

Catholic Health System of Long Island, Inc.

Notice of Health Information Privacy Practices

Your Information.

Your Rights.

The Plan's Responsibilities.

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.

Your Rights

You have the right to:

- Get a copy of your health and claims records
- Correct your health and claims records
- Request confidential communications
- Ask the Plan to limit the information the Plan shares
- Get a list of those with whom the Plan has shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

The Plan's Uses and Disclosures

The Plan may use and share your information to:

- Help manage the health care treatment you receive
- Help administer and review the operation of the Plan
- Pay for your health services
- Administer your health plan
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests and work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

Privacy Contact for questions about the Plan's Health Information Privacy Practices:

Catholic Health System of Long Island, Inc. (d/b/a Catholic Health)
c/o Health Plan Privacy Official
3 Huntington Quadrangle, Suite 301S
Melville, NY 11747
(516) 705-6947

Introduction

Catholic Health System of Long Island, Inc. ("Catholic Health") sponsors the health plan components of the Catholic Health Services of Long Island Health & Welfare Benefits Plan (referred to in this Notice as the "Health Plans" or just the Plan). The Health Plans may use or disclose health information about participants and their covered dependents as required for purposes of administering the Health Plans. Some of these functions are handled directly by Catholic Health, while other functions are performed by other service providers under contract with the Health Plans or by insurance carriers.

This Notice of Privacy Practices ("Notice") applies to each of the benefits included in the Health Plans sponsored by Catholic Health, including, but not limited to medical, vision, prescription drug, dental, long term care, health reimbursement arrangement and health care flexible spending account benefits (if any). However, for any benefits that are provided through insurance contracts, you will receive a separate notice, similar to this one, from the insurer and only that notice will apply to the insurer's uses or disclosures of your health information.

The Plan is required by law to maintain the privacy of certain health information about you and to provide you this Notice of the Plan's legal duties and privacy practices with respect to that protected health information. This Notice also provides details regarding certain rights you may have under federal law regarding medical information about you that is maintained by the Plan.

The Plan is required by law to abide by the terms of this Notice while it is in effect. This Notice is effective beginning February 16, 2026 and will remain in effect until it is revised.

If the Plan's health information privacy practices, policies and/or procedures are changed so that any part of this Notice is no longer accurate, the Plan will revise this Notice. A copy of any revised Privacy Notice will be available upon request to the Privacy Contact Person indicated later in this Notice. Also, if required under applicable law, the Plan will automatically provide a copy of any revised notice to employees who participate in the Plan. The Plan reserves the right to apply any changes in its health information policies and/or procedures retroactively to all health information maintained by the Plan, including information that the Plan received or created before those policies/procedures were revised.

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 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 us how to do this.
- The Plan will provide a copy or a summary of your health and claims records, usually within 30 days of your request. The Plan may charge a reasonable, cost-based fee.

Ask the Plan to correct health and claims records

- You can ask the Plan to correct your health and claims records if you think they are 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.

Request confidential communications

- You can ask the Plan to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- The Plan will consider all reasonable requests, and must say "yes" if you tell us you would be in danger if we do not.

Ask the Plan to limit what it uses or shares

- You can ask the Plan not to use or share certain health information for treatment, payment, or the Plan's operations.

The Plan is not required to agree to your request, and may say "no" if it would negatively affect the administration of the Plan.

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

- You can ask for a list (accounting) of the times the Plan has shared your health information for 6 years prior to the date you ask, who received it, and why.
- The Plan will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked the Plan to make). The Plan will provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

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.
- The Plan will make sure the person has this authority and can act for you before taking any action.

File a complaint if you feel your rights are violated

- You can complain if you feel the Plan has violated your rights by contacting the Plan using the Privacy Contact 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>.

- Catholic Health will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell the Plan your choices about what it may share. If you have a clear preference for how the Plan shares your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

You have both the right and choice to tell us to:

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

If you are not able to tell the Plan 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. The Plan may also share your information when needed to lessen a serious and imminent threat to health or safety, as permitted by law.

In these cases the Plan will never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information

The Plan's Uses and Disclosures

How does the Plan typically use or share your health information?

The Plan typically uses or shares your health information in the following ways, including for treatment, payment and health care operations, except where 42 CFR Part 2 ("Part 2") imposes stricter rules regarding substance use disorder (SUD) information. See the discussion of the special rules that apply to certain SUD records below as we will not disclose your SUD information subject to Part 2 without your written consent, except as expressly permitted by Part 2.

Pay for your health services

The Plan can use and disclose your health information to pay for your health services.

