

**RETIREE MEDICAL PLAN OF THE SANTA MONICA POLICE OFFICERS’  
ASSOCIATION REIMBURSEMENT TRUST**

Administered By: Benefit Programs Administration  
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**NOTICE OF HIPAA PRIVACY RIGHTS AND PRACTICES**

Effective February 16, 2026

**This Notice describes how medical information about you may be used and disclosed and how you can get access to this information.** This Notice also replaces the one included in Article XX (at pages 17 and 24) of the Trust’s Summary Plan Description dated September 1, 2022. **Please review this Notice carefully.**

The Retiree Medical Plan of the Santa Monica Police Officers’ Association Reimbursement Trust (“Trust”) is required by law to maintain the privacy of your health information. The Trust must provide you with an explanation of its privacy policy and procedures, as outlined below, on its legal duties and privacy practices with respect to your health information.

The Trust is also required to abide by the terms of its privacy policy and procedures, which may be amended from time to time. The Trust reserves the right to change the terms of its privacy policy at any time in the future and to make the new provisions effective for all health information the Trust maintains. The Trust will promptly revise its privacy policy and procedures and distribute it to all Plan Participants whenever it makes material changes. Until then, the Trust is required by law to comply with the current version of its privacy policy and procedures. The Trust understands that your medical information is personal and we are committed to protecting it. This Notice gives you information on how the Trust protects your medical information, when we may use and disclose it, your rights to access and request restrictions to the information, and the Trust’s obligation to notify you if there has been a breach of your medical information.

**How The Trust May Use or Disclose Your Health Information?**

In many instances, the Trust requires a court order or your written authorization to disclose your medical information. However, the Trust is permitted by law to use or disclose your “health information” without your authorization to conduct activities necessary for “treatment,” “payment” and “health care operations”. These are the main purposes for which we will use or disclose your health information. For each of these purposes, the list below shows examples of these kinds of uses and disclosures.

**Treatment**

“Treatment” means the provision, coordination or management of your health care and related services, including any referrals for health care from one health professional to another. We may disclose health information about you to other health care professionals who are involved in taking care of you.

- **Help manage the health care treatment you receive** – The Trust may use information obtained from your doctor about your diagnosis and treatment plan so that we may arrange additional services.

**Payment**

“Payment” encompasses the various activities of health care providers to obtain payment or to be reimbursed for their services and of a health plan to obtain premiums. These include, but are not limited to, the following purposes and examples:

- **Determining your eligibility for plan benefits** - The Trust may use information obtained from your employer to determine whether you have satisfied the Trust’s requirements for active eligibility.

- **Obtaining contributions from you or your employer** - The Trust may send your employer a request for payment of contributions on your behalf, and we may send you information about premiums for COBRA continuation coverage.
- **Pre-certifying or pre-authorizing health care services** - The Trust may consider a request from you or your physician to verify coverage for a specific Hospital admission or surgical procedure.
- **Determining and fulfilling the Trust’s responsibility for benefits** - The Trust may review health care claims to determine if specific services that were provided by your physician are covered by the Trust.
- **Providing reimbursement for the treatment and services you received from health care providers** - The Trust may send your physician a payment with an explanation of how the amount of the payment was determined.
- **Subrogating health claim benefits for which a third party is liable** - The Trust may exchange information about an accidental injury with your attorney who is pursuing reimbursement from another party.
- **Coordinating benefits with other plans under which you have health coverage** - The Trust may disclose information about your plan benefits to another group health plan in which you participate.
- **Obtaining payment under a contract of reinsurance** - The total amount of your claims exceed a certain amount, the Trust may disclose information about your claims to our stop loss insurance carrier.

### **Health Care Operations**

“Health Care Operations” are certain administrative, financial, legal, and quality improvement activities of the Trust that are necessary to support treatment and payment of services. These purposes include, but are not limited to:

