

**SNOHOMISH COUNTY  
PUBLIC UTILITY DISTRICT NO. 1  
RETIREE BENEFITS PROGRAM  
NOTICE OF PRIVACY PRACTICES**

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**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: February 16, 2026**

You are receiving this Notice of Privacy Practices (Notice) from Snohomish County PUD, as plan sponsor and plan administrator of the Snohomish County Public Utility District No. 1 Retiree Benefits Program (the Program, we, our). A federal regulation, known as the “HIPAA Privacy Rule,” requires that the Program provides this Notice to group health plan participants in writing.

The Program includes group health plans, which are covered by the HIPAA Privacy Rule. This Notice relates solely to the following group health plans offered through the Program:

- Medical Plans:
  - PPO Plan
  - HMO Plan
- Health Reimbursement Arrangement Plan

**I. OUR COMMITMENT TO PROTECTING HEALTH INFORMATION ABOUT YOU**

The HIPAA Privacy Rule requires that we protect the privacy of certain health information. The HIPAA Privacy Rule calls this information “protected health information” or “PHI.” PHI is any information created or received by a health care provider or a health plan that relates to (1) your past, present, or future physical or mental health or condition; (2) the provision of health care to you; or (3) the past, present or future payment for your health care. However, this information is only PHI if the information identifies you (or contains information that can reasonably be used to identify you). Such information is PHI during your lifetime and remains PHI for a period of 50 years after your death. This Notice describes your rights as a health plan participant and our obligations regarding the use and disclosure of PHI.

We are required by law to:

- Maintain the privacy of PHI about you;
- Provide you with certain rights with respect to your PHI;
- Give you this Notice of our legal duties and privacy practices with respect to PHI;
- Comply with the terms of our Notice of Privacy Practices that is currently in effect; and
- Notify affected individuals following a breach of unsecured PHI.

In some situations, federal and state laws provide special protections for specific kinds of PHI and require specific authorization from you before we can disclose that specially protected PHI. Examples of PHI that are sometimes specially protected include PHI involving mental health, HIV/AIDS, reproductive health, chemical dependency, or genetic information. We may refuse to disclose the specially protected PHI or we may contact you for the necessary authorization to make such a disclosure.

If the group health plans receive records regarding a substance use disorder treatment program that is covered by 42 CFR Part 2 (a “Part 2 Program”), your Part 2 Program record, or testimony that describes the information contained in your Part 2 Program record, will not be used or disclosed 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.

We may not disclose genetic information for underwriting purposes regardless of whether you provide an authorization.

We reserve the right to make changes to this Notice and to make such changes effective for all PHI we may already have about you. If and when a significant change is made to this Notice, we will provide you with the new notice by mail within 60 days of the change or at the next open enrollment period after posting the updated notice to our website.

## **II. HOW WE MAY USE AND DISCLOSE PROTECTED HEALTH INFORMATION ABOUT YOU**

The group health plans are permitted by law to use and disclose your PHI in certain ways without your express written permission. The following categories describe the ways that we may use and disclose PHI without your written authorization. Not every possible use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories. When required by law, we will restrict disclosures to the minimum necessary information to accomplish the intended purpose. PHI that is disclosed in accordance with HIPAA is subject to being redisclosed by the receiving entity. Upon redisclosure, it may no longer be protected by HIPAA.

*Treatment:* We may use or disclose PHI to facilitate medical treatment or services by providers. We may disclose medical information about you to providers, including doctors, nurses, technicians, medical students, or other hospital personnel who are involved in taking care of you. For example, we may use or disclose PHI about you to a medical provider when the provider needs the information to treat you.

*Payment:* We may use or disclose PHI to determine your eligibility for plan benefits, to facilitate payment for the treatment and services you receive from health care providers, to determine benefit responsibility under the plan, or to coordinate plan coverage. For example, we may use and disclose PHI to tell you or your health care providers whether a particular type of health care service is covered under the group health plans. We may also share your PHI with a utilization review or precertification service provider. Likewise, we may share your PHI with another entity to assist with the adjudication or subrogation of health claims or to another health plan to coordinate benefit payments.

