

# Arcwood Environmental HIPAA Privacy Notice

**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.**

**Effective Date of This Notice:** February 16, 2026

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) imposes numerous requirements on the use and disclosure of individual health information by Arcwood Environmental health plans. This information, known as protected health information, includes almost all individually identifiable health information held by a plan — whether received in writing, in an electronic medium, or as an oral communication. This notice describes the privacy practices of these plans: medical and dental benefits, the Healthcare Spending Account, and the employee assistance program. The plans covered by this notice may share health information with each other to carry out treatment, payment, or health care operations. These plans are collectively referred to as the Plan in this notice, unless specified otherwise.

This summary highlights key provisions of the Plan's privacy practices. More detailed explanations appear later in this notice.

## Summary of This Notice

### Your Rights With Respect to Your Health Information

Subject to certain limitations described in this notice, you have the right to:

- Request access to and obtain copies of your health and claims records
- Request that the Plan amend health information that is inaccurate or incomplete
- Request restrictions on certain uses and disclosures of your health information
- Request confidential communications (for example, at an alternative address or by alternative means)
- Receive an accounting of certain disclosures of your health information
- Obtain a paper copy of this notice upon request, even if you have agreed to receive it electronically
- Designate a personal representative to act on your behalf
- File a complaint if you believe your privacy rights have been violated

Instructions for exercising these rights are described in detail later in this notice.

### Your Choices

You have some choices in the way that the Plan use and share information as we:

- Share information with a family member, close friend, or other person involved in your care or payment for your care
- Share information in connection with disaster relief efforts
- Market our services and sell your information

### **Our Uses and Disclosures of Health Information**

The Plan may use and disclose your protected health information without your authorization for purposes permitted or required by law, including to:

- Pay for health care services and administer benefits
- Support treatment and care coordination
- Conduct health care operations, such as quality assessment, auditing, and plan administration
- Comply with applicable federal and state laws
- Support public health and safety activities
- Respond to workers' compensation, law enforcement, regulatory, or government requests
- Respond to subpoenas, court orders, or other legal proceedings

Additional details and examples of these uses and disclosures are provided later in this notice.

### **Our Responsibilities**

The Plan is required by law to:

- Maintain the privacy and security of your protected health information
- Provide you with this notice describing the Plan's legal duties and privacy practices
- Notify you if a breach occurs that compromises the privacy or security of your information
- Follow the terms of the notice currently in effect

The Plan will not use or disclose your protected health information in a manner inconsistent with this notice unless permitted by law or you provide written authorization.

HIPAA privacy rules apply to the Plan, not to Arcwood Environmental in its role as an employer. Health information maintained by the Plan will not be used for employment-related decisions, and access to such information by Arcwood Environmental employees is limited to plan administration functions, as described in this notice.

## **The Plan's duties with respect to health information about you**

The Plan is required by law to maintain the privacy of your health information and to provide you with this notice of the Plan's legal duties and privacy practices with respect to your health information. If you participate in an insured plan option, you will receive a notice directly from the Insurer. It's important to note that these rules apply to the Plan, not Arcwood Environmental as an employer — that's the way the HIPAA rules work. Different policies may apply to other Arcwood Environmental programs or to data unrelated to the Plan.

### **How the Plan may use or disclose your health information**

The privacy rules generally allow the use and disclosure of your health information without your permission (known as an authorization) for purposes of health care treatment, payment activities, and health care operations. Here are some examples of what that might entail:

- **Treatment** includes providing, coordinating, or managing health care by one or more health care providers or doctors. Treatment can also include coordination or management of care between a provider and a third party, and consultation and referrals between providers. For example, the Plan may share your health information with physicians who are treating you.
- **Payment** includes activities by this Plan, other plans, or providers to obtain premiums, make coverage determinations, and provide reimbursement for health care. This can include determining eligibility, reviewing services for medical necessity or appropriateness, engaging in utilization management activities, claims management, and billing; as well as performing "behind the scenes" plan functions, such as risk adjustment, collection, or reinsurance. For example, the Plan may share information about your coverage or the expenses you have incurred with another health plan to coordinate payment of benefits.
- **Health care operations** include activities by this Plan (and, in limited circumstances, by other plans or providers), such as wellness and risk assessment programs, quality assessment and improvement activities, customer service, and internal grievance resolution. Health care operations also include evaluating vendors; engaging in credentialing, training, and accreditation activities; performing underwriting or premium rating; arranging for medical review and audit activities; and conducting business planning and development. For example, the Plan may use information about your claims to audit the third parties that approve payment for Plan benefits.

The amount of health information used, disclosed or requested will be limited and, when needed, restricted to the minimum necessary to accomplish the intended purposes, as defined under the HIPAA rules. If the Plan uses or discloses PHI for underwriting purposes, the Plan will not use or disclose PHI that is your genetic information for such purposes.

