

EGYPTIAN AREA SCHOOLS EMPLOYEE BENEFIT TRUST

NOTICE OF PRIVACY PRACTICES

Revised Effective 12/23/2024

This Notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review this Notice carefully.

The Health Insurance Portability and Accountability Act ("HIPAA") created federal privacy rights with respect to medical information. The Egyptian Area Schools Employee Benefit Trust ("Trust") is required by law to provide this Notice explaining the Trust's privacy practices and how the Trust may use and disclose your medical information for treatment and payment purposes and for other purposes permitted or required by law. This Notice also describes your rights to obtain access to your medical information maintained on behalf of the Trust.

Definitions

"Member" means any person who receives health care coverage from the Trust, including employees, retirees, surviving spouses or civil union partners, COBRA beneficiaries and eligible dependents.

"Protected Health Information" or "PHI" means individually identifiable information created or received by or on behalf of the Trust, whether oral or recorded in any form or medium, that relates to the past, present or future physical or mental health or condition of a Member, the provision of health care to a Member, or the payment for health care provided to a Member.

"Personal Representative" means: (1) a person who has authority under applicable law to make decisions related to health care on behalf of an adult or an emancipated minor; or (2) the parent, guardian, or other person acting *in loco parentis* who is authorized under law to make health care decisions on behalf of an unemancipated minor, except where the minor is authorized by law to consent, on his/her own or with court approval, to a health care service, or where the parent, guardian or person acting *in loco parentis* has assented to an agreement of confidentiality between the provider and the minor.

"Business Associate" means a person or organization which, on behalf of the Trust, performs, or assists in the performance of a function or activity involving the use or disclosure of PHI, or provides administrative, management, consulting, legal, actuarial, accounting, or financial services involving disclosure of PHI. Business Associates of the Trust include BlueCross BlueShield of Illinois (BCBSIL), HealthSCOPE Benefits, TCOH, and the Trust's attorneys, actuaries and consultants.

Our Responsibilities

The Trust is required to:

- Maintain the privacy of your health information in accordance with applicable federal and state law;
- Provide you with this Notice of our legal duties and privacy practices, and your rights with respect to information we collect and maintain about you;
- Abide by the terms of this Notice;
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations; and
- Notify you if we are unable to agree to a requested restriction.

We may change the terms of this Notice at any time. We will provide you with a revised copy of the Notice promptly following any material revision to the Notice and upon your request. The Notice will be posted on the Trust's web site.

The Trust reserves the right to make changes in its Privacy Policy effective for all PHI maintained by the Trust.

How the Trust May Use and Disclose PHI

PHI may be used and disclosed by the Trust and its Business Associates and others outside the Trust for purposes of treatment, payment and health care operations. Your PHI may be disclosed for these purposes without your express consent or authorization.

The following are examples of the types of permitted uses and disclosures of PHI. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures that may be made by the Trust.

Treatment: The Trust may use and disclose your PHI to coordinate or manage your health care and any related services. For example, the Trust may disclose information to a case manager involved in coordinating your care with providers.

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Payment: The Trust may use and disclose your PHI to facilitate and coordinate payment for your health care services. This includes activities such as making determinations of eligibility or coverage and services such as utilization review. For example, the Trust may tell your treating physician whether you are eligible for coverage or what portion of the physician's bill will be paid by the Trust.

Health Care Operations: The Trust may use or disclose your PHI in order to support the Trust's health care operations. "Health care operations" include, but are not limited to, underwriting, premium rating and other insurance activities. For example, the Trust may use PHI to project future benefit costs, obtain reinsurance or audit the accuracy of its claims processing functions. The Plan will not use or disclose genetic information, including information about genetic testing and family medical history, for underwriting purposes. The Plan may use or disclose PHI for underwriting purposes, assuming the use or disclosure is otherwise permitted under the privacy standards and other applicable law, but any PHI that is used or disclosed for underwriting purposes will not include genetic information.

