

**CEBT
NOTICE OF PRIVACY PRACTICES**

**THIS PRIVACY NOTICE IS PROVIDED PURSUANT TO THE FEDERAL MEDICAL
PRIVACY REGULATIONS, 45 C.F.R. PARTS 160 AND 164. 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 Board of Trustees of CEBT has adopted a Privacy Policy. This Notice describes CEBT's policies and practices with respect to disclosing protected health information ("PHI") pertaining to Participants and Beneficiaries of CEBT, collecting such information, and advising you with respect to your rights to PHI. We are required to provide this Notice of Privacy Policy to you pursuant to the Health Insurance Portability and Accountability Act of 1996 ("HIPAA").

Throughout this Notice, when we refer to "PHI", we mean information that identifies you or which may be used to identify you, and that concerns your past, present or future physical or mental health or condition, the provision of health care, or the past, present or future payment for the provision of health care. We use the words "you" and "your" to mean all Participants and Beneficiaries of CEBT. We use the words "we" and "us" to mean the Board of Trustees of CEBT.

We use your PHI to help us deliver the best possible service and health care to you. We provide PHI to our third-party administrators, medical and prescription drug plans, consultants, auditors, and attorneys in connection with the services they provide to CEBT. The Board of Trustees may also utilize PHI for purposes of determining eligibility, claims appeals, and other issues that the Board of Trustees must decide.

Under the law, we may use or disclose your PHI under certain circumstances without your permission. This Notice describes the different ways that we may use and disclose your PHI. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

How We May Use and Disclose Your PHI

A. For Treatment. We can use your health information and share it with other professionals who are treating you. For example, if a doctor sends us information about your diagnosis and treatment plan, we could share that information about you so we can arrange additional services.

B. For Payment. We may use or disclose your health information as we pay for your health services. For example, we share information about you with your dental plan to coordinate payment for your dental work.

C. For Health Care Operations. We may use and disclose your information to run our organization and to contact you when necessary. For example, we may use your health information about you to develop better services for you.

D. To Business Associates. We may contract with individuals or entities known as Business Associates to perform various functions on our behalf or to provide certain types of

services. Business Associates are not allowed to use your PHI for their own purposes and are contractually obligated to maintain strict confidentiality in accordance with our policy. We limit their use of your PHI to the performance of the service that they have been requested to provide. We require those companies to maintain physical, electronic, and procedural safeguards that comply with federal standards to guard your PHI.

E. Help with Public Health and Safety Issues. We can share health information about you for certain situations such as:

- Preventing or reducing a serious threat to anyone's health or safety;
- Preventing disease;
- Helping with product recalls;
- Reporting adverse reactions to medications;
- Reporting births and deaths;
- Reporting child abuse or neglect;
- Notifying a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- Notifying the appropriate government authority if we believe that a patient has been the victim of abuse, neglect, or domestic violence. We will only make this disclosure if you agree, or when required or authorized by law.

F. To Plan Sponsors. We may disclose your health information to participating employers to administer the Plan. For example, if your employer contracts with us to provide a health plan, we provide your employer with certain information regarding eligibility and premiums certain statistics to explain the premium we charge. We will only disclose information as necessary to perform plan administration functions or as otherwise required by HIPAA, unless you have authorized further disclosures.

Special Situations

In addition to the above, the following categories describe other possible ways that we may use and disclose your PHI.

A. Organ and Tissue Donation Requests and Work with a Medical Examiner or Funeral Director. We can share health information about you with organ procurement organizations. We can share information with a coroner, medical examiner, or funeral director when the individual dies.

B. Address Workers' Compensation, Law Enforcement, and other Government Requests. We can use or share health information about you:

- For workers' compensation claims;
- 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.

C. Health Oversight Activities. We may disclose your PHI to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure.

D. Lawsuits and Disputes. We can share health information about you in response to a court or administrative order, or in response to a subpoena. If we receive substance use disorder records created by a federally-assisted program or health care provider under 42 CFR Part 2, we may not use or disclose those records, or testimony relaying the content of those records, in any civil, criminal, administrative, or legislative proceeding against you unless based on your specific written consent or a court order. We 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.