*Health Care Operations:* We may use and disclose PHI in performing business activities which are called “health care operations.” These uses and disclosures are necessary to run the group health plans. For example, we may use and disclose PHI about you in connection with underwriting, premium rating, submitting claims for stop-loss (or excess-loss) coverage, conducting or arranging for medical review, legal services, audit services, and fraud and abuse detection programs, general Plan administrative activities, and in reviewing and improving the quality, efficiency and cost of our operations. Or, if a health care provider, company, or other health plan that is required to comply with the HIPAA Privacy Rule has or once had a relationship with you, we may disclose PHI about you for certain health care operations of that health care provider or company.

*Plan Sponsor:* We may disclose PHI to certain employees of the Snohomish County PUD for purposes of plan administration. However, those employees will only use or disclose that information as necessary to perform plan administration functions or as otherwise required by HIPAA unless you have authorized further disclosures. Your PHI cannot be used for employment purposes without your specific authorization.

*Services Providers:* We may need or wish to obtain services involving the use or disclosure of PHI from third party services providers that perform functions on behalf of a plan or provide certain types of service, called “business associates.” For example, a business associate is a third party, or subcontractor of a third party, that provides claims processing, legal actuarial, accounting, consulting or administrative services to the group health plans. We may disclose PHI about you to our business associates, or authorize them to obtain it from other parties, for any activity allowed under this Notice, including, for example, claims administration or support services, such as utilization management, pharmacy benefit management or subrogation. Before we do so, however, we will obtain satisfactory written assurances that they will protect your PHI.

*Individuals Involved in Your Care or Payment for Your Care:* We may disclose to your family member, relative, close friend, or any other person identified by you, PHI about you that is directly relevant to that person’s involvement in your care or payment for your care. We may disclose this PHI to these persons if you do not object after an opportunity to do so, or we can reasonably infer from the circumstances that you do not object to the disclosure, or, if you are not present or incapacitated, if, in the exercise of our professional judgment, we believe it is in your best interest to disclose the PHI. We may also use and disclose PHI necessary to notify these persons of your location, general condition, or death. Upon your death, we may disclose your PHI to a family member (or other relative or close friend) involved in your health care or payment for your health care prior to your death to the extent the PHI is relevant to such person’s involvement, unless such disclosure is inconsistent with your prior expressed preference that is known to us.

We may send mail to the retiree such as explanations of benefits (EOBs), that relates to the retiree’s spouse/state registered domestic partner and other family members who are covered under our group health plans, including information on the use of plan benefits or information on the denial of any plan benefits. If a person covered under the plan has requested restrictions or confidential communications (see below under “Your Rights Regarding Protected Health Information About You”), and if we have agreed to the request, we will send mail as provided by the request for restrictions or confidential communications.

*Disclosures About Minors:* Where HIPAA and state laws both apply to a privacy issue, the law which provides for greater individual privacy rights controls. Washington law provides that a teenage minor must consent to use or disclosure of information related to his or her mental health, chemical dependency, HIV/AIDS, or sexual health. HIPAA does not provide for such rights. Therefore, we will follow Washington law and may require the child’s authorization before releasing this information to anyone, including his or her parents.

*Disaster Relief:* We also may share PHI about you with disaster relief agencies (for example, the Red Cross) for disaster relief purposes.

*Treatment Alternatives:* We may use your PHI to contact you to provide information about treatment alternatives or other health-related benefits and services that may be of interest to you.

*Required By Law:* We may use and disclose PHI to the extent required by law.

*Incidental Disclosures:* Disclosures that are incidental to permitted or required uses or disclosures under HIPAA are permissible so long as we implement safeguards to avoid such disclosures and limit the PHI exposed through these incidental disclosures.

*Public Health or Oversight Activities:* We may use and disclose PHI to authorized persons to carry out certain activities related to public health. We may disclose PHI to a health oversight agency to monitor the health care system, government health care programs, and compliance with certain laws.

*Abuse, Neglect, or Domestic Violence:* We may disclose PHI in certain cases to proper government authorities if we reasonably believe that a participant has been a victim of domestic violence, abuse, or neglect.

