

**New York Hotel Trades Council and Hotel Association of New York City, Inc.
Health Benefits Fund
Notice of Privacy Practices**

Effective as of 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. PLEASE REVIEW IT CAREFULLY.

Section 1: Purpose of This Notice

During the course of providing you with health coverage, the New York Hotel Trades Council and Hotel Association of New York City, Inc. Health Benefits Fund (“Fund”) will have access to health information about you that has been deemed to be protected pursuant to the Health Insurance Portability and Accountability Act of 1996, as amended from time to time (“HIPAA”). You may find these rules at 45 Code of Federal Regulations Parts 160 and 164 (“HIPAA Privacy Rule”).

As a result, the Fund is required by law to take reasonable steps to ensure the privacy of your personally identifiable health information (referred in this Notice as “Protected Health Information” or “PHI”) and to inform you about:

- How the Fund uses and discloses your PHI;
- Your privacy rights with respect to your PHI;
- The Fund’s duties with respect to your PHI;
- Any breaches of your unsecured PHI;
- Your right to file a complaint with the Fund and with the Office for Civil Rights of the U.S. Department of Health and Human Services; and
- The person or office to contact for further information about the Fund’s privacy practices.

This Notice applies to your PHI held by the Fund and the Fund’s “business associates” (i.e., persons or entities that provide certain services to the Fund) that help administer the Fund.

The Fund reserves the right to change the terms of this Notice and to make new provisions regarding your PHI that it maintains, as permitted or required by law. If the Fund makes a material change to this Notice, it will provide you with a copy of the revised Notice of Privacy Practices.

Section 2: Use and Disclosure of Protected Health Information

What is Protected Health Information?

The term “Protected Health Information” or “PHI” refers to any of your health information that identifies you or could be used to identify you. This includes information that relates to your past,

present, or future physical or mental health or condition, the provision of health care to you, or the past, present, or future payment for the provision of health care to you. Individually identifiable information includes your name, address, date of birth, employee ID number, and Social Security number, regardless of whether such information is transmitted orally, in writing, electronically or in any other form.

The Fund's Duty to Protect Your Information

The Fund is required by law to maintain the privacy of your PHI. The Fund will not use or disclose your PHI without your consent, except as described further below.

This Notice describes the different ways that the Fund may use or disclose your PHI. For each category of uses or disclosures, this Notice will explain the scope of the unauthorized disclosure and provide some examples. Please note that not every use or disclosure in a category will be listed. Nevertheless, all of the ways that the Fund will be permitted to use or disclose PHI will fall into one of these categories.

When the Fund May Use and Disclose Your PHI

Under the law, the Fund may disclose your PHI without your consent in the following cases:

- Upon your request, the Fund is required to give you access to certain PHI to allow you to inspect and/or copy it.
- As required by the Secretary of the United States Department of Health and Human Services (HHS) who may require the disclosure of your PHI to investigate or determine the Fund's compliance with privacy regulations.
- For Treatment, Payment and Health Care Operations, as described below.

Treatment is the provision, coordination, or management of your health care and related services. The Fund may use or disclose your PHI to support how your health care is provided, coordinated or managed. This includes consultations and referrals between one or more providers. For example, if the Fund is arranging for durable medical equipment services ordered by your attending physician with a contracted service provider, the Fund may disclose your name, address, telephone number, and diagnosis to the service provider's intake coordinator.

Payment includes, but is not limited to, actions to make coverage determinations and payment (including billing, claims management, eligibility, coordination of benefits, adjudication of claims, subrogation, reviews for medical necessity and appropriateness of care, utilization review, and pre-authorizations). The Fund may use or disclose your PHI for the Fund's payment activities or the payment activities of another plan or of a health care provider. For example, the Fund uses your PHI to pay claims from your health care provider.

Health Care Operations includes, but is not limited to, quality assessment and improvement, population-based activities relating to improving health or reducing health care costs and receiving

and responding to participant complaints. The Fund may use or disclose your PHI as part of its general business functions. This includes assessing the quality of care, to review the qualifications of health care professionals, for case and disease management, to set up and renew insurance and benefit administration contracts, legal services, auditing services, and data and information systems management. For example, the Fund or its third party administrators may use or disclose your PHI to refer you to a disease management program, a well-pregnancy program, project future benefit costs or audit the accuracy of its health care payments.

