



Introduction to the American Lung Association Group Insurance Plan HIPAA Notice of Privacy Practices

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) mandates that American Lung Association, as the sponsor of its employees' health insurance program and Flexible Spending Plan, create policies and procedures to ensure the privacy of your personally identifiable health information, which includes information related to your physical or mental health condition or to payment for health care.

The requirements under HIPAA included the creation and distribution of the American Lung Association Group Insurance Plan Notice of Privacy Practices, which is attached. This Notice specifies your privacy rights and specifies allowed uses of your Protected Health Information under the law. **In actuality, many of these uses will not impact the American Lung Association function as Plan Sponsor** because most of the insurance programs are fully insured, meaning that claims are processed and paid by an insurance company, such as Blue Cross Blue Shield of Illinois. The American Lung Association will not have access to the protected health information that the insurers maintain.

Most of the protected health information that is available to the American Lung Association Group Insurance Plan concerns enrollment information, such as social security numbers, insurance elections and payment information pertaining to the Flexible Spending Account. The protected health information that is kept by the American Lung Association Group Insurance Plan is called the "designated record set". As required under HIPAA, American Lung Association has implemented certain procedures and policies to ensure the privacy of this information. For example, files containing personally identifiable health information are accessible only to HR staff. Our health insurance carriers have their own Notice of Privacy Practices, policies and procedures to ensure the privacy of the personally identifiable health information they maintain. Any insurance carrier that provides coverage to you will be responsible for furnishing you with a Notice of Privacy Practices with regard to that coverage.

Because the health information that is held by the Group Insurance Plan is limited (and must be limited under HIPAA regulations), **you should direct any claims inquiries or questions regarding whether or not certain services are covered to the insurance carrier at the Member Services telephone number on your ID card.** In addition, if you wish to exercise any of your individual rights (as described in Section 4 of the Notice) with respect to any of the insured benefits, you should contact the insurer directly. Questions on enrollment and/or premium information for the health insurance program can be directed to American Lung Association HR staff.

Questions regarding any aspect of the Flexible Spending Plan may be directed either to the FSA administrator or to the American Lung Association HR staff.

You should read this notice to be familiar with your rights under these privacy regulations and maintain it for your records. You may also request a paper copy of the Notice at any time.

Questions concerning the Notice of Privacy Practices or concerning the privacy regulations under HIPAA can be directed to Linda Postigo at (312) 801-7646.

American Lung Association Group Insurance Plan

HIPAA 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.

Effective date. The effective date of this Notice is February 13, 2026.

If you have any questions about this notice, please contact:

Linda Postigo
Senior Director, Human Resources & Benefits
Phone: (312) 801-7646
Email: Linda.Postigo@lung.org

SECTION 1: OUR OBLIGATION

The American Lung Association Group Insurance Plan (the “Plan”) is required by law to:

1. Maintain privacy of Protected Health Information (PHI),
2. Give you this notice of our legal duties and privacy practices regarding health information about you.
3. Follow the terms of our notice that is currently in effect.

This Notice applies to your health information held by the American Lung Association Group Insurance Plan and outside companies, under contract with us, that help administer the Plan (“business associates”). You will receive a separate privacy notice from Blue Cross Blue Shield of Illinois.

Protected Health Information (PHI) Defined

The term “Protected Health Information” (PHI) includes all individually identifiable health information related to your past, present or future physical or mental health condition or to payment for health care. PHI includes information maintained by the Plan in oral, written, or electronic form.

SECTION 2: OUR USE AND DISCLOSURES OF PHI

The following describes the ways we may use and disclose your PHI. Except for the purposes described below, we will use and disclose PHI only with your written permission. You may revoke such permission at any time by writing to our practices Privacy Official.

For Treatment. The Plan may use and disclose your PHI for the provision, coordination, or management of health care and related services. It also includes but is not limited to consultations and referrals between one or more of your providers.

For example, the Plan may disclose to a treating orthodontist the name of your treating dentist so that the orthodontist may ask for your dental x-rays from the treating dentist.

For Payment. The Plan may use and disclose your PHI in a number of ways – in conducting utilization and medical necessity reviews; determining eligibility; coordinating treatment and services you receive from the health care providers; collecting payroll deductions; calculating cost-sharing amounts.

For example, the Plan may tell a doctor whether you are eligible for coverage or what percentage of the bill will be paid by the Plan.

For Health Care Operations. The Plan may use and disclose your PHI as needed for various purposes related to the operations of the plan, including but is not limited to plan administration, quality assessment and improvement, reviewing competence or qualifications of health care professionals, underwriting, premium rating, renewals of insurance or reinsurance of contract and other functions that are appropriate for the purposes of administering the plan.

For example, the Plan may use information about your claims to refer you into a disease management program, to a well-pregnancy program, to project future benefit costs or to audit the accuracy of its claims processing functions.

