

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. IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT THE PDRMA HEALTH PROGRAM 630.435.8998.

Introduction

This Notice applies to the PDRMA Health Program. For convenience, the Notice uses the term "Plan" for the PDRMA Health Program and "Plan Sponsor" for PDRMA.

The Plan is required by law to maintain the privacy of participants' protected health information, to provide participants with notice of its legal duties and privacy practices regarding protected health information and to notify affected individuals following a breach of unsecured protected health information.

Your health information is highly personal, and the Plan is committed to safeguarding your privacy. Please read this Notice of Privacy Practices thoroughly. For Plan administration purposes, the Plan (and various outside service providers hired by the Plan) creates records (such as records of health claims), and this Notice applies to all such records. Other notices and practices may apply to records created or maintained by your doctor or other health care provider.

This Notice summarizes the main provisions of the Plan document governing how the Plan may use and disclose your protected health information for any of the following:

- Your treatment.
- Payment of your claims.
- Health care operations functions of the Plan.
- Other uses and disclosures of such information allowed by law.

It also describes the Plan provisions related to your ability to access and control the use and disclosure of your protected health information.

Reviewed: Feb. 2026

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pdrma.org

The Plan must abide by the terms of this Notice of Privacy Practices as currently in effect. The terms of this Notice may change and new notice provisions effective for all protected health information held by or on behalf of the Plan may be added. In the event of a change to this Notice of Privacy Practices, your agency/employer will be provided with updated versions of the Notice of Privacy Practices and will provide a copy to each employee enrolled in the Plan.

Protected Health Information May Be Used or Disclosed for Plan Administration

When you or your dependents enrolled in the Plan, you acknowledged your consent to the uses and disclosures of your protected health information described in this section to assist in Plan administration. Not every possible use or disclosure is listed, but all of the ways your information may be disclosed for Plan administration fall into three categories: (i) treatment, (ii) payment, and (iii) health care operations.

Treatment

Your protected health information may be used or disclosed to carry out medical treatment or services by health care providers. For example, in carrying out treatment functions, the Plan (or service providers acting on behalf of the Plan, such as a pharmacy benefit manager) could use or disclose your protected health information to protect you from receiving inappropriate medications or share information about prior prescriptions if a newly prescribed drug could cause problems for you. The Plan also may share information about prior treatment with a health care provider who needs such information to treat you or your family properly.

Payment

Your protected health information may be used or disclosed to determine your eligibility for Plan benefits, to coordinate coverage between this Plan and another plan, and to facilitate payment for services you receive. For example, your information may be shared with an outside vendor that the Plan has hired to review utilization of services or medications, or with an outside company hired to help the Plan ensure that it is properly reimbursed if a third party is responsible for medical costs the Plan would otherwise pay.

Health Care Operations

Your protected health information may be used for various administrative purposes that are called "health care operations" of the Plan. For example, your information might be included as part of an audit designed to ensure that the Plan's outside claims administrator is performing its job as well as it should for the Plan. And your information, along with that of all other participants, may be used each year to set appropriate

premiums for the Plan or to help secure insurance that is needed to protect the Plan or Plan sponsor financially.

Disclosures for Payment, Treatment and Health Care Operations

As you can see, the Plan often relies on outside service providers to handle important administrative tasks on behalf of the Plan. When these tasks involve the use or disclosure of protected health information, the Plan is permitted to share your information with these outside providers (for example, the companies that may process claims for benefits under the Plan or administer your prescription drug benefits under the Plan). Whenever an arrangement between the Plan and a third party business associate involves the use or disclosure of your protected health information, that business associate will be required to keep your information confidential. The Plan also may share your information with the Plan sponsor where appropriate. For instance, the Plan may disclose whether you are participating in, enrolled in or disenrolled in the Plan. Generally, the Plan sponsor may use the information to carry out its Plan administrative functions. Plan also may provide summary health information to the Plan Sponsor so that the Plan Sponsor may solicit premium bids from health insurers for providing health insurance coverage under the Plan, or so that the Plan Sponsor may modify, amend or terminate the Plan. Summary health information is information that summarizes the claims history, claims expenses, or type of claims experienced by the individuals for whom a plan sponsor has provided health benefits under the Plan, from which individual identifiers (other than certain limited geographical information), such as names and social security numbers, have been removed.