- **Conducting quality assessment and improvement activities** - A supervisor or quality specialist may review health care claims to determine the accuracy of a processor’s work.
- **Case management and care coordination** - A case manager may contact home health agencies to determine their ability to provide the specific services you need.
- **Contacting you regarding treatment alternatives or other benefits and services that may be of interest to you** - A case manager may contact you to give you information about alternative treatments which are neither included nor excluded in the Trust’s documentation of benefits but which may nevertheless be available in your situation.
- **Contacting health care providers with information about treatment alternatives** - A case manager may contact your physician to discuss moving you from an acute care facility to a more appropriate care setting.
- **Employee training** - Training of new claims processors may include processing of claims for health benefits under close supervision.
- **Accreditation, certification, licensing, or credentialing activities** - A company that provides professional services to the Trust may disclose your health information to an auditor that is determining or verifying its compliance with standards for professional accreditation.
- **Securing or placing a contract for reinsurance of risk relating to claims for health care** - Your demographic information (such as age and sex) may be disclosed to carriers of stop loss insurance to obtain premium quotes.
- **Conducting or arranging for legal and auditing services** - Your health information may be disclosed to an auditor who is auditing the accuracy of claim adjudications.
- **Management activities relating to compliance with privacy regulations** - The Privacy Officer may use your health information while investigating a complaint regarding a reported or suspected violation of your privacy.

- **Resolution of internal grievances** - Your health information may be used in the process of settling a dispute about whether or not a violation of the Trust’s privacy policies and procedures actually occurred.

### **Disclosures to Board of Trustees**

In addition to the circumstances and examples described above, and subject to the conditions described below, the Trust may disclose health information about you to the Board of Trustees, as Plan Sponsor, for purposes of payment and health care operations. For example, the Trust may disclose health information about you for auditing purposes, as necessary in order to monitor and manage vision and dental plans, in order to decide an appeal, or to evaluate a suspected or actual fraudulent claim.

### **Disclosures to Your Employer or Plan Sponsor for Plan Administration Purposes**

In accordance with the Privacy Standards (45 CFR §164.500, et seq.), the Trust may disclose your enrollment information and Participant data to your Employer or the Plan Sponsor for plan administration purposes provided your Employer or Plan Sponsor certifies and agrees to:

1. Not use or further disclose the information other than as permitted or required by the plan documents or as required by law;
2. Ensure that any agents to whom it provides protected health information received from the group health plan agree to the same restrictions and conditions that apply to the Employer or Plan Sponsor with respect to such information;
3. Not use or disclose the information for employment-related actions and decisions or in connection with any other benefit or employee benefit plan of the Employer or Plan Sponsor;
4. Report to the group health plan any use or disclosure of the information that is inconsistent with the uses or disclosures provided for of which it becomes aware;
5. Make available protected health information in accordance with §164.524;
6. Make available protected health information for amendment and incorporate any amendments to protected health information in accordance with §164.526;
7. Make available the information required to provide an accounting of disclosures in accordance with §164.528;
8. Make its internal practices, books, and records relating to the use and disclosure of protected health information received from the group health plan available to the Secretary for purposes of determining compliance by the group health plan with this subpart;
9. If feasible, return or destroy all protected health information received from the group health plan that the sponsor still maintains in any form and retain no copies of such information when no longer needed for the purpose for which disclosure was made, except that, if such return or destruction is not feasible, limit further uses and disclosures to those purposes that make the return or destruction of the information infeasible; and
10. Ensure that the adequate separation required by 45 CFR 164.504(f)(2)(iii) of this section is established.

### **Other Uses and Disclosures**

The following categories describe other ways that the Trust may use and disclose your health information. Each category is illustrated with one or more examples. Not every potential use or disclosure in each category will be listed, and those that are listed may never actually occur. For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