In the event that the Plan uses PHI for underwriting, genetic information will not be used or disclosed for any underwriting purposes such as determining eligibility or premiums, as prohibited by the Genetic Information Nondiscrimination Act of 2008 (GINA).

Disclosure to the Plan Sponsor. The Plan will also disclose PHI to the Plan Sponsor, the American Lung Association, for purposes related to treatment, payment, and health care operations, and has amended the Plan Documents to permit this use and disclosure as required by federal law. For example, the Plan may disclose information to the American Lung Association to allow them to decide an appeal.

How Else Can We Use or Share Your PHI

The Plan is allowed under federal law to use and disclose your PHI without your consent or authorization under the following circumstances:

As Required by Applicable Law. The Plan may disclose PHI when required to do so by international, federal, state or local law.

Public Health and Safety Issues. The Plan may disclose PHI to an authorized public health authority when necessary to prevent or reduce a serious threat to anyone's health or safety; for public health activities including disclosures to prevent or control disease, product recalls, adverse reactions to medications; to address matters of public interest (for example, reporting child abuse and neglect, or domestic violence). The Plan will only make this disclosure if you agree or when required or authorized by law.

Business Associates. The Plan may disclose PHI to our business associates that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. All our business associations are obligated to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract.

Health Oversight Activities. The Plan may disclose PHI to a health oversight agency for oversight activities authorized by law. These activities include civil, administrative or criminal investigations, inspections, licensure or disciplinary actions (for example, to investigate

complaints against health care providers) and other activities necessary for appropriate oversight of government benefit programs (for example, to the Department of Labor).

Lawsuits and Disputes. The Plan may disclose PHI when required for judicial or administrative proceedings. The Plan may also disclose PHI in response to a subpoena, discovery request or other lawful process.

Law Enforcement. The Plan may disclose PHI if asked by law enforcement official if the information is: in response to a court order, subpoena, warrant, summons or similar process; limited to information to identify or locate a suspect, fugitive, material witness, or missing person; disclosing information about an individual who is or is suspected to be a victim of a crime.

Respond to Organ and Tissue Donation Requests and Work with Medical Examiner or Funeral Director. The Plan may disclose PHI to a coroner or medical examiner to identify a deceased person, determine a cause of death or other authorized duties. We may also disclose PHI for post-mortem organ, eye or tissue donation purposes and to funeral directors to carry out their duties with respect to the decedent.

Research. The Plan may disclose PHI for research, subject to certain conditions.

Workers' Compensation Programs. The Plan may disclose PHI when authorized by and to the extent necessary to comply with workers' compensation or other similar programs established by law.

National Security and Presidential Protective Services. The Plan may disclose PHI when required, to military authorities under certain circumstances or to authorized federal officials for lawful intelligence, counter-intelligence, other national security activities, and to provide protection to the President.

SECTION 3: DISCLOSURES OF PHI THAT REQUIRE YOUR WRITTEN AUTHORIZATION

Your written authorization is required in these circumstances:

1. Although the Plan does not routinely obtain psychotherapy notes, it must obtain your written authorization before the Plan will use or disclose psychotherapy notes about you.
2. Uses and disclosures of PHI for marketing purposes
3. Disclosures that constitute the sale of your PHI

Other uses and disclosures of PHI not covered by this Notice or the laws that apply to us will be made only with your written authorization. If you do give us authorization, you may revoke at any time by submitting a written revocation to our Privacy Official, and we will no longer disclose PHI under the authorization. Disclosure that we made in reliance on your authorization before you revoked it will not be affected by the revocation.

Substance Use Disorder Treatment Records

Substance use disorder treatment records received from programs subject to Part 2, or testimony relaying the content of such records, shall not be used or disclosed in civil, criminal, administrative, or legislative proceedings against the individual unless based on written consent, or a court order after notice and an opportunity to be heard is provided to the individual or the holder of the record, as provided in Part 2. A court order authorizing use or disclosure must be

accompanied by a subpoena or other legal requirement compelling disclosure before the Plan would use or disclose the record.

Your Choices

Uses and disclosure that require us to give you an opportunity to object and opt who we share your PHI with.

Individuals Involved in Your Care or Payment for Your Care. Unless you object, the Plan may disclose PHI to family members, other relatives, your close personal friends, and any other person you choose if the information is directly relevant to the family or friend's involvement with your care or payment for that care.

Disaster Relief. Unless you object, the Plan may disclose PHI to disaster relief organizations that seek your PHI to coordinate your care or notify family and friends of your location or condition in a disaster.

If you are not able to tell us 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. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

SECTION 4: YOUR RIGHTS REGARDING PHI

You have the following rights regarding PHI the Plan has about you:

Right to Inspect and Copy Your PHI. You have the right to inspect and obtain a copy of your PHI contained in a "designated record set," that may be used to make decisions about your care or payment for your care, for as long as the Plan maintains the PHI.