The Plan sponsor has agreed to prevent unauthorized use or disclosure of the information and to limit the employees who have access to such information. In no event may the Plan sponsor use the protected health information it receives from the Plan to make any employment-related decisions, or for any other purpose other than as required by law or permitted by the Plan.

Additional Uses and Disclosures Allowed by Law

Federal law on health record privacy also allows covered health care entities, including our Plan, to use and disclose protected health information without obtaining written authorization in any of the following circumstances:

- As authorized by and to the extent necessary to comply with workers' compensation or similar laws.
- If the use or disclosure is required by federal, state or local law.
- For judicial and administrative proceedings, such as lawsuits or other disputes in response to a court order or subpoena.

- For public health activities, such as preventing or controlling disease and reporting reactions to medications.

Several other uses and disclosures are unlikely to affect the Plan, but are allowed under law for any of the following:

- To government agencies for victims of abuse, neglect or domestic violence.
- For health oversight activities, such as audits, investigations, inspections and licensure.
- For law enforcement purposes, such as responding to a court order or subpoena, identifying a suspect or a missing person, or providing information about a crime victim or criminal conduct.
- To coroners and medical examiners for identification of or to determine a cause of death of deceased persons or as otherwise authorized by law.
- To funeral directors as necessary to carry out their duties.
- To an organ procurement organization or entity for organ, eye or tissue donation purposes.
- For certain research purposes, or to avert a serious threat to health or safety of a person or the public.
- Under specialized government functions that warrant the use and disclosure of protected health information. These government functions may include military and veterans' activities, national security and intelligence activities, and protective services for the President and others. Information also may be disclosed to correctional institutions and other law enforcement officials with lawful custody of an inmate or other person.

Other Protections You May Have Under State Laws

State insurance laws and other laws may give you greater rights than those secured under federal law (which our Plan already follows). These state laws may not apply to all benefit programs under the Plan. However, when the Plan Administrator becomes aware of state laws that offer you greater rights to protect your information, you will be notified within a reasonable time and told how the state laws affect you.

No Other Uses or Disclosures Without Your Authorization

Other than the uses and disclosures described in this Notice, the Plan may not disclose your protected health information or make any other use of it without your written authorization.

Your written authorization is required for most uses and disclosures of psychotherapy notes, any uses and disclosures of protected health information for marketing purposes, and any disclosures that constitute a sale of protected health information.

Prohibition on Use of Genetic Information for Underwriting Purposes

If the Plan uses or discloses protected health information for underwriting purposes, the Plan is prohibited from using or disclosing genetic information for such underwriting purposes, regardless of whether the individual has authorized the use.

Limitations on Disclosure of Substance Use Disorder (SUD) Part 2 Treatment Records

Notwithstanding anything stated herein, the Plan will not disclose personally identifiable SUD Part 2 treatment records in civil, criminal, administrative or legislative proceedings against you unless you provide written consent or the Plan receives a court order issued after the court provided notice and an opportunity to be heard to you or the holder of the record. A court order authorizing use or disclosure must be accompanied by a subpoena or other legal requirement compelling disclosure before the requested records will be used or disclosed.

You May Request Restrictions

You may request restrictions on certain uses and disclosures of your protected health information to carry out treatment, payment or health care operations functions as described in this Notice. For example, you may ask that the Plan not disclose information regarding your health to your spouse or children. Depending on the request, the Plan may or may not be required to agree to the requested restriction.

Even if not required to, the Plan may still agree to honor your request, and if so, it will not use or disclose your information in the way you specified unless it is needed to provide emergency treatment or it is otherwise legally required. If the Plan discloses restricted information due to an emergency, the Plan will request assurances from the service provider that it will not further disclose your restricted information.

Please note that if the Department of Health and Human Services requests any of your restricted health information during an investigation of the Plan, the Plan must disclose the information even though it is restricted. Additionally, if the disclosure is of the type where your authorization is not required and you would not otherwise be given an opportunity to object to the disclosure, the Plan may disclose the restricted information.