Business Associates: The Trust does not have its own employees. Most of the Trust's operations are handled by third party Business Associates which perform various administrative and other services for the Trust. All of the PHI created or received by or for the Trust is maintained by its Business Associates, and the terms "Trust" and "we" in this Notice generally mean the Trust and its Business Associates when they are acting on behalf of the Trust. Whenever an arrangement between the Trust and a Business Associate requires the use or disclosure of PHI, we will have a written contract that contains terms that will protect the privacy of your PHI as provided in this Notice. For example, the Trust has contracts with BCBSIL, HealthSCOPE Benefits and other service providers which require these Business Associates to protect the privacy of your PHI to the same extent that the Trust is required to protect your PHI.

If PHI is properly disclosed under the HIPAA Privacy Practices, such information may be subject to redisclosure by the recipient and no longer protected under the HIPAA Privacy Practices.

Special Rule for Mental Health Information: Your written authorization generally will be obtained before we will use or disclose psychotherapy notes (if any) about you.

Treatment Alternatives and Other Services:

The Trust may use or disclose your PHI to provide you with information about treatment alternatives or other health-related benefits and services that may be of interest to you. For example, your name and address may be used to send you a newsletter about the Trust and the services we offer or to send you information about products or services that we believe may be beneficial to you. You may contact our Privacy

Officer to request that these materials not be sent to you.

Disclosure of PHI to Family Members, Friends, Guardians and Others Involved in Your Care

Unless you object or request additional privacy restrictions or alternative communications that are accepted by the Trust (as explained below under "Your Rights"), the Trust may, in the exercise of professional judgment, disclose to a family member, other relative, or close personal friend, PHI directly relevant to such person's involvement with your care or payment for your care. The Trust may reasonably infer from the circumstances surrounding the request or otherwise utilize professional judgment and experience with common practice to make reasonable inferences of your best interest in disclosing PHI to another person on your behalf.

When Written Authorization is Required

The Trust will not use or disclose your PHI for any reasons other than those described above, or as otherwise permitted or required by law as described below. You may, however, authorize the Trust to disclose your PHI to another party.

For example, the Trust will not disclose your PHI to your employer for any reason, unless you give us written authorization to disclose your PHI to the employer. If you want a representative from your employer to contact the Trust or our Business Associates on your behalf about your claims, you must provide a written statement authorizing us to disclose your PHI to that person or organization.

While the Trust will not disclose individually identifiable health information to your employer without authorization, the Trust may provide certain summary health information to your employer to allow the employer to obtain bids for other health insurance and to decide whether to continue to participate in the Trust. The Trust may also disclose certain summary health

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information to the Board of Managers of the Trust to allow the Board to establish premium rates, obtain bids for reinsurance, and amend or modify the plan of benefits provided by the Trust. Summary health information means information that summarizes the claims history, claims expenses or types of claims incurred by the Members provided coverage through your employer group or through the Trust as a whole. Summary health information does not include information such as names, addresses, identification numbers, dates of service or other individually identifying information.

If you wish to authorize BCBSIL to disclose information to another person or organization, you may request from BCBSIL its Standard Authorization Form to Release PHI. See "Contact Information" below. A copy of this form is on the HIPAA Authorization Notice & Form page on the Trust's website. If your request does not relate to information held by BCBSIL, you may submit the Authorization to Disclose Health Information form provided at the end of this Notice to the Privacy Officer. See "Contact Information" below. A copy of this form is also provided on the Trust's website. You may revoke an authorization at any time by providing written notice of the revocation to BCBSIL or the Privacy Officer, except to the extent that the Trust has taken action in reliance on the authorization.

Other Disclosures that May be Made Without Authorization or Opportunity to Object

The Trust may also use or disclose your PHI in the following situations without your authorization:

Required By Law: We may use or disclose PHI to the extent that the use or disclosure is required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law.

Public Health: We may disclose PHI for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information for the purpose of controlling disease, injury or disability. (*Subject to certain limitations described in the Reproductive Health Care Privacy section below.*)

Communicable Diseases: If authorized by law we may disclose PHI to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

Health Oversight: We may disclose PHI to a government agency charged with overseeing the health care system for activities authorized by law, such as audits, investigations, and inspections.

Abuse or Neglect: We may disclose PHI to a public health authority that is authorized by law to receive reports of child abuse or neglect.

Food and Drug Administration: We may disclose PHI to the FDA as required to report adverse events, product defects or problems; track products; enable product recalls; make repairs or replacements; or conduct post-marketing surveillance.