Disclosure To Business Associates. The Fund may contract with individuals or companies known as Business Associates to perform various functions on its behalf or provide certain types of services. The Business Associates may receive, create, maintain, transmit, use and/or disclose your PHI, but only after they agree in writing with the Fund to appropriately protect your PHI. For example, the Fund may contract with a service provider to pay your medical claims on its behalf and it will receive your PHI to do so.

Reminders. The Fund may use your PHI to provide you with reminders. For example, the Fund may use your child's date of birth to remind you that you may purchase COBRA continuation coverage for your child who would otherwise lose coverage under the Fund due to age. The Fund may also use your PHI to remind you to make an appointment with your physician.

Treatment Alternatives. The Fund may use your PHI to inform you about different treatment options available to you.

Health-Related Benefits and Services. The Fund may use or disclose your PHI to inform you about other health-related benefits and services that may be of interest to you.

Disclosure to the Plan Sponsor. The Fund may disclose your PHI to its Board of Trustees ("Board" or "Trustees"), which serves as the Plan Sponsor for the Fund, (or its designated committee) for purposes related to the Fund's administration, including payment and health care operations. The Board has amended the Plan Documents to permit this use and disclosure as required by federal law. For example, if you file an appeal following a denial of a benefit claim your PHI may be shared with the Trustees to allow them to decide the appeal. The Trustees may also receive your PHI if necessary for them to fulfill their fiduciary duties with respect to the Fund. When disclosing PHI to the Board, the Fund will make reasonable efforts to disclose only the minimum necessary PHI to achieve the particular purpose of the disclosure. Unless authorized by you in writing, your PHI: (1) may not be disclosed by the Fund other than as permitted in this Notice or as required by law, (2) will not be used with respect to any employment-related actions or decisions, or (3) with respect to any other benefit plan sponsored by or maintained by the Board.

The Fund may also disclose "summary PHI" to the Board to help them obtain insurance bids or decide whether to modify, amend or terminate the plan of benefits. Summary PHI summarizes the claims history, claims expenses or type of claims experienced by individuals for whom a plan sponsor (such as the Board of Trustees) has provided health benefits under a group health plan.

When the Disclosure of Your PHI Requires Your Written Authorization

The Fund must generally obtain your written authorization before using or disclosing your PHI for any purpose not otherwise required or permitted by law. If you have authorized the Fund to use or disclose your PHI for a purpose that requires authorization, you may revoke your authorization in writing at any time. If you revoke your authorization, the Fund will no longer be able to use or disclose PHI about you for the reasons covered by your written authorization. However, the Fund will be unable to take back any disclosures it has already made with your permission. Requests to revoke a prior authorization must be submitted in writing to the Privacy Officer identified below.

The Fund is required to ask for your written authorization when:

- Using or disclosing psychotherapy notes about you from your psychotherapist. These are private notes taken by a mental health professional during a counseling session. They do not include summary information about your mental health treatment. While the Fund is not likely to have access to or maintain these types of notes, it must generally obtain your written authorization before the Fund will use or disclose psychotherapy notes about you.
- Using or disclosing your PHI for marketing purposes (a communication that encourages you to purchase or use a product or service). If the Fund receives direct or indirect payment from an entity whose product or service is being marketed, the Fund must disclose this information to you. Face-to-face communications made by the Fund to you and promotional gifts of nominal value provided by the Fund are not considered as marketing.
- Receiving payment or other benefit in exchange for receipt of your PHI.
- Using and disclosing your substance use disorder (“SUD”) treatment records. SUD treatment records (“SUD Records”) received from a program covered by 42 CFR Part 2 (a “Part 2 Program”), which includes a provider, facility, unit, or organization that provides SUD diagnosis, treatment, or referral for treatment, and is federally assisted, or testimony relaying the content of such records, will 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 under the law. A court order authorizing use or disclosure must be accompanied by a subpoena or other legal requirement compelling disclosure before the requested SUD Record is used or disclosed. If the Fund receives your SUD Records pursuant to a consent you provided to the Part 2 Program to use and disclose your SUD Records for all future purposes of treatment, payment, and health care operations, the Fund may use or disclose your SUD Records for the purposes of treatment, payment, and health care operations as described above, consistent with such consent until the Fund receives notification that you have revoked such consent in writing.
- Using and disclosing your PHI for fundraising purposes. The Fund will not use or disclose your PHI (including but not limited to SUD Records) for any fundraising activities whether for the benefit of the Plan, or for or on behalf of others. Before the Fund could use or disclose your PHI for fundraising, it would have to obtain your written authorization for

such use or disclosure, and with respect to SUD Records and other PHI, give you the opportunity to elect not to receive any fundraising communications

- Using and disclosing your PHI for any use or disclosure not described within this Notice.