### **How the Plan may share your health information with Arcwood Environmental**

The Plan, or its health insurer or HMO, may disclose your health information without your written authorization to Arcwood Environmental for plan administration purposes. Arcwood Environmental may need your health information to administer benefits under the Plan. Arcwood Environmental agrees not to use or disclose your health information other than as permitted or required by the Plan documents and by law. Benefit department employees, as identified in the Plan's plan documents, are the only Arcwood Environmental employees who will have access to your health information for plan administration functions.

Here's how additional information may be shared between the Plan and Arcwood Environmental, as allowed under the HIPAA rules:

- The Plan, or its insurer or HMO, may disclose "summary health information" to Arcwood Environmental, if requested, for purposes of obtaining premium bids to provide coverage under the Plan or for modifying, amending, or terminating the Plan. Summary health information is information that summarizes participants' claims information, from which names and other identifying information have been removed.
- The Plan, or its insurer or HMO, may disclose to Arcwood Environmental information on whether an individual is participating in the Plan or has enrolled or disenrolled in an insurance option or HMO offered by the Plan.

In addition, you should know that Arcwood Environmental cannot and will not use health information obtained from the Plan for any employment-related actions. However, health information collected by Arcwood Environmental from other sources — for example, under the Family and Medical Leave Act, Americans with Disabilities Act, or workers' compensation programs — is not protected under HIPAA (although this type of information may be protected under other federal or state laws).

### **Other allowable uses or disclosures of your health information**

In certain cases, your health information can be disclosed without authorization to a family member, close friend, or other person you identify who is involved in your care or payment for your care. Information about your location, general condition, or death may be provided to a similar person (or to a public or private entity authorized to assist in disaster relief efforts). You'll generally be given the chance to agree or object to these disclosures (although exceptions may be made — for example, if you're not present or if you're incapacitated). In addition, your health information may be disclosed without authorization to your legal representative.

The Plan also is allowed to use or disclose your health information without your written authorization for the following activities:

<b>Workers' compensation</b>	Disclosures to workers' compensation or similar legal programs that provide benefits for work-related injuries or illness without regard to fault, as authorized by and necessary to comply with the laws
<b>Necessary to prevent serious threat to health or safety</b>	Disclosures made in the good-faith belief that releasing your health information is necessary to prevent or lessen a serious and imminent threat to public or personal health or safety, if made to someone reasonably able to prevent or lessen the threat (or to the target of the threat); includes disclosures to help law enforcement officials identify or apprehend an individual who has admitted participation in a violent crime that the Plan reasonably believes may have caused serious physical harm to a victim, or where it appears the individual has escaped from prison or from lawful custody
<b>Public health activities</b>	Disclosures authorized by law to persons who may be at risk of contracting or spreading a disease or condition; disclosures to public health authorities to prevent or control disease or report child abuse or neglect; and disclosures to the Food and Drug Administration to collect or report adverse events or product defects
<b>Victims of abuse, neglect, or domestic violence</b>	Disclosures to government authorities, including social services or protective services agencies authorized by law to receive reports of abuse, neglect, or domestic violence, as required by law or if you agree or the Plan believes that disclosure is necessary to prevent serious harm to you or potential victims (you'll be notified of the Plan's disclosure if informing you won't put you at further risk)
<b>Judicial and administrative proceedings</b>	Disclosures in response to a court or administrative order, subpoena, discovery request, or other lawful process (the Plan may be required to notify you of the request or receive satisfactory assurance from the party seeking your health information that efforts were made to notify you or to obtain a qualified protective order concerning the information)
<b>Law enforcement purposes</b>	Disclosures to law enforcement officials required by law or legal process, or to identify a suspect, fugitive, witness, or missing person; disclosures about a crime victim if you agree or if disclosure is necessary for immediate law enforcement activity; disclosures about a death that may have resulted from criminal conduct; and disclosures to provide evidence of criminal conduct on the Plan's premises
<b>Decedents</b>	Disclosures to a coroner or medical examiner to identify the deceased or determine cause of death; and to funeral directors to carry out their duties
<b>Organ, eye, or tissue donation</b>	Disclosures to organ procurement organizations or other entities to facilitate organ, eye, or tissue donation and transplantation after death