Legal Proceedings: In accordance with applicable federal and state law, we may disclose PHI in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), or in certain conditions in response to a subpoena, discovery request or other lawful process. (*Subject to certain limitations described in the Reproductive Health Care Privacy section below.*)

Law Enforcement: In accordance with law, we may also disclose PHI for law enforcement purposes. (*Subject to certain limitations described in the Reproductive Health Care Privacy section below.*)

Coroners, Funeral Directors, and Organ Donation: We may disclose PHI to a coroner or medical examiner for identification purposes, determining cause of death or for the coroner or medical examiner to perform other duties authorized by law; to a funeral director in order to permit the funeral director to carry out his/her duties; or to appropriate parties for cadaveric organ, eye or tissue donation purposes. (*Subject to certain limitations described in the Reproductive Health Care Privacy section below.*)

Research: We may disclose PHI to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of PHI.

Criminal Activity: Consistent with applicable federal and state laws, we may disclose PHI if we believe that 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 or to allow law enforcement authorities to identify or apprehend an individual.

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Military and National Security: When the appropriate conditions apply, we may use or disclose PHI of Members who are Armed Forces personnel for activities deemed necessary by appropriate military authorities. We may also disclose PHI to authorized federal officials for conducting national security and intelligence activities, including for the provision of protective services to the President or others authorized by law.

Workers' Compensation: We may disclose PHI as authorized to comply with workers' compensation laws and other similar programs established by law.

Inmates: We may disclose PHI of an inmate in a correctional facility to the facility if the facility represents the PHI is necessary for certain permitted purposes.

Required Uses and Disclosures: Under the law, we must make disclosures of PHI when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the privacy requirements of HIPAA.

Reproductive Health Care Privacy: We may not disclose PHI to: (i) conduct a criminal, civil, or administrative investigation into a person for the mere act of seeking, obtaining, providing, or facilitating reproductive health care; (ii) impose criminal, civil, or administrative liability on any person for the mere act of seeking, obtaining, providing, or facilitating reproductive health care; or (iii) identify any person for the purposes described in (i) and (ii).

Reproductive health care means care, services, or supplies related to the reproductive health of the individual.

This prohibition only applies if the reproductive health care is lawful under the law of the state in which the health care was provided and under the circumstances in which it was provided, or if the reproductive health care was protected, required, or authorized by Federal law, including the United States Constitution, regardless of the state in which it is provided.

We may not use or disclose PHI potentially related to reproductive health care for the purposes of uses and disclosures of 1) public health oversight activities, 2) judicial and administrative proceedings, 3) law enforcement purposes, and 4) coroners and medical examiners without obtaining a valid attestation

from the person requesting the use or disclosure of such information. A valid attestation under this section must include the following elements:

(i) A description of the information requested that identifies the information in a specific fashion, including one of the following: (A) the name of any individual(s) whose PHI is sought, if practicable; and (B) if including the name(s) of any individual(s) whose PHI is sought is not practicable, a description of the class of individuals whose PHI is sought.

(ii) The name or other specific identification of the person(s), or class of persons, who are requested to make the use or disclosure.

(iii) The name or other specific identification of the person(s), or class of persons, to whom the covered entity is to make the requested use or disclosure.

(iv) A clear statement that the use or disclosure is not for a purpose prohibited by the Reproductive Health Care Privacy rules.

(v) A statement that a person may be subject to criminal penalties if that person knowingly and in violation of HIPAA obtains individually identifiable health information relating to an individual or discloses individually identifiable health information to another person.

(vi) Signature of the person requesting the PHI, which may be an electronic signature, and date. If the attestation is signed by a representative of the person requesting the information, a description of such representative's authority to act for the person must also be provided.

Your Rights

Following is a summary of your rights with respect to your PHI and how you may exercise these rights.

Right to Inspect and Copy: You have the right to inspect and obtain a copy of your medical information maintained for the Trust. This includes medical and billing records, but does not include psychotherapy notes.

To inspect and obtain a copy of your PHI, you must submit a request to BCBSIL or the Trust's Privacy Officer. See "Contact Information" below. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request.

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We may deny your request to inspect and copy in certain limited instances. If you are denied access to your medical information, you will receive a written denial setting forth the basis of the denial, a description of how you may exercise your review rights and a description of how you may file a complaint.