Other Uses and Disclosures for Which Consent, Authorization or Opportunity to Object Is Not Required

The following categories describe other possible ways that the Fund may use and disclose your PHI without your specific consent, authorization or request. For each category of uses or disclosures, this Notice explains the scope of the unauthorized use and/or disclosure and provides some examples. Please note that not every use or disclosure in a category will be listed, but all of the ways that the Fund is permitted to use or disclose PHI will fall into one of these categories.

- (1) **When required by law.** The Fund may disclose your PHI to a person or entity as required by federal, state, or local law. For example, the Fund may disclose your PHI when required by national security laws or public health disclosure laws.
- (2) **Public health activities.** The Fund may disclose your PHI to report product defects, permit product recalls and conduct post-marketing surveillance. If directed by a public health authority, the Fund may also disclose your PHI to a foreign government agency that is collaborating with the public health authority. PHI may also be used or disclosed if you have been exposed to a communicable disease or are at risk of spreading a disease or condition, if authorized by law.
- (3) **Domestic violence or abuse situations.** The Fund may disclose your PHI when authorized by law to report information about abuse, neglect or domestic violence to public authorities if a reasonable belief exists that you may be a victim of abuse, neglect or domestic violence. In such case, the Fund will promptly inform you that such a disclosure has been or will be made unless that notice would cause a risk of serious harm. For the purpose of reporting child abuse or neglect, disclosure may generally be made to the minor's parents or other representatives, although there may be circumstances under law when the parents or other representatives may not be given access to the minor's PHI.
- (4) **Health oversight activities.** The Fund may disclose your PHI to a public health oversight agency for oversight activities authorized by law. This includes uses or disclosures in civil, administrative or criminal investigations and audits, 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 investigate Medicare or Medicaid fraud), or for the government to monitor the health care system, government programs and compliance with civil rights laws.
- (5) **Legal proceedings.** The Fund may disclose your PHI when required for judicial or administrative proceedings. For example, your PHI may be disclosed in response to

a subpoena or discovery request or other lawful process by someone involved in a legal dispute, provided certain conditions are met. The party requesting the PHI must give the Fund satisfactory assurances that they have made a good faith attempt to notify you in writing about the request, that the notice provided sufficient information about the proceeding to permit you to object to the request or seek a qualified protective order. If the health information relates to SUD, it will not be used or disclosed in a civil, criminal, administrative, or legislative proceedings against you unless you furnish written consent, or on a court order is entered after notice and an opportunity to be heard has been provided to you in the manner provided in 42 CFR part 2. 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.

- (6) **Law enforcement and emergency purposes.** The Fund may disclose your PHI when required for law enforcement purposes, including the reporting of certain types of wounds. PHI may also be shared for law enforcement emergency purposes if the law enforcement official represents that the information is not intended to be used against you, the law enforcement activity would be substantially affected by waiting to obtain your agreement, and the Fund determines that disclosure is in your best interest. Law enforcement emergency purposes include identifying or locating a suspect, fugitive, material witness or missing person. The Fund may also disclose PHI about an individual who is or is suspected to be a victim of a crime, but only if the individual agrees to the disclosure or the Fund is unable to obtain agreement because of emergency circumstances.
- (7) **Determining cause of death and funeral purposes.** When required to be given to a coroner or medical examiner for the purpose of identifying a deceased person, determining a cause of death or other duties as authorized by law. Also, disclosure is permitted to funeral directors, consistent with applicable law, as necessary to carry out their duties with respect to the decedent. If necessary for funeral directors to carry out their duties, the Plan may also disclose your PHI prior to, and in reasonable anticipation of, death.
- (8) **Research.** The Fund may use or disclose PHI for research, subject to certain conditions and limitations. The Fund is permitted to disclose your PHI to researchers when their research has been approved by an institutional review board or privacy board that has established protocols to ensure the privacy of your PHI, or the research involves a limited data set which includes no unique identifiers (information such as name, address, social security number, etc., that can identify you).
- (9) **Health and safety threats.** The Fund may use or disclose PHI when consistent with applicable law and standards of ethical conduct if the Fund, in good faith, believes the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public and the disclosure is to a person reasonably able to prevent or lessen the threat, including the target of the threat. The Plan may also disclose your PHI to any authorized public or private entities assisting