*Lawsuits and Other Legal Proceedings:* We may use or disclose PHI when required by a court order or administrative agency order. We may also disclose PHI in response to subpoenas, discovery requests, or other lawful process, when efforts have been made to advise you of the disclosure or to obtain an order protecting the information requested.

*To Law Enforcement or to Avert a Serious Threat to Health or Safety:* Under certain conditions, we may disclose PHI to law enforcement officials. We may use and disclose your PHI under limited circumstances when necessary to prevent a threat to the health or safety of you, another person or the public.

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

*Coroners, Medical Examiners, Funeral Directors:* We may disclose PHI to a coroner or medical examiner to identify a deceased person and determine the cause of death or to funeral directors, as authorized by law, so that they may carry out their jobs.

*Organ and Tissue Donation:* If you are an organ donor, we may use or disclose PHI to facilitate an organ, eye, or tissue donation and transplantation.

*National Security and Intelligence Activities:* We may release your PHI to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

*Workers' Compensation:* We may disclose PHI to the extent necessary to comply with laws that provide benefits for work-related injuries or illness.

*Military and Veterans:* If you are a member of the armed forces, we may release your PHI as required by military command authorities. We may also release PHI about foreign military personnel to the appropriate foreign military authority.

*Research:* We may disclose your protected health information to researchers in certain circumstances, for example: (1) when the individual identifiers have been removed; or (2) when an institutional review board or privacy board has (a) reviewed the research proposal; and (b) established protocols to ensure the privacy of the requested information, and approves the research.

*Disclosures Required by HIPAA Privacy Rule:* We are required to disclose PHI to the Secretary of the United States Department of Health and Human Services when requested by the Secretary to review our compliance with the HIPAA Privacy Rule.

*Disclosures to You:* At your request, we will disclose to you the portion of your protected health information that contains medical records, billing records, and any other records used to make decisions regarding your health care benefits, unless such disclosure is prohibited, or not required, by HIPAA.

*Personal Representatives:* We will disclose PHI about you to your personal representative within the meaning of the HIPAA Privacy Rule, so long as we are provided the required supporting documents (for example, an appropriate health care power of attorney). However, we do not have to disclose information to a personal representative if we reasonably believe that:

- you have been, or may be, subjected to domestic violence, abuse or neglect by such person; or
- treating such person as your personal representative could endanger you; and
- in the exercise of professional judgment, it is not in your best interest to treat the person as your personal representative.

*Other Uses and Disclosures:*

*Psychotherapy Notes.* We will not use or disclose psychotherapy notes about you without your authorization except in very limited circumstances allowed by the HIPAA Privacy Rule.

*Marketing.* We will not use or disclose PHI about you for marketing purposes involving financial remuneration without your authorization, except during face to face communications with you or as a promotional gift of nominal value provided by us.

*Sale of PHI.* We will not use or disclose PHI about you for financial remuneration without your authorization.

All other uses and disclosures of your PHI will be made only with your written permission (an “authorization”). If you have given us written permission to use or disclose your PHI, you may later take back (“revoke”) your written permission in writing at any time, except to the extent we have already acted based on your permission.

### **III. YOUR RIGHTS REGARDING PROTECTED HEALTH INFORMATION ABOUT YOU**

Under federal law, you have the following rights regarding PHI about you:

*Right to Request Restrictions:* You have the right to request additional restrictions on use or disclosure of your PHI for treatment, payment and health care operations or disclosure of your PHI to individuals involved in your care or the payment for your care. *We are not required to agree to your request.* If we do agree to the request, we will honor the restriction until you revoke it or we notify you.

We will, however, comply with any request to restrict disclosure of PHI about you when:

- the disclosure would be to a health plan for purposes of carrying out payment or health care operations (and is not for purposes of carrying out treatment); and
- the PHI pertains solely to a health care item or service for which the health care provider involved has been paid out-of-pocket in full.

Send a written request for restriction of use or disclosure to the Senior Manager, Human Resources. The request must say:

- whether you want to restrict our use, disclosure, or both;
- to whom the restrictions apply—for example, disclosures to your spouse; and
- what information you want to restrict.