- Example: The Plan processes your health care claims to coordinate payment to providers or to reimburse you for eligible expenses you have paid.

Health care operations

- The Plan may use or disclose PHI for purposes that are related to the operation of the Plan including utilization review programs, quality assurance reviews, insurance or reinsurance contract renewals and other functions that are appropriate for purposes of administering the Plan.
- The Plan is not allowed to use genetic information to decide whether to offer you coverage or the price of that coverage.

Example: We may use health information about you to offer wellness program services for you.

Help manage the health care treatment you receive

The Plan may use your health information and share it with professionals who are treating you.

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

Administer your plan

The Plan may disclose your health information to the plan sponsor for plan administration.

- Example: A business associate for the Plan may provide certain statistics to the plan sponsor to explain the costs of the Plan.

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, including those described in the discussion of the special rules that apply to certain SUD records below, before we can share your information for these purposes.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Help with public health and safety issues

The Plan can share health information 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

Do research

The Plan can use or share your information for health research.

Comply with the law

The Plan will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that the Plan is complying with federal privacy law.

Respond to organ and tissue donation requests and work with a medical examiner or funeral director

- The Plan can share health information about you with organ procurement organizations.
- The Plan can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests

The Plan 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

Respond to lawsuits and legal actions

The Plan can share health information about you in response to a court or administrative order, or in response to a subpoena.

The Plan's Responsibilities

- The Plan is required by law to maintain the privacy and security of your protected health information in the manner required by applicable law, including the Health Insurance Portability and Accountability Act of 1996, as amended ("HIPAA") and information subject to more stringent protections under other applicable law such as Part 2 relating to SUD diagnosis, treatment, or referral.
- The Plan will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- The Plan must follow the duties and privacy practices described in this Notice (as may be amended from time to time) and give you a copy of it.
- The Plan will not use or share your information other than as described here unless you authorize the Plan, in writing, to use or share your information for another purpose. If you tell us we can use information for some other purpose, you may change your mind at any time. Let the Plan know in writing if you change your mind.

Please note that protected health information shared with entities not bound by HIPAA (e.g., law enforcement, etc.) may be re-disclosed and lose federal protection. That is, if the Plan shares your health information (as permitted by HIPAA) with a recipient that is not subject to HIPAA, your health information may be re-disclosed by that recipient and may no longer be protected by federal privacy laws.

- Example: If you authorize the disclosure of your health information to a third party in connection with a legal action, that information may not be protected under HIPAA once shared with the third party.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Special Protections for Substance Use Disorder (SUD) Information Under 42 CFR Part 2 ("Part 2")

The Plan may receive SUD treatment information from providers or programs covered by 42 CFR Part 2 (42 USC 290dd-2) (a "Part 2 Program"), other HIPAA covered entities (that are not Part 2 Programs), or the business associates of HIPAA covered entities. Part 2 provides stricter confidentiality protections than HIPAA. For example, we may only receive SUD treatment information that is subject to Part 2 if you consent to the disclosure or as otherwise permitted by law.

When we lawfully receive such information, we will only use and disclose it (or testimony relaying the content of such records) as follows:

- You provide the Plan with your written consent for the use or disclosure.
- A court order entered after notice and an opportunity to be heard and that meets the requirements of Part 2 authorizes the disclosure.
- The disclosure is permitted without your consent by Part 2 regulations (such as in the case of medical emergencies, to public health authorities in certain cases where the records have been de-identified, or for scientific research, audit or evaluation in certain cases, etc.).
- The Plan received SUD information about you from a Part 2 Program, other HIPAA covered entity or HIPAA business associate through your consent to uses and disclosures of your SUD records for purposes of treatment, payment or health care operations and the Plan uses or further discloses your SUD records for any of the purposes permitted by HIPAA as described elsewhere in this Notice. Note that in this circumstance the consent through which the Plan received your SUD records was limited to treatment, payment and health care operations but Part 2 rules permit the Plan to more broadly redisclose those records for any purpose permitted by HIPAA.

In no event, however, will the Plan use or disclose your SUD records subject to Part 2 (or testimony that describes the information contained in such records), in any civil, criminal, administrative, or legislative proceedings against you, unless (a) you provide written consent or (b) unless we are required to do so pursuant to a court order after you (or the holder of the record) are provided notice of the court order and the opportunity to be heard in the manner required by applicable law. A court order authorizing use or disclosure must be accompanied by a subpoena or other legal requirement compelling disclosure before the requested record is used or disclosed.

Information disclosed pursuant to Part 2 or HIPAA may be subject to redisclosure and may no longer be protected by federal law.