

**NOTICE OF PRIVACY PRACTICES
FOR
THE NORTHEAST PENNSYLVANIA SCHOOL DISTRICTS HEALTH
TRUST AND MEMBER EMPLOYERS**

THIS NOTICE IS ISSUED ON BEHALF OF THE NORTHEAST PENNSYLVANIA SCHOOL DISTRICTS HEALTH TRUST AND THE FOLLOWING MEMBER EMPLOYERS OF THE TRUST:

GREATER NANTICOKE AREA SCHOOL DISTRICT

HANOVER AREA SCHOOL DISTRICT

LUZERNE INTERMEDIATE UNIT # 18

NORTHWEST AREA SCHOOL DISTRICT

TUNKHANNOCK AREA SCHOOL DISTRICT

WEST SIDE CAREER & TECHNOLOGY CENTER

WILKES-BARRE AREA SCHOOL DISTRICT

WILKES-BARRE AREA CAREER & TECHNICAL CENTER

WYOMING AREA SCHOOL DISTRICT

WYOMING VALLEY WEST SCHOOL DISTRICT

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

This Notice applies to the privacy practices of the Plan of Benefits ("Plan") of the Northeast Pennsylvania School Districts Health Trust ("Trust"). Your employer or former employer participates in the Trust, which is run by Trustees who are appointed by the participating public school entities and labor organizations. The Trustees administer the Plan, which includes programs for providing health care, prescription drug, dental and vision benefits to the individuals enrolled in these programs.

The Plan is required by federal law to take reasonable steps to ensure the privacy of your health information and provide individuals (participants and beneficiaries) with notice of our legal duties and privacy practices. The term "Protected Health Information" (PHI) includes information the Plan maintains or transmits that reasonably can be used to identify you and that relates to your physical or mental health condition, the provision of health care to you, or the payment for such health care.

This Notice does not apply to information that has been de-identified, meaning information that does not identify an individual and with respect to which there is no reasonable basis to believe the information can be used to identify an individual.

For purposes of this Notice, entities or individuals who perform services, functions or activities on behalf of the Plan involving the handling of PHI are called "Business Associates." Business Associates include third party administrators, auditors, attorneys, consultants and physicians.

The purpose of this Notice is to inform you of:

- The Plan's uses and disclosures of your PHI;
- Your privacy rights with respect to your PHI;
- The Plan's duties with respect to your PHI;
- Your right to file a complaint with the Plan and with the Secretary of the U.S. Department of Health and Human Services; and
- The person or office to contact for further information about the Plan's privacy practices.

The Plan has designated the Trust Privacy Official, Danielle J. Grella, and the Trust HIPAA Assistant, Michelle Savakinas, as the contact persons for all issues and questions regarding patient privacy and your privacy rights. You may contact these persons at (570) 718-0353, 38 Gateway Shopping Center, Edwardsville, PA 18704.

Our Uses and Disclosures for Which Your Consent or Authorization is Not Required (Except as Indicated for Part 2 Program Records)

How do we typically use or share your health information?

The Plan and its Business Associates typically collect, use or share your PHI in connection with medical, prescription drug, dental and vision benefits in the following ways.

For Treatment – to help provide, manage, or coordinate the health care treatment you receive

We can use your PHI and share it with professionals who are treating you.

Example: We may disclose to a treating physician the name of your treating radiologist so that the physician may ask for your X-rays from the treating radiologist.

For Health Care Operations

We can use and disclose your PHI as necessary to operate and manage our business activities related to providing and managing your health care coverage and to contact you when necessary.

Example: We may use PHI about you to develop better services for you or to project future benefit costs.

For Payment

We can use and disclose your PHI to determine your coverage, and to process claims for health care services you receive.

Example: We may advise a treating doctor whether you are eligible for coverage or what percentage of the bill will be paid by the Plan.

To Administer Your Plan

We may disclose your health information to the Trust's Board of Trustees for plan administration.

We may provide "summary health information" to the Board of Trustees so that they may solicit premium bids from health plans for providing health insurance coverage offered under the Plan, or to modify, amend or terminate the Plan.