<b>Research purposes</b>	Disclosures subject to approval by institutional or private privacy review boards, subject to certain assurances and representations by researchers about the necessity of using your health information and the treatment of the information during a research project
<b>Health oversight activities</b>	Disclosures to health agencies for activities authorized by law (audits, inspections, investigations, or licensing actions) for oversight of the health care system, government benefits programs for which health information is relevant to beneficiary eligibility, and compliance with regulatory programs or civil rights laws
<b>Specialized government functions</b>	Disclosures about individuals who are Armed Forces personnel or foreign military personnel under appropriate military command; disclosures to authorized federal officials for national security or intelligence activities; and disclosures to correctional facilities or custodial law enforcement officials about inmates
<b>HHS investigations</b>	Disclosures of your health information to the Department of Health and Human Services to investigate or determine the Plan's compliance with the HIPAA privacy rule

Except as described in this notice, other uses and disclosures will be made only with your written authorization. The Plan will not use or disclose your protected health information for marketing purposes or sell your protected health information unless you provide us with a valid written authorization. If the Plan communicates with you about products or services and receives financial remuneration from a third party for making that communication, the Plan will obtain your written authorization in advance, unless an exception under HIPAA applies. If the Plan maintains psychotherapy notes, the Plan will obtain your written authorization before using or disclosing those records, except as expressly permitted by applicable law (for example, for certain treatment, training, or legal proceedings purposes as set forth in 45 CFR § 164.508(a)(2)). You may revoke any authorization in writing at any time, except to the extent the Plan has already relied on it.

The Plan will notify you if it becomes aware that there has been a loss of your health information in a manner that could compromise the privacy of your health information.

### **How the plan will treat certain SUD treatment information**

The Plan is not a federally assisted substance use disorder diagnosis, treatment or referral program that is covered by 42 CFR Part 2 (a "Part 2 Program") and does not create and does not typically maintain any records that are subject to 42 CFR Part 2. To the extent the Plan receives substance use disorder treatment records from a program subject to 42 CFR Part 2, or testimony relaying the content of such records, those records will not be used or disclosed in civil, criminal, administrative, or legislative proceedings against you unless based on your written consent, or a court order entered after notice and an opportunity to be heard is provided to you or the holder of the record, as provided in 42 CFR Part 2. Any such court order must be accompanied by a

subpoena or other legal requirement compelling disclosure before the requested record is used or disclosed

### **Applicable State Law**

To the extent that applicable state law imposes requirements more protective of your health information than those described in this notice, the Plan will comply with those state law requirements.

### **Your individual rights**

You have the following rights with respect to your health information the Plan maintains. These rights are subject to certain limitations, as discussed below. This section of the notice describes how you may exercise each individual right. See the table at the end of this notice for information on how to submit requests.

#### **Right to request restrictions on certain uses and disclosures of your health information and the Plan's right to refuse**

You have the right to ask the Plan to restrict the use and disclosure of your health information for treatment, payment, or health care operations, except for uses or disclosures required by law. You have the right to ask the Plan to restrict the use and disclosure of your health information to family members, close friends, or other persons you identify as being involved in your care or payment for your care. You also have the right to ask the Plan to restrict use and disclosure of health information to notify those persons of your location, general condition, or death — or to coordinate those efforts with entities assisting in disaster relief efforts. If you want to exercise this right, your request to the Plan must be in writing.

The Plan is not required to agree to a requested restriction. If the Plan does agree, a restriction may later be terminated by your written request, by agreement between you and the Plan (including an oral agreement), or unilaterally by the Plan for health information created or received after you're notified that the Plan has removed the restrictions. The Plan may also disclose health information about you if you need emergency treatment, even if the Plan has agreed to a restriction.

An entity covered by these HIPAA rules (such as your health care provider) or its business associate must comply with your request that health information regarding a specific health care item or service not be disclosed to the Plan for purposes of payment or health care operations if you have paid out of pocket and in full for the item or service.

#### **Right to receive confidential communications of your health information**

If you think that disclosure of your health information by the usual means could endanger you in some way, the Plan will accommodate reasonable requests to receive communications of health information from the Plan by alternative means or at alternative locations.

If you want to exercise this right, your request to the Plan must be in writing and you must include a statement that disclosure of all or part of the information could endanger you.

### **Right to inspect and copy your health information**

With certain exceptions, you have the right to inspect or obtain a copy of your health information in a “designated record set.” This may include medical and billing records maintained for a health care provider; enrollment, payment, claims adjudication, and case or medical management record systems maintained by a plan; or a group of records the Plan uses to make decisions about individuals. However, you do not have a right to inspect or obtain copies of psychotherapy notes or information compiled for civil, criminal, or administrative proceedings. The Plan may deny your right to access, although in certain circumstances, you may request a review of the denial.