E. Inmates. If you are an inmate of a correctional institution or are in the custody of a law enforcement official, we may disclose your PHI to the correctional institution or law enforcement official if necessary: (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

F. Research. We can use or share your information for health research.

Required Disclosures

A. Government Audits. We are required to disclose your PHI to the Secretary of the United States Department of Health and Human Services when the Secretary is investigating or determining our compliance with the HIPAA privacy rule.

B. Disclosures to You. When you request, we are required to disclose to you the portion of your PHI that contains medical records, billing records, and any other records used to make decisions regarding your health care benefits. We are also required, when requested, to provide you with an accounting of most disclosures of your PHI if the disclosure was for reasons other than for payment, treatment, or health care operations, and if the PHI was not disclosed pursuant to your individual authorization.

Other Disclosures

A. In these cases, you have the right and the choice to tell us to:

- Share information with your family, close friends, or others involved in your care;
- Share information in a disaster relief situation.

If you are unable to tell us your preference; for example, if you are unconscious, we may share your information if we believe it is in your best interest. We may also share your information if necessary to lessen a serious and imminent threat to health or safety.

B. In these cases, we never share your information without your written permission:

- For other uses or disclosures of your PHI not described above;
- Marketing purposes;
- Sale of your information;
- Most sharing of psychotherapy notes.

You may revoke written authorization at any time, so long as the revocation is in writing. Once we receive your written revocation, it will only be effective prospectively, for future uses and disclosures.

C. Substance Use Disorder (“SUD”) Records and Treatment Information. If the Plan receives substance use disorder treatment records created by a federally-assisted program or health care provider under 42 CFR Part 2, we generally may only use or disclose those records in accordance with the written consent you provided to the program or provider. If, however, those records were disclosed to us with your written consent for treatment, payment, and health care operations, we may further disclose the records for these purposes without obtaining additional written consent.

D. Prohibited Disclosures. 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.

Your Rights

Below is a description of your rights under HIPAA. To exercise any of these rights, please contact Willis Towers Watson at the contact information listed on the last page of this Notice.

A. Limitation Requests. 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” if it would affect your care. To request such limitations, you will have to verify your identity and send a signed written request to the Plan Administrator.

B. 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.

C. 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. You can request this information by writing to the Privacy Officer. You can also request that your health information is sent to a third party by sending a signed, written request that clearly identifies the third party who will receive the information. We will provide a copy or summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

D. Health and Claims Records Corrections. You can ask us to correct or amend your health and claims records if you think they are incorrect or incomplete. You have the right to request an amendment for as long as the information is retained by or for CEBT that supports your request. We may say “no” to your request, but we’ll tell you why in writing within 60 days.

E. List of Disclosures. You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, with whom we shared, 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). You must make this request in writing and must identify the time period for the accounting. Your request should indicate in what form you want the list (for example, paper or electronic). 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.

F. Delegation to Act. 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.

G. Notification of Breach. In the event of a breach of unsecured PHI, CEBT will notify you of the breach.

H. Paper Copy of Notice. You may receive a paper copy of this Notice at any time upon request, even if you have agreed to receive notices electronically.

Additional Information

CEBT is required by law to maintain the privacy of PHI, to provide individuals with notice of its legal duties and privacy practices with respect to PHI, and to abide by the terms of the Notice currently in effect. CEBT reserves the right to revise and update the terms of the Notice and will distribute such revised or updated Notice by posting it on the CEBT website and providing it to participating employers. You may also request a copy of the Notice by contacting CEBT.

If you believe your privacy rights have been violated and wish to file a complaint, we will not retaliate against you. You may submit a written complaint to the U.S. Department of Health and Human Services Office for Civil Rights (HHS) or with CEBT. For further information about matters covered by this Notice, contact Willis Towers Watson.

HHS

Centralized Case Management Operations
U.S. Department of Health and Human Service
200 Independence Ave SW
Room 509F, HHH Bldg.
Washington, DC 20201
1-877-696-6775 or www.hhs.gov/ocr/privacy/hipaa/complaints

CEBT

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Denver, CO 80202
303-773-1373 or Stacy.picone@wtwco.com

This Notice is effective as of **February 16, 2026**.