*Right to Receive Confidential Communications:* If you tell us that disclosure of your PHI could endanger you, you have the right to request in writing that we communicate your PHI to you in a certain manner or at a certain location. For example, you may request that we contact you at home, rather than at work. We are required to meet only *reasonable* requests. Send a written request for confidential communications to the Senior Manager, Human Resources.

*Right to Inspect and Copy:* You can request in writing the opportunity to inspect and receive a copy of your PHI in certain records that we maintain. Send a written request to inspect or copy your PHI to the Senior Manager, Human Resources. We may charge a reasonable fee for the costs of copying, mailing, or other supplies associated with your request. We may deny your request in certain circumstances. If you are denied access to your PHI, you may request that the denial be reviewed by submitting a written request to the Senior Manager, Human Resources.

If you are permitted access to your PHI and we maintain the PHI electronically, we will, at your request, provide you with an electronic copy of your PHI in the form and format you request as long as it is readily producible in that form and format. If it is not, we will provide your PHI to you in an electronic format agreeable to you and us.

We will send the PHI to you or to a third party if you provide the name and address of the third party to whom the PHI is to be sent. We may provide you with a summary or explanation of the information instead of access to or copies of your PHI, if you agree in advance and pay any applicable fees and costs.

*Right to Amend:* You have the right to request that we amend your PHI if you feel that your PHI is incorrect or incomplete. You have the right to request an amendment for as long as the PHI is kept by or for the plan.

Send your written request to the Senior Manager, Human Resources and include an appropriate reason for the request. We may deny your request if you ask us to amend information that:

- was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- is not part of the information that you are permitted to inspect or copy; or
- is already accurate and complete.

If we deny your request, you can file a statement of disagreement with us and any future disclosures of the disputed information will include your statement.

*Right to Receive an Accounting of Disclosures:* You have the right to request in writing an “accounting” (a list) of certain disclosures that we have made of your PHI up to six years before the date of your request. *This list will not include* disclosures: made for treatment, payment, and health care operations; to family members or friends involved in your care; to you directly; pursuant to an authorization of you or your personal representative; for certain notification purposes (including national security, intelligence, and law enforcement purposes); of a “limited data set” in compliance with our policies and procedures for this kind of data; or incidental to otherwise permitted or required uses and disclosures. *The first list you request in a 12-month period will be free, but we may charge you for our reasonable costs of providing additional lists in the same 12-month period.* We will tell you about these costs, and you may choose to cancel your request at any time before costs are incurred.

*Right to Notification of Breach of Unsecured PHI:* You have the right to receive notifications of breaches of unsecured PHI about you. If federal law requires us to send you a notice, the notice will contain:

- A description of the breach;
- The type of information that was breached;
- What steps you could take to protect yourself from potential harm;
- What steps we are taking to investigate the breach, mitigate harm, and protect you from further breaches; and
- Who to contact for additional information.

*Right to a Paper Copy of this Notice:* You have a right to receive a paper copy of this Notice at any time.

#### **IV. COMPLAINTS**

If you believe your privacy rights have been violated, you may file a written complaint with us. To file a complaint with our office, please contact Human Resources at 425-783-8655. You may also contact our Privacy Officer whose contact information is provided below. In addition, you have the right to file a complaint directly with the Secretary of the United States Department of Health and Human Services. Your privacy is one of our greatest concerns and we will not penalize you or take any retaliatory action if you choose to file a complaint with us or with the United States Department of Health and Human Services.

#### **V. PRIVACY OFFICER CONTACT INFORMATION**

If you have questions, you may contact our Privacy Officer at the following address and phone number:

Privacy Officer  
Program Mgr. III: Data & Information Governance, Legal Services Division  
2320 California Street  
Everett, WA 98201  
425-783-8330

#### **VI. INSURED GROUP VISION PLAN**

Snohomish County PUD also sponsors an insured group vision plan under an insurance policy from EyeMed Vision Care (“Insurer”). This group health plan is also subject to HIPAA. The Insurer of this group health plan has issued a Notice of Privacy Practices which is hereby adopted by reference into this Notice and is available upon request. You can obtain copies of the Notice of Privacy Practices for the insured group vision plan by contacting Human Resources at 425-783-8655 or by contacting the Insurer directly.