"Summary health information" summarizes the claims history, claims expenses or types of claims experienced by individuals enrolled in the Plan and is stripped of direct identifying information.

We also may share enrollment information on whether you are participating in or are enrolled in programs in the Plan.

Example: We provide the Trustees with certain statistics to explain the premiums we charge.

For Underwriting Purposes

We may collect, use, and disclose your PHI for purposes of health or stop loss insurance underwriting. However, we will not use or disclose your genetic information for such purposes.

Part 2 Program Records

If we receive or maintain records from a substance use disorder treatment program that is covered by 42 CFR Part 2 (a "Part 2 Program") pursuant to a written consent you provide to the Part 2 Program to use and disclose the Part 2 Program records for purposes of treatment, payment or health care operations, we may use and disclose your Part 2 Program records for treatment, payment and health care operations purposes as described in this Notice. If we receive or maintain your Part 2 Program records through specific consent you provide to us or another third party, we will use and disclose your Part 2 Program records only as expressly permitted by you in your consent as provided to us.

When Required for Judicial, Administrative or Legislative Proceedings

Except for Part 2 Program records, we may disclose your PHI when required for judicial, administrative or legislative proceedings. For example, your PHI may be disclosed in response to a subpoena or discovery request. However, we will not use or disclose your Part 2 Program records, which relate to information about your treatment for substance use disorders (or provide testimony relaying the content of such records) in any civil, criminal, administrative, or legislative proceedings against you unless we have your written consent or a valid court order after notice and an opportunity to be heard is provided to you or the holder of the record, as provided under law. A court order authorizing use or disclosure must be accompanied by a subpoena or other legal requirement compelling disclosure before the requested substance use disorder record is used or disclosed.

How else can we use or share your health information?

We are allowed or required to share your PHI 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.

To Help with Public Health and Safety Issues

We can share PHI about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone’s health or safety

Part 2 Program records may be disclosed to a public health authority as defined in 42 CFR Part 2 provided that the information from the record disclosed has been de-identified in accordance with the requirements of 45 CFR 164.514(b) such that there is no reasonable basis to believe that the information can be used to identify the individual.

To Persons Involved with Your Care

We may collect, use, and disclose your PHI to a person involved in your care or who helps pay for your care, such as a family member, when you are incapacitated or in an emergency, or when you agree or fail to object when given the opportunity. If you are unavailable or unable to object, we will use our best judgment to decide if the disclosure is in your best interest.

For Research

We can use or share your PHI for health research such as research related to the evaluation of certain treatments or the prevention of disease or disability, if the research study meets federal privacy law requirements.

To Comply with the Law

We will share PHI about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we’re complying with federal privacy law.

To Respond to Organ and Tissue Donation Requests and Work with a Medical Examiner or Funeral Director

- We can share PHI with organ procurement organizations.
- We can share PHI with a coroner, medical examiner, or funeral director when an individual dies.

To Address Workers' Compensation, Law Enforcement, and Other Government Requests

We can use or share PHI:

- When authorized by and as necessary to comply with workers' compensation programs
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

To Respond to Lawsuits and Legal Actions

Except for Part 2 Program records (described above), we can share PHI about you in response to a court or administrative order, or in response to a subpoena. We will not disclose Part 2 Program records or their content unless the applicable legal requirements are met.

To Business Associates

We can share PHI with Business Associates that perform functions on our behalf or provide us with services if the information is necessary for such functions or services.

Compliance with Other Laws that Protect Certain Health Information

We also follow other federal and state laws that provide additional privacy protections for the use and disclosure of information about you. Such laws may protect the following types of information:

- Alcohol and Substance Abuse
- Biometric Information
- Child or Adult Abuse or Neglect, including Sexual Assault
- Communicable Diseases
- Genetic Information

- HIV/AIDS
- Mental Health
- Prescriptions
- Reproductive Health
- Sexually Transmitted Diseases

If a use or disclosure of PHI described above in this Notice is prohibited or materially limited by other laws that apply to us, it is our intent to meet the requirements of the more stringent law.

Uses and Disclosures Requiring Your Written Authorization

Except for uses and disclosures described and limited as set forth in this Notice, we will use and disclose your PHI only with a written authorization from you.

