

CITY OF WAUWATOSA WELFARE BENEFIT PLAN 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. THE PRIVACY OF YOUR MEDICAL INFORMATION IS IMPORTANT TO US.

Your Information. Your Rights. Our Responsibilities.

The Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) and its Privacy Rules grant certain rights to you as a participant or beneficiary of the City of Wauwatosa Welfare Benefit Plan (the “Plan”) in relation to your medical information (called “protected health information”). This Privacy Practices Notice discusses those rights and obligations. The Plan must follow the privacy practices that are described in this notice while it is in effect. This notice takes effect March 6, 2026, and will remain in effect unless the Plan replaces it.

The Plan may use and disclose your protected health information, without your permission, for treatment, payment and health care operations activities and, when required or authorized by law, for public health activities, law enforcement, judicial and administrative proceedings, research, and certain other public benefit functions.

If the Plan receives or maintains any protected health information about you from a substance use disorder treatment program that is covered by Federal regulation 42 CFR Part 2 (a “Part 2 Program”) pursuant to a general written consent you provide to the Part 2 Program allowing the Part 2 Program to use and disclose your Part 2 Program record for purposes of treatment, payment or health care operations, the Plan also may use and disclose your Part 2 Program record for purposes of treatment, payment and health care operations purposes as described in this notice. The Plan will limit its use and disclosure of any Part 2 Program records received or maintained by the Plan pursuant to a specific written consent you provide to the Plan or to a third-party.

Please review this entire notice for details about the uses and disclosures the Plan may make of your protected health information, about your rights and how to exercise them, and about complaints regarding your privacy rights or additional information about our privacy practices.

IMPORTANT NOTE: The Plan reserves the right to provide your protected health information to any other person identified by you, or whom the Plan in good faith believes was identified by you, or to a family member, other relative or a close personal friend. For example, the Plan may disclose your protected health information to your spouse if the spouse contacts the Plan to help resolve a payment issue on your behalf. The Plan will only provide protected health information in such a situation if it is directly relevant to such person’s involvement with your care or payment related to your health care. If you object to such disclosures, please express your written objection to the contact person noted below.

YOUR RIGHTS

- Examine and receive a copy of your health and claims records
- Request correction or amendment of your health information

- Request confidential communications
- Request restrictions on certain uses and disclosures
- Receive an accounting of certain disclosures
- Receive a paper copy of this notice
- Choose a personal representative to act for you
- Receive notice of a breach of unsecured health information
- File a complaint if you believe your rights have been violated

YOUR CHOICES

You have choices in the way we use and share information when:

- Sharing information with family, friends, or others involved in your care or payment for care
- Sharing information in disaster relief situations
- Authorizing uses or disclosures outside treatment, payment, or health care operations

We will not use or disclose your protected health information for marketing, sale of information, or psychotherapy notes without your written authorization.

OUR USES AND DISCLOSURES

We may use and disclose your protected health information without your authorization for the following purposes:

- Treatment: to coordinate or manage your health care
- Payment: to pay claims and determine eligibility
- Health Care Operations: to administer and improve the Plan
- Plan Administration: to the City of Wauwatosa as Plan sponsor, as permitted by law
- Public Health and Safety activities
- Research, law enforcement, judicial proceedings, and other activities required or permitted by law

To the extent the Plan maintains substance use disorder records subject to 42 CFR Part 2, such information will not be disclosed for investigations or legal proceedings against you without your written consent or a court order after the Plan provides you with notice of such court order and opportunity to be heard.

YOUR RIGHTS

When it comes to your protected health information, you have certain rights. This section explains your rights and some of the Plan's responsibilities to help you. All requests must be made in writing and delivered to the contact at the end of this notice. You may use forms available from the contact specified below to make a request.

Get a copy of health and claims records

- You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask the contact at the end of this notice how to do this.

- 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.
- You may request that the protected health information that is stored electronically be disclosed in an electronic format.

Ask us to correct health and claims records

- You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask the contact at the end of this notice how to do this.
- Your request must explain why the information should be amended.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home, office, or mobile phone) or to send mail to a different address.
- Your request should specify whether the information could endanger you if it is not communicated in confidence as you request.
- We will consider all reasonable requests, and must say “yes” if you tell us you would be in danger if we do not.

Please note that an explanation of benefits and other information that the Plan issues to the participant about health care that you received for which you did not request confidential communications, or about health care received by the participant or by others covered by the Plan, may contain sufficient information to reveal the receipt of health care for which the Plan paid, even though you requested that the Plan communicate with you about that health care in confidence.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations.
- We are not required to agree to your request, and we may say “no,” for example, if it could affect your care. If we agree to your request, we may still share this information in the event that you need emergency treatment or if disclosure is required by law.
- We will agree to a restriction request if the disclosure is to the Plan for purposes of carrying out payment or health care operations (and not for purposes of carrying out treatment); and the protected health information pertains solely to a health care item or service for which you paid out of pocket in full.