You may make your requests to restrict the use and disclosure of your protected health information by writing PDRMA. Your request must state the specific restriction requested and to whom you want the restriction to apply.

If you would like to remove a restriction, write to PDRMA. Your request must state the specific restriction to be removed. If you orally inform the Plan of your desire to remove the restriction, the Plan may terminate the restriction if it documents your request. Additionally, the Plan may remove a restriction without your consent on a going-forward basis, which means that previously restricted information would remain restricted, but new information would not be subject to the restriction.

You May Receive Confidential Communications

In certain circumstances, you may ask to receive confidential communications of protected health information by other means or at different locations. For example, you may request that the Plan contact you regarding a specific aspect of your health only at your work telephone number or address. The Plan will accommodate reasonable requests that clearly state, in writing, that the disclosure of all or part of your protected health information could endanger you. You may make your requests for communication by other means by writing to PDRMA.

You May be Notified of a Breach of Privacy

The Plan or third-party business associate must notify you within sixty (60) days of the discovery of a breach of unsecured protected health information. In most cases, this notice will be provided via first class mail to your last known address on file.

You May Receive a Paper Copy of this Notice

You have a right to request and receive a paper copy of this Notice at any time, even if you have received a paper or electronic copy previously. To obtain a paper copy, please contact The Privacy Officer as indicated below under "Contact for Additional Information."

You May Access Your Protected Health Information

You will be able to inspect and copy your protected health information as long as it is maintained by the Plan or on behalf of the Plan, as described in this Notice. This ability would not apply to certain narrow types of information-psychotherapy notes; information that may be used in a civil, criminal, or administrative action or proceeding; and information that is not part of the records maintained by or on behalf of the Plan.

The Plan will provide the information in the form you request (including an electronic format), or, if the information is not readily available in the form requested, in a readable hard copy or readable electronic form or another form agreed upon by you and the Plan. If you consent, the Plan may provide a summary of or an explanation of your information that it holds instead of providing you access to the information.

Requesting Access

You must make your request for access to your information in writing to PDRMA at 2033 Burlington Avenue, Lisle IL 60532 or Fax to 630.769.0125.

The Plan will respond to your written request within 30 days after its receipt. If additional time is needed, you will be notified in writing to explain the delay and to give you the date by which a response will be sent to you. In any event, the Plan will act on your request within 60 days after its receipt of the request.

Denial of Request for Access

The Plan may deny your request for access to your protected health information under certain limited circumstances. Your request may be denied if:

- A licensed health care professional determines that your request is reasonably likely to endanger your or anyone else's life or physical safety.
- The information you request refers to another person, and a licensed health care professional determines that the access requested is reasonably likely to cause substantial harm to that person.
- The request is made by your personal representative and a licensed health care professional determines that providing access to your representative is reasonably likely to cause substantial harm to you or to another person.

In the event of a denial, the Plan will provide access to any part of the requested material that would not cause these problems.

Requesting Review of Access Denial

In most situations, you are entitled to request review of an access denial. In these instances, a health care professional that the Plan has chosen may review your protected health information. This person will not have been involved in the original decision to deny your request.

In certain limited cases, your request for access to your protected health information may be denied without giving you an opportunity to request review of that decision:

- The information that you seek to access is accepted from the right to access as described above.
- The information that you seek was created or obtained in the course of ongoing research.
- You are an inmate at a correctional institution and obtaining a copy of the information would risk the health, safety, security, custody or rehabilitation of you or of other inmates. The Plan will not provide your information if it would threaten

the safety of any officer, employee or other person at the correctional institution who is responsible for transporting you.

- The information that you seek to access is contained in records protected by the Federal Privacy Act and the denial satisfies the requirements of that law.
- The information that you seek to access is obtained from someone other than a health care provider under a promise of confidentiality, and your access request would be reasonably likely to reveal the source of the information.

If your request for access to your information is denied and you will be able to request review of the denial, you may request review by writing to PDRMA at 2033 Burlington Avenue, Lisle IL 60532 or Fax to (630)769-0125. You will receive written notification of the decision on review within a reasonable time after you submit your request for review.

Copying Fees

If you request a copy of your information, you may be charged a reasonable fee for the costs related to copying your information, mailing, preparation of any explanation or summary of the protected health information, postage or other supplies (such as electronic media) associated with your request.

