

**NORTHERN MINNESOTA WISCONSIN AREA RETAIL FOOD  
HEALTH AND WELFARE FUND  
NOTICE OF PRIVACY PRACTICES**

**EFFECTIVE DATE OF NOTICE:  
FEBRUARY 16, 2026**

**YOUR INFORMATION. YOUR RIGHTS. OUR RESPONSIBILITIES.**

**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.**

The Northern Minnesota Wisconsin Area Retail Food Health and Welfare Fund (the “Plan”) is required by law to take reasonable steps to ensure the privacy of your medical information (also called protected health information or “PHI”). The term PHI under the Health Insurance Portability and Accountability Act (“HIPAA”) and its privacy regulations includes all individually identifiable health information transmitted or maintained by the Plan, regardless of form (oral, written, electronic).

**A. YOUR RIGHTS.**

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

<b>SUBJECT</b>	<b>EXPLANATION</b>
<b>Receive a copy of your health and claim records</b>	<ul style="list-style-type: none"><li>• You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.</li><li>• We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable cost-based fee.</li></ul>
<b>Ask us to correct health and claims records</b>	<ul style="list-style-type: none"><li>• You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.</li><li>• We may say “no” to your request but we will tell you why in writing within 60 days.</li></ul>
<b>Request confidential communications</b>	<ul style="list-style-type: none"><li>• You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.</li><li>• We will consider all reasonable request, and must say “yes” if you tell us you would be in danger if we do not.</li><li>• You or your personal representative will be required to submit a written request to exercise this right. Such requests should be made to the Plan’s Privacy Official.</li></ul>

SUBJECT	EXPLANATION
<b>Ask us to limit what we use or share</b>	<ul style="list-style-type: none"> <li>• You can ask us not to share certain health information for treatment, payment, or our operations.</li> <li>• We must comply with your request to restrict a disclosure of your confidential information for payment, or health care operations purposes, if you paid for these services in full, out of pocket.</li> <li>• We are not required to agree to your request, and we may say “no” if it would affect your care.</li> </ul>
<b>Get a list of those with whom we've shared information</b>	<ul style="list-style-type: none"> <li>• You can ask for a list (accounting) of the times we have shared your health information for six years prior to the date you ask, who we shared it with, and why.</li> <li>• We will include all the disclosures except for those about treatment, payment and health care operations, and certain other disclosures (such as any you asked us to make). We will provide one accounting per year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.</li> <li>• Such requests should be made to the Plan's Privacy Official.</li> </ul>
<b>Get a copy of this Privacy Notice</b>	<ul style="list-style-type: none"> <li>• You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.</li> </ul>
<b>Choose someone to act for you</b>	<ul style="list-style-type: none"> <li>• If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.</li> <li>• We will verify that the person has the authority and can act for you before we take any action.</li> </ul>
<b>File a complaint if you feel your rights are violated</b>	<ul style="list-style-type: none"> <li>• You can complain if you feel we have violated your rights by contacting the Plan's Privacy Official.</li> <li>• You can file a complaint with the U.S. Department of Health and Human Services Office for Civil rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting <a href="http://www.hhs.gov/ocr/privacy/hipaa/complaints/">www.hhs.gov/ocr/privacy/hipaa/complaints/</a>.</li> <li>• We will not retaliate against you for filing a complaint.</li> </ul>

## B. YOUR CHOICES.

For certain health information, you can tell us your choices about what we share. For example, in general and subject to specific conditions, the Plan will not use or disclose your psychotherapy notes and substance use disorder counseling notes; the Plan will not use or disclose your PHI for marketing; and the Plan will not sell your PHI, unless you provide a written authorization to do so. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

If the Plan receives substance use disorder treatment records created by a federally assisted program or health care provider under 42 CFR part 2, the Plan may only use or disclose such records in accordance with the written consent you provided to the program or provider. If such records were disclosed to the Plan with your written consent for treatment, payment, and health care operations, the Plan may further disclose the records for these purposes without obtaining an additional written consent.

You may revoke written authorizations at any time, so long as the revocation is in writing. Once the Plan 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.