- **Involvement in Payment** - With your agreement, the Trust may disclose your health information to a relative, friend, or other person designated by you as being involved in payment for your health care. For example, if we are discussing your health benefits with you, and you wish to include your spouse or child in the conversation, we may disclose information to that person during the course of the conversation.
- **Required by Law** - The Trust will disclose your health information when required to do so by federal, state, or local law. For example, the Trust may disclose your information to a representative of the U.S. Department of Health and Human Services who is conducting a privacy regulations compliance review.
- **Public Health** - As permitted by law, the Trust may disclose your health information as described below:
  - 1) **To an authorized public health authority** for purposes of preventing or controlling disease, injury or disability;
  - 2) **To a government entity** authorized to receive reports of child abuse, neglect or domestic violence;
  - 3) **To a person under the jurisdiction of the Food and Drug Administration** for activities related to the quality, safety, or effectiveness of FDA-regulated products.
  - 4) **To entities** conducting bona fide health research.
- **Health Oversight Activities** - The Trust may disclose your health information to health agencies during the course of audits, investigations, inspections, licensure and other proceedings related to oversight of the health care system or compliance with civil rights laws. However, this permission to disclose your health information does not apply to any investigation of you which is directly related to your health care.
- **Judicial and Administrative Proceedings** - The Trust may disclose your health information in the course of any administrative or judicial proceeding:
  - 1) In response to an order of a court or administrative tribunal;
  - 2) In response to a subpoena, discovery request, or other lawful process; or
  - 3) Specific circumstances may require us to make reasonable efforts to notify you about the request or to obtain a court order protecting your health information.
- **Law Enforcement** - The Trust may disclose your health information to a law enforcement official for various purposes, such as identifying or locating a suspect, fugitive, material witness or missing person.
- **Coroners, Medical Examiners and Funeral Directors** - The Trust may disclose your health information to coroners, medical examiners and funeral directors. For example, this may be necessary to identify a deceased person or determine the cause of death.
- **Organ and Tissue Donation** - The Trust may disclose your health information to organizations involved in procuring, banking or transplanting organs and tissues, to facilitate such.
- **Business Associates** - The Trust may disclose your medical information to Business Associates. Business Associates are entities retained or contracted by the Trust to provide services to the Trust. The Trust has a contract with each Business Associate, whereby they agree to protect your medical information and keep it confidential.
- **Workers' Compensation** - The Trust may disclose your medical information to comply with laws relating to workers' compensation or other similar programs that provide benefits for work-related injuries and illnesses.
- **Inmates** - If you are an inmate of a correctional institution or under the custody of a law enforcement official, the Plan may disclose your health information to the institution or law enforcement official if the health information is necessary for the institution to provide you with health care or protect the health and safety of you or others, or for the security of the correctional institution.
- **Disaster Relief** - The Plan may disclose your health information to any authorized public or private entities assisting in disaster relief efforts.

- **Personal Representatives** - The Trust will disclose your medical information to personal representatives appointed by you, and, in certain cases, a family member, close friend or other person in an emergency situation when you cannot give your authorization.
- **Trustees for Purposes of Fulfilling their Fiduciary Duties** - Trustees may receive your health information if necessary for them to fulfill their fiduciary duties with respect to the Trust. Such disclosures will be the minimum necessary to achieve the purpose of the use of disclosure.
- **Military Activity and National Security** - When the appropriate conditions apply, the Trust may use or disclose health information of individuals who are Armed Forces personnel for activities deemed necessary by Military command authorities, or to a foreign Military authority if you are a member of that foreign Military service. We may also disclose your health information to authorized federal officials conducting national security and intelligence activities including the protection of the President.

Except as described above, the Trust will not use or disclose your health information without written authorization from you. Types of uses and disclosures which require your written authorization include:

- **Psychotherapy notes** - The Trust may not use or disclose the contents of psychotherapy notes without your written authorization.
- **Disclosure to Others Involved in Your Care or Payment of Your Care** - You may designate a third party to receive evidence of benefits (EOBs) and other written communications from the Trust with respect to you and your eligible Dependents. In such cases the Trust requires that you first file a written authorization with the Trust Office. The Trust will recognize your previous written authorization designating such individuals and will continue to send EOBs and other communications from the Trust to such parties. If you do not want the Trust to continue such communications you must notify the Trust in writing to such effect and give us an alternate address or third party, if any, to whom you would like us to send your information.
- **Personal Representatives** - In situations where you wish to appoint a Personal Representative to act on your behalf or make medical decisions for you in situations where you are otherwise unable to do so, the Trust will require your written authorization before disclosing your health information to that individual. The Trust will recognize your previous written authorization designating such individual to act on your behalf and receive your health information until you revoke the authorization in writing.
- **Marketing** - Marketing means situations where the Trust receives financial remuneration from a third party to communicate with you about a product or service and is only allowed if you give your written authorization. Marketing would include instances when an individual or entity tries to sell you something based on your health information. Marketing is only allowed if you give your written authorization. The Trust does not engage in Marketing and will not use your health information for this purpose.
- **Sale of Health Information** - The sale of an individual's health information for financial remuneration requires that individual's written authorization. The Trust does not sell health information.

If you have authorized the Trust to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time. If you revoke your authorization, the Trust will no longer be able to use or disclose health information about you for the reasons covered by your written authorization. However, the Trust will be unable to take back any disclosures the Trust has already made with your permission.