Right to Amend: If you feel that medical information the Trust has about you is incorrect or incomplete, you may ask us to amend the information.

To request an amendment, you must submit the request to BCBSIL or the Trust's Privacy Officer. See "Contact Information" below.

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

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

If your request is denied you will receive a written denial that explains the basis of the denial. You may submit a written statement disagreeing with the denial and you may require the Trust to include the statement, or if no statement is filed, a copy of your written request for amendment and the Trust's written denial, with any future disclosures of the PHI.

Right to an Accounting of Disclosures: You have the right to request an accounting or list of certain disclosures of your PHI. You may request an accounting only of disclosures the Trust has made to others for reasons other than treatment, payment or health care operations.

To request an accounting you must contact BCBSIL or the Privacy Officer. See "Contact Information" below. Your request must state a time period which may not be longer than 6 years prior to your request. The first list you request within a 12 month period will be free. We may charge you for the costs of providing an additional list during any 12 month period.

Right to Notice of a Breach: You have the right to be notified if we become aware of any unauthorized access, use or disclosure of your PHI if the PHI was not secured or encrypted in a method approved by the U.S. Department of Health and Human Services. We have a duty to notify you if we discover a breach of your unsecured PHI.

Right to Request Restrictions: You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you may ask that we not disclose information to your spouse.

To request such restrictions on the use or disclosure of your PHI, you must submit the request to BCBSIL or the Privacy Officer. See "Contact Information" below.

We are not required to agree with your request. If we do agree, we will comply with your request.

You also have the right to request a health care provider not to disclose your PHI to the Plan, provided that the PHI pertains solely to health care services for which you have paid the provider in full out-of-pocket. The provider must comply with your request if the provider has been paid in full.

Right to Request Confidential Communications: You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

To request confidential communications, you must submit the request to BCBSIL or the Privacy Officer. See "Contact Information" below. We will not ask you the reason for your request and will accommodate all reasonable requests.

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 being given access to your PHI. Proof of such authority may include:

- A power of attorney for health care purposes, notarized by a notary public;

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- A court order of appointment of the person as conservator or guardian; or
- A parent of a minor child.

The Trust retains discretion to deny access to your PHI to a personal representative in certain circumstances.

Complaints

If you believe your privacy rights have been violated, you may submit your complaint in writing to the Privacy Officer for the Trust at:

Privacy Officer

Egyptian Area Schools Employee Benefit Trust
P. O. Box 2034
Loves Park, IL 61130
Telephone: 1-800-397-9598

You also have the right to file a written complaint with the Secretary of the United States Department of Health and Human Services, Office for Civil Rights, or with the Illinois State Attorney General.

The Trust will not intimidate, threaten, coerce or discriminate against you for filing a complaint or otherwise exercising legal rights set forth in this Notice.

Contact Information

If your request relates to PHI and claims processed by BCBSIL, you may submit the requests described in this Notice to:

BCBSIL

Privacy Office Divisional Vice President
Blue Cross and Blue Shield of Illinois
P. O. Box 804836
Chicago, IL 60680-4110
Telephone: 1-877-361-7594

You may also call the BCBSIL telephone number located on the back of your member ID card.

For more information about submitting a request to BCBSIL, please refer to BCBSIL's HIPAA Notice of Privacy Practices and the BCBSIL Standard Authorization to Release PHI form posted on the Trust's website.

If your request relates to PHI and claims that pre-date the Trust's move to BCBSIL or information that is otherwise not held by BCBSIL, you may submit the requests described in this Notice to:

Privacy Officer

Egyptian Area Schools Employee Benefit Trust
P. O. Box 2034
Loves Park, IL 61130
Telephone: 1-800-397-9598

This Notice of Privacy Practices and BCBSIL's HIPAA Notice of Privacy Practices and Authorization form are posted on the HIPAA Authorization Notice & Form page of the Trust's web site at:

www.egtrust.org.

You may request printed copies of these Privacy Notices by contacting BCBSIL or the Privacy Officer.

Privacy Regulations

The Trust's use and disclosure of PHI is regulated by federal and state law, including HIPAA. The HIPAA privacy regulations are set forth in the United States Code of Federal Regulations at 45 CFR Parts 160 and 164. This Notice attempts to summarize the regulations. The regulations will supersede any discrepancy between the information contained in this Notice and the regulations.