Get a list of those with whom we've shared information

- You can ask for a list (accounting) of the instances we've shared your health information for six years prior to the date you ask (3 years in the case of disclosure related to electronic records), who we shared it with, and why.
- 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'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.
- In addition to the rights described herein, if the Plan maintains Part 2 Program records, you have the right to request a list of certain disclosures of your electronic Part 2 Program Records and, where applicable, disclosures made through certain intermediaries, as permitted by Part 2 and HIPAA.

Get a copy of this privacy notice

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.

Choose someone to act for you

- If someone has authority to act as your personal representative, such as if someone has your medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

Breach Notification

- You have the right to receive a notice of your unsecured medical information. Breach may be delayed or not provided if so required by a law enforcement official.
- If you are deceased and there is a breach of your medical information, the notice will be provided to your next of kin or personal representative if the Plan knows the identity and address of such individual(s).

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information on page 1.
- 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 <https://www.hhs.gov/hipaa/filing-a-complaint/index.html>.
- We will not retaliate against you for filing a complaint.

YOUR CHOICES

For certain health information, you can tell us your choices about what we share through your written authorization. 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 you give the Plan authorization, you make revoke it in writing at any time. Your revocation will not affect any use or disclosure permitted by your authorization while it was in effect.

You have choices in the way we use and share information when:

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

We will not use or disclose your protected health information for marketing, sale of information, or psychotherapy notes without your written authorization.

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.

Treatment: We can use your health information and share it with professionals who are treating you.

Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.

Run our organization

- We can use and disclose your information to run our organization and contact you when necessary.
- 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.
- We can use and disclose your information to conduct health care operations, which includes, but is not limited to:
 - health care quality assessment and improvement activities;
 - reviewing and evaluating health care provider and health plan performance, qualifications and competence, health care training programs, health care provider and health plan accreditation, certification, licensing and credentialing activities;
 - conducting or arranging for medical reviews, audits, and legal services, including fraud and abuse detection and prevention;
 - underwriting and premium rating the Plan's risk for health coverage, and obtaining stop-loss and similar reinsurance for the Plan's health coverage obligations; and

- business planning, development, management, and general administration.

Example: We use health information about you to develop better services for you.

Pay for your health services

We can use and disclose your health information as we pay for your health services.

Example: We share information about you with your dental plan to coordinate payment for your dental work.

Administer the Plan

We may disclose your health information to your health plan sponsor for plan administration purposes. Plan information may be disclosed to the personnel in the City Human Resources department. Such disclosures to the City will be governed by the terms of the Plan documents or as required by law. Any information disclosed to City by the Plan for other than payment or health care operations will require your written authorization. At no time will your personal health information be disclosed to City for employment-related actions or decisions without your written authorization.

Example: 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. And **in all cases**, if we have Part 2 Program records about you, subject to 42 CFR part 2, we cannot use or share information in those records in civil, criminal, administrative, or legislative investigations or proceedings by any Federal, State, or local authority against you without (1) your written consent or (2) a court order after the Plan provides you with notice of such court order an opportunity to be heard.

Public Health and Benefit Activities: We may use and disclose your protected health information when required by law, and when authorized by law for the following kinds of public health and public benefit activities:

- for public health, including to report disease and vital statistics, child abuse, and adult abuse, neglect or domestic violence;
- Helping with product recalls or reporting adverse reactions to medications;
- to avert a serious and imminent threat to health or safety;
- to comply with state and federal laws, including with the Department of Health and Human Services if it wants to see that the Plan is complying with federal privacy laws;
- for health care oversight, such as activities of state insurance commissioners, licensing and peer review authorities, and fraud prevention enforcement agencies;

- for health research;
- in response to court and administrative orders and other lawful process;
- to law enforcement officials with regard to crime victims and criminal activities;
- to coroners, medical examiners, funeral directors, and organ procurement organizations;
- to the military, to federal officials for special government functions such as lawful intelligence, counterintelligence, presidential protective services and national security activities, and to correctional institutions and law enforcement regarding persons in lawful custody; and
- as authorized by state worker's compensation laws.

Health-Related Products and Services: We may also use your protected health information to communicate with you about health-related products, benefits and services, and payment for those products, benefits and services that the Plan provides or includes, and about treatment alternatives that may be of interest to you. These communications may include information about the health care providers in the Plan's network, if any, about replacement of or enhancements to the Plan, and about health-related products or services that are available only to the Plan's enrollees that add value to the Plan.

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 in this notice 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.

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. In the event of such a change, you will be provided with the new notice. The Plan reserves the right to make the changes in its privacy practices and the new terms of its notice effective for all protected health information that the Plan maintains, including protected health information the Plan created or received before the Plan made the changes.

STATE LAW

As a condition of Plan participation, the City requires that the privacy rights of you, your spouse and dependents be governed only by HIPAA and the laws of the State of Wisconsin, without regard to whether HIPAA incorporates privacy rights granted under the laws of other states and without regard to Wisconsin's

choice of law provisions.

QUESTIONS AND PRIVACY CONTACT INFORMATION

HR Director City of Wauwatosa
7725 W. North Avenue
Wauwatosa, WI 53213

Telephone: (414) 497-8955