Requests to revoke a prior authorization must be submitted in writing. Please direct your written request to revoke prior authorization to:

**Sean Minner**  
**Privacy Officer**  
7525 SE 24<sup>th</sup> Street Suite 200  
Mercer Island, WA 98040  
(206) 796-0104  
[SMinner@wpas-inc.com](mailto:SMinner@wpas-inc.com)

If you would like to obtain a more detailed explanation of these rights, or if you would like to exercise one or more of these rights, please contact the Trust Administration Office.

**Substance Abuse Disorder Treatment Information** - If we receive or maintain any information about you from a substance use disorder treatment program that is covered by 42 CFR Part 2 (a "Part 2 Program") through a general consent you provide to the Part 2 Program to use and disclose the Part 2 Program record for purposes of treatment, payment or health care operations, we may use and disclose your Part 2 Program record for treatment, payment and health care operations purposes. If we receive or maintain your Part 2 Program record through specific consent you provide to us or another third party, we may use and disclose your Part 2 Program record to the extent of your consent. In no event will we use or disclose your Part 2 Program record, or testimony that describes the information contained in your Part 2 Program record, in any civil, criminal, administrative, or legislative proceedings by any Federal, State, or local authority, against you, unless authorized by your consent or the order of a court after it provides you notice of the court order.

## **Your Rights Under HIPAA**

### **Right to Request Restrictions**

You have the right to request restrictions on certain uses and disclosures of your health information. The Trust is not required to agree to restrictions that you request. If you would like to make a request for restrictions, you must submit your request in writing to the above address.

### **Right to Request Confidential Communications**

You have the right to ask the Trust to communicate with you using an alternative mean or at an alternative location. Requests for confidential communications must be submitted in writing to the above address. The Trust is not required to agree to your request unless disclosure of your health information would otherwise endanger you.

### **Right to Inspect and Copy**

You have the right to inspect and copy health information about you that may be used to make decisions about your plan benefits. To inspect or copy such information, you must submit your request in writing to the above address. If you request a copy of the information, the Trust may charge you a reasonable fee to cover expenses associated with your request.

### **Right to Request an Amendment**

If you believe that the Trust possesses health information about you that is incorrect or incomplete, you have a right to ask the Trust to change it. To request an amendment of health records, you must make your request in writing to the above address. Your request must include a reason for the request. The Trust is not required to change your health information. If your request is denied, the Trust will provide you with information about its denial and how you can disagree with the denial.

### **Right to an Accounting of Disclosures**

You have the right to receive a list or “accounting” of disclosures of your health information made by us. However, the Trust does not have to account for disclosures that were:

- made to you or were authorized by you, or
- for purposes of payment functions or health care operations.

Requests for an accounting of disclosures must be submitted in writing to the above address. Your request should specify a time period within the last six years. The Trust will provide one free list in a twelve-month period, but the Trust may charge you for additional lists.

### **Right to a Paper Copy**

You have a right to receive a paper copy of the Trust’s privacy policy and procedures at any time. To obtain a paper copy, send your written request to the above address.

### **Right to Notification in the Event of Breach**

A breach occurs where there is an impermissible use or disclosure that compromises the security or privacy of your health information such that the use or disclosure poses a significant risk of financial, reputational or other harm to you. The Trust takes extensive measures to ensure the security of your health information; but in the event that a breach occurs or the Trust learns of breach by a Business Associate, the Trust will promptly notify you of such breach.

### **Genetic Information**

Genetic information is information about an individual’s genetic tests, the genetic tests of family members of the individual, the manifestation of a disease or disorder in family members of the individual or any request for or receipt of genetic services by the individual or a family member of the individual. The term genetic information also includes, with respect to a pregnant woman (or a family member of a pregnant woman) genetic information about the fetus and with respect to the individual using assisted reproductive technology, genetic information about the embryo. Federal law prohibits the Trust and health insurance issuers from discriminating based on genetic information. To the extent that the Trust uses your health information for underwriting purposes, federal law also prohibits the Trust from disclosing any of your genetic information. The Trust will not use or disclose any of your genetic information for this purpose.

### **Complaints**

If you believe that your privacy rights have been violated by the Trust, or by anyone acting on behalf of the Trust, you may file a complaint. Complaints to the Trust must be submitted in writing to the above address. You may also file a complaint with the Secretary of the Department of Health and Human Services by sending a letter to Secretary of Health and Human Services, U.S. Department of Health and Human Services, 200 Independence Avenue, SW, Washington, DC 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).

The Trust will not retaliate against you in any way for filing a complaint. If you have questions or want more information about any part of the Trust’s privacy policy and procedures, please contact the Privacy Officer at the above address.

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