fund”) to discuss Protected Health Information (PHI). A PHI-PIN may only be established for individuals who are 18 years of age or older.

By assigning a PHI-PIN, the Covered Individual authorizes the Welfare Fund to:

- Discuss and disclose PHI and any information that is (or would be) provided to the Covered Individual as a participant or beneficiary of the Welfare Fund, including but not limited to information related to eligibility, coverage or benefits under the Welfare Fund, and claims; and
- Recognize the PHI-PIN as valid authorization under the Health Insurance Portability and Accountability Act of 1996 (HIPAA)

The PHI-PIN must be a four-digit numerical code—no alpha letters or special characters will be accepted. Only one PHI-PIN can be designated at a time. Any individual who correctly provides the PHI-PIN when contacting the Fund Office may receive PHI about the Covered Individual, subject to applicable law. No information will be released without the PHI-PIN.

Covered Individual’s Name: \_\_\_\_\_

MOE ID: \_\_\_\_\_

Covered Individual’s Date of Birth: \_\_\_\_\_

Four-digit PHI-PIN: \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_

By signing below, I understand and acknowledge that my PHI-PIN will be used to authorize the release and discussion of my Protected Health Information (PHI). I understand that I may revoke or change my PHI-PIN at any time by submitting written notice to the Fund Office. I understand that I am responsible for maintaining the confidentiality of my PHI-PIN. **In the event of a divorce, I acknowledge that it is my responsibility to establish a new PHI-PIN by submitting a new PHI-PIN Authorization Form to the Fund Office.**

\_\_\_\_\_  
Covered Individual’s Signature

\_\_\_\_\_  
Date

The Midwest Operating Engineers Welfare Fund HIPAA Privacy Notice and the PHI-PIN Authorization Form can be found in your My150 library or on the Fund Office website at <https://local150.org/moe/benefits/healthcare/health-welfare-forms-notice/>.



## MIDWEST OPERATING ENGINEERS PHI DISCLOSURE OPT-OUT FORM

This form allows you to tell us that you **do not give permission** for your Protected Health Information (PHI) to be discussed or shared with a specific individual(s). Please return your completed form to the Fund Office to be filed with the Privacy Official. **A copy of your photo ID must be included with your submission.** The Privacy Official must review all requests and may deny any requests based upon state law restrictions.

### INFORMATION FOR INDIVIDUAL REQUESTING THE OPT-OUT

|                 |        |           |
|-----------------|--------|-----------|
| Name:           |        | MOE ID:   |
| Street Address: |        |           |
| City:           | State: | Zip Code: |

### OPT-OUT INFORMATION

I request that all correspondence related to my coverage and benefits be mailed directly to my attention at the address specified above.

I further request that the individual(s) listed below **not be considered my Personal Representative.** The Fund does not have my permission to discuss my Protected Health Information (PHI), including eligibility and claims status, with the following individual unless I provide specific written authorization:

|                   |                     |
|-------------------|---------------------|
| Individual's Name | Relationship to You |
|-------------------|---------------------|

By signing below, I understand that once approved, this designation will remain in effect unless I revoke it. I understand that I have the right to revoke this designation at any time by submitting a signed written statement to the Fund Office.

|                                                |      |
|------------------------------------------------|------|
| Signature of Individual Requesting the Opt-Out | Date |
|------------------------------------------------|------|