Amendment of Your Protected Health Information

If the Plan is informed of an amendment to your protected health information, it will revise its records accordingly. Additionally, you will be able to have your protected health information amended, as described in this Notice, for as long as it is maintained by the Plan or on behalf of the Plan.

Requesting Amendment

You must make your request for amendment of your protected health information in writing to PDRMA at 2033 Burlington Avenue, Lisle IL 60532 or Fax to 630.769.0125. You must also provide a reason to support the requested amendment.

The Plan will respond to your request within 60 days after its receipt. If additional time is needed, you will be notified in writing to explain the delay and to give you the date by which your response will be sent. In any event, the Plan will act on your request within 90 days after its receipt.

Grant of Request for Amendment

If your request for amendment of your protected health information is granted, the Plan will make the appropriate amendment by identifying the records that are affected by the amendment and appending (or otherwise linking) the amendment to the original record.

The Plan will notify you that the amendment has been made and request your permission to notify others of the amendment. These other individuals may include those you have identified to receive the amendment as well as individuals the Plan knows have the original protected health information and may have relied, or could foreseeably rely, on that information to your detriment.

Denial of Request for Amendment

Your request for amendment may be denied when for any of the following reasons:

- The Plan (or its service providers) did not create the information.
- The information is not part of the records maintained by or on behalf of the Plan.
- The information would not be available for your inspection (for one of the reasons described above).
- The Plan determines that the information is accurate and complete without the amendment.

If your request for changes in your protected health information is denied, you will be notified in writing with the reason for the denial. You also will be informed of your right to submit a written statement disagreeing with the denial that is reasonable in length. A rebuttal statement to your statement of disagreement may be prepared by or on behalf of the Plan. You will be provided with any such rebuttal.

Your statement of disagreement and any corresponding rebuttal statement will be included with any subsequent disclosures of applicable information. If you do not file a statement of disagreement, the Plan must submit your request for amendment (or a summary of such request) with any disclosure of the applicable information.

Accountings of Disclosures of Your Protected Health Information

Effective April 14, 2003, or later if permitted by federal law, if the Plan or its outside service providers disclose your protected health information to anyone besides you for reasons that you have not authorized (other than the "payment, treatment, and health care operations" described above), you will be able to receive information about such disclosures as described in this Notice. This information is called an "accounting."

A few minor exceptions do apply. By law, no accountings are required for disclosures described in the "Additional Uses and Disclosures Allowed by Law" section above or for disclosures to persons involved in your care, for national security or intelligence purposes, for disclosures to correctional institutions or law enforcement officials, or disclosures that are part of a limited data set that contains no more information than: (i)

your age or date of admission, discharge or death and (ii) your city, state, county, precinct or zip code.

Requesting an Accounting

You must make your request for an accounting of disclosures of your protected health information in writing to PDRMA.

Your request must specify a time period, which may not be longer than six years. The Plan will respond to your request within 60 days after its receipt. If additional time is needed, you will be notified in writing to explain the delay and to give you the date by which your response will be sent. In any event, the Plan will act on your request within 90 days after its receipt.

For each disclosure, you will receive:

- The date of the disclosure.
- The name of the receiving entity and address, if known.
- A brief description of the protected health information disclosed.
- A brief statement of the purpose of the disclosure or a written copy of the request for the information, if any.

Accounting Fee

In any given 12-month period, you may receive one accounting of the disclosures of your protected health information at no charge. Any additional request for an accounting during that period will be subject to a reasonable fee to cover the Plan's costs in preparing the accounting.

Complaints

If you believe the Plan has violated your privacy rights, you may file a complaint with the Plan or with the Secretary of Health and Human Services. Complaints to the Plan should be filed in writing with the Plan Privacy Official at 2033 Burlington Avenue, Lisle IL 60532 or Fax to 630.769.0125. You will not be penalized in any way for filing such a complaint.

Contact for Additional Information

For further information regarding the issues covered by this Notice of Privacy Practices, please contact: the PDRMA Health Program, 2033 Burlington Avenue, Lisle IL 60532. Phone: 630.435.8998.