You or your personal representative will be required to complete a form to request access to the PHI in your designated record set. A reasonable fee may be charged. Requests for access to PHI should be made to the Privacy Official. The Plan must provide the requested information within 30 days.

Designated Record Set: (paper and electronic medical records) includes your medical records and billing records (other than psychotherapy notes) that are maintained by or for a covered health care provider. Records include enrollment, payment, billing, claims adjudication and case or medical management record systems maintained by or for a health plan or other information used in whole or in part by or for the covered entity to make decisions about you. Information used for quality control or peer review analyses and not used to make decisions about you is not included.

Right to Amend Your PHI. You have the right to request that the Plan amend your PHI if you feel that certain information maintained by the Plan is inaccurate or incomplete, for as long as the PHI is maintained in the designated record set subject to certain exceptions. This request must be made in writing to the Privacy Official.

The Plan has 60 days after receiving your request to act on it. If the Plan denied your request in whole or part, the Plan must provide you with a written denial that explains the basis for the decision.

Right to Request Confidential Communications. You have the right to request the Plan to communicate with you about your PHI by alternative means or at alternative locations where the request includes a statement that disclosure could endanger you. For example, you can ask that we only contact you by mail or at work.

You or your personal representative will be required to complete a form to request restrictions on uses and disclosures of your PHI. The request must be made to the Privacy Official.

Right to Request Restrictions. You have the right to request restrictions or limitations on how the Plan uses or discloses your PHI for payment, treatment, or health care operations. You may also ask the Plan to restrict disclosures to your family members, relatives, friends, or other person you identify who are involved with your care or payment for your care. To request a restriction, you must make your request to the Privacy Official.

While the Plan will consider all requests for restrictions carefully, the Plan is not required to agree to a requested restriction, except for a requested restriction which pertains only to a health care item or service for which you or another person outside the Plan has paid the full amount due (paid 100% out-of-pocket).

Right to Receive an Accounting of the Plan's PHI Disclosures. You have the right to request an accounting of certain disclosures made by the Plan of your PHI. We do not have to provide you with an accounting of disclosures related to treatment, payment, or health care operations, or disclosures made to you or authorized by you in writing. To request an accounting of disclosures, you must submit your request in writing to the Privacy Official. The Plan will provide you with one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Right to be Notified of a Breach of Your PHI. You have the right to be notified upon a breach of any of your unsecured PHI.

Right to Receive a Paper Copy of This Notice. You have the right to obtain a paper copy of this Notice, even if you have agreed to receive the Notice electronically. Contact the Privacy Official for a paper copy.

Right to Choose Your Personal Representative. You have the right to choose a personal representative who may exercise your rights and make choices about your PHI. Your personal representative will be required to produce evidence of authority to act on your behalf before the personal representative will be given access to your PHI or be allowed to take any action for you.

Right to File a Complaint. You have the right to file a complaint if you believe that your privacy rights have been violated. You may file a complaint with the Plan in care of the Privacy Official.

You may also 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, DC 20201
Phone: (877) 696-6775
Email: OCRComplaint@hhs.gov
www.hhs.gov/ocr/privacy/hipaa/complaints/.

The Plan will not retaliate against you for filing a complaint.

SECTION 5: THE PLAN'S RESPONSIBILITIES

The Plan is required by law to maintain the privacy and security of your PHI and to provide you with notice of its legal duties and privacy practices.

The Plan will notify you promptly if a breach occurs that may compromise the privacy or security of your information, including substance use disorder treatment records, consistent with HIPAA's Breach Notification Rule.

The Plan must follow the duties and privacy practices described in this notice and give you a copy of it when requested.

The Plan will not share your information other than as described in this Notice unless you authorize the Plan in writing. You can revoke the authorization at any time but must do so in writing.

SECTION 6: CHANGES TO THE TERMS OF THIS NOTICE

The Plan reserves the right to change this Notice and make the new Notice apply to PHI we already have as well as any information we receive in the future. If material changes are made, the effective date will be updated, and the revised Notice will be made available as required by law (e.g. posting on our website). You will always have the option to request a paper copy of the Notice.

SECTION 7: MORE INFORMATION

If you have any questions regarding this Notice or the subjects addressed in it, you may contact the following Privacy Official:

Linda Postigo
55 W. Wacker Drive, Suite 1150
Chicago, IL 60601

Phone: (312) 801-7646
Email: Linda.Postigo@lung.org

PHI use and disclosure by the Plan is regulated by the federal Health Insurance Portability and Accountability Act, known as HIPAA. You may find these rules at 45 *Code of Federal Regulations* Parts 160 and 164. This notice attempts to summarize the regulations. The regulations will supersede this notice if there is any discrepancy between the information in this Notice and the regulations.