SUBJECT	EXPLANATION
<b>In these cases, you have both the right and choice to tell us to:</b>	<ul style="list-style-type: none"><li>Share information with your family, close friends or others involved in payment for your care.</li><li>Share information in a disaster relief situation.</li><li>Contact you for fundraising efforts.</li></ul> <p>If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information when needed to lessen a serious and imminent threat to health or safety.</p>
<b>In these cases we never share your information unless you give us written permission:</b>	<ul style="list-style-type: none"><li>Marketing purposes.</li><li>Sale of your information.</li></ul>

### Prohibited uses and disclosures of PHI

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.

### C. OUR USES AND DISCLOSURES.

How do we typically use or share your health information? We typically use or share your health information in the following ways.

SUBJECT	EXPLANATION	EXAMPLE
<b>Help manage the health care treatment you receive</b>	<ul style="list-style-type: none"> <li>• We can use your health information and share it with professionals who are treating you.</li> </ul>	A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.
<b>Run our organization</b>	<ul style="list-style-type: none"> <li>• We can use and disclose your information to run our organization and contact you when necessary.</li> <li>• We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. This does not apply to long term care plans.</li> </ul>	We use health information about you to develop better services for you.
<b>Pay for your health services</b>	<ul style="list-style-type: none"> <li>• We can use and disclose your health information as we pay for your health services.</li> </ul>	We share information about you with your dental plan to coordinate payment for your dental work.
<b>Administer your plan</b>	<ul style="list-style-type: none"> <li>• We may disclose your health information to your health plan sponsor for plan administration.</li> </ul>	Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.

How else can we use or share your health information? We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes.

For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

SUBJECT	EXPLANATION
<b>Help with public health and safety issues</b>	<ul style="list-style-type: none"> <li>• We can share health information about you for certain situations such as: <ul style="list-style-type: none"> <li>• Preventing disease</li> <li>• Helping with product recalls</li> <li>• Reporting adverse reactions to medications</li> <li>• Reporting suspected abuse, neglect, or domestic violence</li> <li>• Preventing or reducing a serious threat to anyone's health or safety</li> </ul> </li> </ul>

SUBJECT	EXPLANATION
<b>Do research</b>	<ul style="list-style-type: none"> <li>• We can use or share your information for health research.</li> </ul>
<b>Comply with the law</b>	<ul style="list-style-type: none"> <li>• We will share information about you if state or federal law requires it, including with the Department of Health and Human Services if it wants to verify that we are complying with federal privacy law.</li> </ul>
<b>Respond to organ and tissue donation requests and work with a medical examiner or funeral director</b>	<ul style="list-style-type: none"> <li>• We can share health information about you with organ procurement organizations.</li> <li>• We can share health information with a coroner, medical examiner, or funeral director when an individual dies.</li> </ul>
<b>Address workers' compensation law enforcement, and other government requests</b>	<ul style="list-style-type: none"> <li>• We can use or share health information about you: <ul style="list-style-type: none"> <li>• For workers' compensation claims</li> <li>• For law enforcement purposes or with a law enforcement official</li> <li>• With health oversight agencies or activities authorized by law</li> <li>• For special government functions such as military, national security and presidential protective services</li> </ul> </li> </ul>
<b>Respond to lawsuits and legal actions</b>	<ul style="list-style-type: none"> <li>• We can share health information about you in response to a court or administrative order, or in response to a subpoena.</li> </ul>

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.

#### **D. OUR RESPONSIBILITIES.**

We are required by law to maintain the privacy and security of your protected health information.

We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.

We must follow the duties and privacy practices described in this notice and give you a copy of it.

We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html)

#### **E. CHANGES TO THE TERMS OF THIS NOTICE**

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our web site, and we will mail a copy to you.

#### **F. WHOM TO CONTACT AT THE PLAN FOR MORE INFORMATION**

If you have any questions regarding this notice or the subjects addressed in it, you may contact the Plan's Privacy Official. Such questions should be directed to the Plan's Privacy Official at:

Northern Minnesota Wisconsin Area Retail Food Health and Welfare Fund  
c/o Wilson-McShane Corp  
Attn: Privacy Official  
2002 London Rd Suite 300  
Duluth, MN 55812  
218-728-4231 or 800-570-1012

#### **G. CONCLUSION**

Use and disclosure of PHI by the Plan 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 Plan 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.