in disaster relief efforts.

- (10) **Workers' compensation programs.** The Fund may use or disclose PHI when authorized by and to the extent necessary to comply with workers' compensation or other similar programs established by law, that provide benefits for work-related injuries or illness without regard to fault.
- (11) **Specialized government functions.** The Fund may use or disclose PHI when the appropriate conditions apply, the Fund may use or disclose your PHI if you 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. The Fund may also disclose your PHI to authorized federal officials for lawful intelligence, counterintelligence and other national security activities, including the protective services for the President.
- (12) **Correctional institutions and other law enforcement custodial situations.** The Fund may use or disclose PHI if you are an inmate of a correctional institution or under the custody of a law enforcement official, the Fund may disclose your PHI to the institution or official if it is necessary for the institution to provide you with health care, to protect the health and safety of you or others, or for the security of the correctional institution.
- (13) **Organ donation purposes.** If you are an organ donor, the Fund may release your PHI after your death to organizations that handle organ procurement or organ, eye, or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

Any other Fund uses and disclosures not described in Section 2 of this Notice will be made only if you provide the Fund with written authorization. You may revoke that authorization in writing at any time. If you revoke your authorization, the Fund will no longer use or disclose your PHI for the reasons covered by your written authorization. However, the Fund is unable to take back any disclosures that have already been made with your authorization.

Redisclosure

Information that the Fund discloses in accordance with this Notice or with the HIPAA Privacy Rule may be redisclosed by the recipient and may no longer be protected by the HIPAA Privacy Rule.

Disclosures to Others Involved in Your Health Care

The Fund may disclose your PHI to a family member, other relative, your close personal friend involved in your care or payment of your care, or any other person identified by you, if the information is directly relevant to their involvement with your care or payment for that care and you have either agreed to the disclosure or have been given an opportunity to object and have not objected.

If you are not present, or the opportunity to agree or object to the use or disclosure cannot practicably be provided because of your incapacity or emergency circumstance, the Fund may nevertheless make a disclosure of your PHI to such individuals if the Fund reasonably concludes, based on professional judgment and its experience with common practice, that you do not object.

You can ensure that no disclosures will be made by the Fund under this section to your family members, other relatives, close personal friends, or any person involved in your care by filing a written restriction with the Fund as described in Section 3 below.

Section 3: Your Individual Privacy Rights

Below is a description of your individual privacy rights:

Your Right to Request Restrictions on PHI Uses and Disclosures

You may request that the Fund restrict the uses and disclosures of your PHI to carry out treatment, payment or health care operations. You may also request the Fund to restrict uses and disclosures to family members, relatives, friends or other persons identified by you who are involved in your care or payment for your care. Your request must be in writing and identify the PHI you wish to limit, whether you want to limit the Fund's use, disclosure, or both, and (if applicable) to whom you want the limitations to apply (for example, disclosures to your spouse).

The Fund is generally not required to agree to your requested restriction, except if you request that the Fund restrict disclosure to another health plan for payment or health care operations and the PHI relates solely to an item or service that was paid out-of-pocket in full. If the Fund agrees to your requested restriction, it will not use or disclose your PHI in violation of that restriction unless it is needed to provide emergency treatment or the Fund terminates the restriction. The Fund may terminate a restriction at any time, but it must notify you of the termination.

You may also request to receive communications of PHI by alternative means or at alternative locations. The Fund will accommodate such a request where the request includes a statement that disclosure could endanger the individual.