If you want to exercise this right, your request to the Plan must be in writing. Within 30 days of receipt of your request (60 days if the health information is not accessible on site), the Plan will provide you with one of these responses:

- The access or copies you requested
- A written denial that explains why your request was denied and any rights you may have to have the denial reviewed or file a complaint
- A written statement that the time period for reviewing your request will be extended for no more than 30 more days, along with the reasons for the delay and the date by which the Plan expects to address your request

You may also request your health information be sent to another entity or person, so long as that request is clear, conspicuous and specific. The Plan may provide you with a summary or explanation of the information instead of access to or copies of your health information, if you agree in advance and pay any applicable fees. The Plan also may charge reasonable fees for copies or postage. If the Plan doesn’t maintain the health information but knows where it is maintained, you will be informed where to direct your request.

If the Plan keeps your records in an electronic format, you may request an electronic copy of your health information in a form and format readily producible by the Plan. You may also request that such electronic health information be sent to another entity or person, so long as that request is clear, conspicuous, and specific. Any charge that is assessed to you for these copies must be reasonable and based on the Plan’s cost.

### **Right to amend your health information that is inaccurate or incomplete**

With certain exceptions, you have a right to request that the Plan amend your health information in a designated record set. The Plan may deny your request for a number of reasons. For example, your request may be denied if the health information is accurate and complete, was not created by the Plan (unless the person or entity that created the information is no longer available), is not part of the designated record set, or is not available for inspection (e.g., psychotherapy notes or information compiled for civil, criminal, or administrative proceedings).

If you want to exercise this right, your request to the Plan must be in writing, and you must include a statement to support the requested amendment. Within 60 days of receipt of your request, the Plan will take one of these actions:

- Make the amendment as requested
- Provide a written denial that explains why your request was denied and any rights you may have to disagree or file a complaint
- Provide a written statement that the time period for reviewing your request will be extended for no more than 30 more days, along with the reasons for the delay and the date by which the Plan expects to address your request

### **Right to receive an accounting of disclosures of your health information**

You have the right to a list of certain disclosures of your health information the Plan has made. This is often referred to as an “accounting of disclosures.” You generally may receive this accounting if the disclosure is required by law, in connection with public health activities, or in similar situations listed in the table earlier in this notice, unless otherwise indicated below.

You may receive information on disclosures of your health information for up to six years before the date of your request. You do not have a right to receive an accounting of any disclosures made in any of these circumstances:

- For treatment, payment, or health care operations
- To you about your own health information
- Incidental to other permitted or required disclosures
- Where authorization was provided
- To family members or friends involved in your care (where disclosure is permitted without authorization)
- For national security or intelligence purposes or to correctional institutions or law enforcement officials in certain circumstances
- As part of a “limited data set” (health information that excludes certain identifying information)

In addition, your right to an accounting of disclosures to a health oversight agency or law enforcement official may be suspended at the request of the agency or official.

If you want to exercise this right, your request to the Plan must be in writing. Within 60 days of the request, the Plan will provide you with the list of disclosures or a written statement that the time period for providing this list will be extended for no more than 30 more days, along with the reasons for the delay and the date by which the Plan expects to address your request. You may make one request in any 12-month period at no cost to you, but the Plan may charge a fee for subsequent requests. You'll be notified of the fee in advance and have the opportunity to change or revoke your request.

### **Right to Choose a Personal Representative**

If you have given someone medical power of attorney or if someone is your legal guardian, that person may exercise your rights and make choices about your health information.

The Plan will verify that the person has this authority and can act for you before the Plan take any action.

### **Right to obtain a paper copy of this notice from the Plan upon request**

You have the right to obtain a paper copy of this privacy notice upon request. Even individuals who agreed to receive this notice electronically may request a paper copy at any time.

### **Changes to the information in this notice**

The Plan must abide by the terms of the privacy notice currently in effect. This notice takes effect on February 16, 2026. The Plan reserves the right to change the terms of this notice at any time, and to make the new notice provisions effective for all protected health information that the Plan maintains, including information created or received before the change.

If the Plan makes material changes to this notice, the Plan will provide you with a revised notice by mail or electronic means, or make it available upon request and on our website.

### **Right to File a Complaint**

If you believe your privacy rights have been violated or that the Plan has not followed its legal obligations under HIPAA, you may file a complaint with the Plan or with the U.S. Department of Health and Human Services.

#### **To file a complaint with the Plan, contact:**

Privacy Officer  
Laura Sylak  
6510 Telecom Drive, Suite 400, Indianapolis, IN 46278  
(317) 390-3148  
HRS@arcwoodenviro.com

#### **To file a complaint with the U.S. Department of Health and Human Services:**

You may send a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201,

call 1-877-696-6775, or visit <https://www.hhs.gov/hipaa/filing-a-complaint/index.html>.

You won't be retaliated against for filing a complaint.

**Contact**

For more information on the Plan's privacy policies or your rights under HIPAA, contact

Privacy Officer

Laura Sylak

6510 Telecom Drive, Suite 400, Indianapolis, IN 46278

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