EGYPTIAN AREA SCHOOLS EMPLOYEE BENEFIT TRUST
AUTHORIZATION TO DISCLOSE HEALTH INFORMATION

By signing this authorization, I authorize the Egyptian Area Schools Employee Benefit Trust ("Trust") and its Business Associates to use or disclose certain protected health information (PHI) about me to or for the person or persons listed below.

This authorization permits the Trust to disclose to _____
(1)

the following individually identifiable health information (Specifically describe the information to be released, such as date(s) of service, level of detail to be released, origin of information, etc.):

(2)

I understand that this authorization may include information relating to: (1) Acquired Immunodeficiency Syndrome (AIDS) or Human Immunodeficiency Syndrome (HIV) infection; (2) Psychiatric care (but not psychotherapy notes); (3) Treatment for alcohol and/or drug abuse; and (4) Genetic testing, if any, except as stated here (Specify any restrictions):

(3)

This authorization will expire on: _____
(4) (Specify Expiration Date or a Defined Event)

I understand that if my information is disclosed in accordance with this authorization, the person or persons who receive the information may disclose it to others and the information may no longer be protected by the federal HIPAA Privacy Rule.

I have the right to revoke this authorization in writing except to the extent that the Trust has acted in reliance on this authorization. My written revocation must be submitted to the Trust's Privacy Officer at:

Privacy Officer
Egyptian Area Schools Employee Benefit Trust
P. O. Box 2034
Loves Park, IL 61130
Phone: 1-800-397-9598

I understand that the Trust will not condition my enrollment or eligibility for benefits upon my granting this authorization, unless the authorization is to make determinations about my eligibility for enrollment or for underwriting determinations. This authorization is not for the use or disclosure of psychotherapy notes.

(a) _____
Signature of Member or Legal Guardian
Authorizing Release of PHI

(b) _____
Authorized Recipient's Relationship
to Member

(c) _____
Member's Name

(d) _____
Date

(e) _____
Print Name of Member or Legal Guardian (5)

INSTRUCTION TO COMPLETE HIPAA AUTHORIZATION FORM

Because the federal government provides special protections for health information, this authorization is required by privacy regulations that are a part of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), and other applicable laws. The Trust is required to abide by the HIPAA Privacy Regulations. This form needs to be completed by each member and the member's covered dependents age 18 and above in order for the Trust or its Business Associates to disclose any information to a member of your family, a relative, a close friend, your employer, or any other person you identify.

- (1) *This authorization permits the Trust to disclose to:* Please insert all names of individuals or organizations to whom the Trust and/or its Business Associates can disclose protected health information. This can be a family member, friend, the school's bookkeeper, etc.
- (2) *The following individually identifiable health information:* You can limit the information being disclosed to a specific date, level of detail, origin of information, etc. If you are not limiting the information, please mark "all information available."
- (3) *I understand that this authorization may include information relating to:* You can again restrict what information is being released. If you do not want a specific diagnosis disclosed, please list here. If there are no restrictions please mark "no restrictions."
- (4) *This authorization will expire on:* You can limit the length of time the authorization is available for use. If there is no limitation, please indicate "indefinitely." Again, you have the right to revoke this authorization at any time.
- (5) *Authorizations:*
 - (a) *Signature of Member or Legal Guardian Authorizing Release of PHI.* A form must be completed and signed by each individual age 18 and above, including the employee and/or spouse or civil union partner in order for us to release any information to the person listed on line (1). For dependents under the age of 18, the legal guardian (typically the parent) must complete a separate form for the under age 18 dependent.
 - (b) *Authorized Recipient's Relationship to Member.* Indicate the relationship to the person listed on line (a) and/or (c), i.e., spouse, civil union partner, mother, father, employer contact.
 - (c) *Member's Name.* The individual whose PHI information is being released. (Member is any individual covered by the Plan. This could be the employee/retiree, spouse or civil union partner or dependent child.)
 - (d) *Date.* The date of the authorization.
 - (e) *Print Name of Member or Legal Guardian.* Please print the name of the person whose signature is listed on line (a).

By completing this form, the Trust will be able to release your PHI to any entity/person indicated on line (1).