Note - Once you give us authorization to release your PHI, we cannot guarantee that the recipient to whom the information is provided will not disclose the information. You may revoke written authorizations at any time in writing, except as to actions we have already taken based on your authorization.

Part 2 Program Records

See the restrictions on the uses and disclosure of Part 2 Program Records on page 4 of this Notice.

Psychotherapy Notes

These are notes about your conversations with your mental health professional during a counseling session. Subject to specific exceptions found in the law, we will not use or disclose such notes without your written authorization.

Marketing and Sale of PHI

We never share your PHI for marketing purposes unless you give us written authorization. Nor will we sell your PHI without your written authorization.

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.

Get a Copy of PHI

- You can ask to see or get a copy of certain PHI we maintain about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, within 30 days if the information is maintained on site and within 60 days if the information is maintained off site and may require a 30-day extension if unable to comply with these deadlines.
- If we maintain your PHI electronically, you will have the right to request that we send a copy of your PHI in an electronic format to you.
- We may charge a reasonable, cost-based fee and if access is denied, you will be advised of appeal rights.

Ask Us to Correct or Amend your PHI

- You can ask us to correct your PHI if you think it is incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days, or in some cases, within 90 days.
- If we deny your request, you may submit a written statement disagreeing with the denial and have it included with any future disclosures of your PHI.

Request Confidential Communications

- 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.
- We will consider all reasonable requests, and must say “yes” if you tell us you would be in danger if we do not.

Ask Us to Limit What We Use or Share

- You can ask us not to use or share certain PHI for treatment, payment, or our operations.
- You also have the right to ask us to restrict disclosures to family members or to others who are involved in your health care or payment for your health care. We may also have policies on dependent access that authorize your dependents to request certain restrictions.
- Note that while we will try to honor your request, we are not required to agree to any restriction (unless you paid for the services in question in full), and we may say “no” if we believe it is in your best interest.

Get a List of Those with Whom We've Shared PHI

- You can ask for a list (accounting) of certain disclosures of your PHI for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, those made pursuant to your authorization and other disclosures the law excepts from inclusion. 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.
- We will provide the list within 60 days, or in some cases, within 90 days if we give you a written statement including the reasons for the delay and the date we will provide the list.

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 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.
- We will make sure the person has this authority and can act for you before we take any action.
- We retain discretion to deny access to your PHI by a personal representative to provide protection to vulnerable individuals who depend on others to exercise their rights under these rules and who may be subject to abuse or neglect.

File a Complaint if You Feel Your Rights are Violated

- You can complain if you feel we have violated your rights by contacting the Trust Privacy Official using the information on page 2.
- You can file a complaint with the U.S. Department of Health and Human Services by sending a letter to: Centralized Case Management Operations, U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Room 509F HHH Bldg., Washington, D.C. 20201, or visiting **www.hhs.gov/hipaa/filing-a-complaint/**.
- We will not retaliate against you for filing a complaint.

Our Responsibilities

- We are required by law to maintain the privacy and security of your PHI.
- If a breach occurs that may have compromised the privacy or security of your PHI, we will notify you promptly, as required by law or as we otherwise deem appropriate.
- 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.

Minimum Necessary Standard

When using or disclosing PHI or when requesting PHI from another covered entity, we will make reasonable efforts not to use, disclose or request more than the minimum amount of PHI necessary to accomplish the intended purpose, except in certain situations where the law provides that the minimum standard will not apply.

Changes to the Terms of this Notice

We reserve the right to change the terms of this Notice, and to apply the changes to any PHI we have about you. If a privacy practice is changed, a revised version of this Notice will be provided to all participants for whom we still maintain PHI.

If the revised version of this Notice is posted on our website, you will also receive a copy of the Notice, or information about any material change and how to receive a copy of the Notice. Otherwise, the revised Notice will be distributed within 60 days of the effective date of any material change to our policies regarding the uses or disclosures of PHI, your privacy rights, our duties or other privacy practices in this Notice.

Conclusion

PHI use and disclosure by covered entities 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. We intend 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.