Requests for restrictions on the uses and disclosures of your PHI must be submitted in writing by you or your personal representative. Requests to restrict your PHI should be made to:

Privacy Officer
New York Hotel Trades Council and Hotel Association of New York City,
Inc. Health Benefits Fund
305 West 44th Street, 3rd Floor
New York, NY 10036
Phone (212) 586-6400

Additional Restrictions on Use and Disclosure

Some federal and state laws may require special privacy protections that restrict the use and disclosure of certain sensitive health information such as alcohol and substance use disorder, (including Part 2 Programs), biometric information, child or adult abuse or neglect, including sexual assault, communicable diseases, genetic information, HIV/AIDS, mental health, minors' information, prescriptions, reproductive health, and sexually transmitted diseases. In such case, the Fund will follow the more stringent or protective law, to the extent that it applies.

Your Right to Inspect and Copy PHI

You have the right to inspect and obtain a copy of your PHI for as long as the Fund maintains it. This includes the PHI that is contained in a “designated record set,” such as your medical records and other documents used in making enrollment, payment, claims adjudication, and other information used to make decisions about payment for care.

You may request your PHI in hardcopy or electronic form, and the Fund will honor that request to the extent possible. You also may request a summary of your PHI. Requests for access to your PHI must be made in writing. Requested information will be provided within 30 days of receipt of your request. A single 30-day extension is allowed if the Fund is unable to comply with the deadline.

You may be charged a reasonable, cost-based fee for copying the PHI, or preparing a summary of your PHI. The Fund will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred. Requests for access to PHI should be made in writing to:

Privacy Officer
New York Hotel Trades Council and Hotel Association of New York City,
Inc. Health Benefits Fund
305 West 44th Street, 3rd Floor
New York, NY 10036
Phone (212) 586-6400

The Fund may deny your request for PHI under certain conditions. If your request is denied, you will generally be provided with a written denial explaining the reasons. Such notice will advise you of your right to have the denial reviewed by a licensed health care professional designated by the Fund who did not participate in the original decision to deny. Such denial will also describe how you may complain to the Fund or the Secretary of the Department of Health and Human Services pursuant to the complaint procedures described herein.

Your Right to Amend PHI

You have the right to request in writing that the Fund amend your PHI contained in a “designated record set” for as long as the Fund maintains it, subject to certain exceptions. The Fund will act on the request within 60 days of receipt. The Fund is allowed a single 30-day extension if the Fund is

unable to comply with the 60-day deadline.

The Fund may deny your request to amend your PHI if it is not in writing or if the request does not include a valid reason to support the request. The Fund may also deny your request if it relates to information that did not originate with the Fund, is not contained in the records maintained by the Fund, is not part of the information that you would legally be permitted to inspect and copy, or is already accurate and complete.

If your request is denied in whole or in part, you will be provided with a written denial explaining the basis for the denial. You may then submit a written statement disagreeing with the denial and have that statement included with any future disclosures of your PHI.

Requests to amend your PHI must be submitted in writing by you or your personal representative. Your request to amend your PHI should be sent to:

Privacy Officer
New York Hotel Trades Council and Hotel Association of New York City,
Inc. Health Benefits Fund
305 West 44th Street, 3rd Floor
New York, NY 10036
Phone (212) 586-6400

Your Right to Receive an Accounting of PHI Disclosures

Upon your written request, the Fund will also provide you with an accounting of disclosures by the Fund of your PHI during the six (6) years prior to the date of your request. Such accounting need not include PHI disclosures made:

- (1) to carry out treatment, payment or health care operations;
- (2) to individuals about their own PHI;
- (3) to you or based on your written authorization;
- (4) to friends or family in your presence or because of an emergency;
- (5) for national security purposes; or
- (6) incidental to otherwise permissible disclosures.

Any request for an accounting must be submitted in writing to the Fund Office at the address at the end of this Notice. Your request must state the time period for which you want to receive a list of disclosures, which shall be no more than six (6) years from the date on which the accounting is requested. Your request should indicate in what form you want the accounting (e.g., on paper or electronically). An accounting will be provided within 60 days of receipt of your request. The Fund is allowed an additional 30 days if the Fund gives you a written statement of the reasons for the delay and the date by which the accounting will be provided.

Your first request for an accounting in a 12-month period will be responded to without charge. You may be charged a reasonable, cost-based fee for each additional request for an accounting within such 12-month period. We will notify you of the cost involved and you may choose to

withdraw or modify your request at that time before any costs are incurred.

Right to Receive Paper Copy of This Notice Upon Request

You have the right to receive a paper copy of this Notice. This right applies even if you have agreed to receive the Notice electronically. To request a paper copy of this Notice, contact the Privacy Officer:

Privacy Officer
New York Hotel Trades Council and Hotel Association of New York City,
Inc. Health Benefits Fund
305 West 44th Street, 3rd Floor
New York, NY 10036
Phone (212) 586-6400

Personal Representatives

You may exercise your rights through a personal representative. Anyone acting as your personal representative must produce evidence of their authority to act on your behalf before being provided access to your PHI or being allowed to take any action for you. Proof of such authority include:

- A power of attorney for health care purposes, notarized by a Notary public;
- A court order of appointment of the person as your conservator or guardian;
- An Appointment of Personal Representative form or other form acceptable under state or federal law that is completed and signed by you; or
- An individual who is the parent of a minor child.

Notwithstanding the foregoing, the Fund retains the right to deny access to your PHI to a personal representative in certain abuse, neglect or endangerment situations where the Fund concludes it is in your best interest not to treat the person as your personal representative. This also applies to personal representatives of minors.

Section 4: The Fund's Duties

Maintaining Your Privacy

The Fund is required by law to maintain the privacy of your PHI and to provide you and your eligible dependents with this Notice. In addition, the Fund is prohibited from using your genetic information for underwriting purposes.

This Notice is effective beginning on February 16, 2026 and the Fund is required to comply with the terms of this Notice as of such date. However, the Fund reserves the right to change its privacy practices and to apply changes to any PHI received or maintained by the Fund prior to that date. If a privacy practice is changed, a revised version of this Notice will be provided to you and to all past and present participants and beneficiaries for whom the Fund still maintains PHI.

If material changes are made to this Notice, it will be posted on the Fund's website at <https://www.hotelfunds.org/> promptly by the effective date of the material change, and thereafter the Fund will send a hard copy of the revised notice in its next annual mailing. If the Fund does not post a revised notice on its website, it must provide such notice within 60 days of the effective date of the material revision to this Notice.

Disclosing Only the Minimum Necessary PHI

When using or disclosing PHI or when requesting PHI from another covered entity, the Fund will make reasonable efforts not to disclose more than the minimum amount necessary to accomplish the intended purpose of the use, disclosure or request, taking into consideration practical and technological limitations.

However, the minimum necessary standard will not apply in the following situations:

- Disclosures to or requests by a health care provider for treatment;
- Uses or disclosures made to you or pursuant to an authorization initiated by you;
- Disclosures made to the Secretary of the U.S. Department of Health and Human Services pursuant to its enforcement activities under HIPAA;
- Uses or disclosures that are required by law; and
- Uses or disclosures required for the Fund's compliance with the HIPAA privacy regulations.

De-Identified Information

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

Notify you in the Event of a Breach Notification

The Fund is required by law to notify you if a breach of your unsecured PHI occurs. Unsecured protected health information is protected health information that has not been rendered unusable, unreadable, or indecipherable to unauthorized persons through the use of a technology such as encryption .

Section 5: Your Right to File a Complaint with the Fund or with HHS

Questions/Complaints

If you believe that your privacy rights have been violated or have any questions regarding this Notice or the subjects addressed in it, you may file a complaint with or submit your questions to the Privacy Officer:

Privacy Officer
New York Hotel Trades Council and Hotel Association of New York City,
Inc. Health Benefits Fund
305 West 44th Street, 3rd Floor
New York, NY 10036
Phone (212) 586-6400

You may also file a complaint with the Office of Civil Rights of the U.S. Department of Health and Human Services. Filing instructions are available at: <https://www.hhs.gov/hipaa/filing-a-complaint/index.html>. All complaints must be submitted in writing.

The Fund will not penalize or retaliate against you for filing a complaint.

Section 6: If You Need More Information

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

Privacy Officer
New York Hotel Trades Council and Hotel Association of New York City,
Inc. Health Benefits Fund
305 West 44th Street, 3rd Floor
New York, NY 10036
Phone (212) 586-6400