



## HIPAA NOTICE OF PRIVACY PRACTICES

This Notice of Privacy Practices (“Notice”) describes the ways in which Avnet’s health plans (collectively “Health Plan”), to the extent applicable to you, may collect, use and disclose your protected health information. The Health Plan includes the following plans:

**HSA 70 Medical Plan**  
**HSA 80 Medical Plan**  
**Classic 70 Medical Plan**  
**Out-of-Area Medical Plan**  
**Hawaii Medical Plan**  
**PPO Dental**  
**Copay Dental**  
**Healthcare Flexible Spending Account**  
**Akron Brass Retiree Medical Plan**

This Notice also describes your rights and certain obligations that the Health Plan has regarding the use and disclosure of your protected health information. It has been drafted in accordance with the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”), related regulations contained in the Code of Federal Regulations at 45 CFR Parts 160 and 164 (“HIPAA Privacy Rule”), and related legislation including the Genetic Information Nondiscrimination Act of 2008 (“GINA”) and the Health Information Technology for Economic and Clinical Health Act of 2009 (“HITECH”). Terms not defined in this Notice have the same meaning as they have in the HIPAA Privacy Rule.

The HIPAA Privacy Rule protects only certain medical information known as “protected health information.” Generally, protected health information is individually identifiable health information, including demographic information, collected from you or created or received by a healthcare provider, a healthcare clearinghouse, a health plan, or your employer on behalf of a group health plan, which relates to:

- your past, present or future physical or mental health or condition;
- the provision of healthcare to you; or
- the past, present or future payment for the provision of healthcare to you.

If you have any questions or want additional information about this Notice or the policies and procedures described in this Notice, please contact the Plan’s Privacy Officer using the Contact Information provided at the end of this Notice.

Effective Date of Notice: February 16, 2026  
Version 11

## The Health Plan's Responsibilities

The Health Plan is required by law to maintain the privacy of your protected health information and to provide you with certain rights with respect to your protected health information. It is obligated to provide you with a copy of this Notice setting forth the Plan's legal duties and its privacy practices, policies, and procedures with respect to your protected health information. The Plan must abide by the terms of this Notice.

## Uses and Disclosures of Protected Health Information

The following is a description of when the Health Plan is permitted or required to use or disclose your protected health information.

- **For Treatment.** The Health Plan may disclose your protected health information to a healthcare provider who provides, coordinates or manages healthcare treatment on your behalf. For example, if you are unable to provide your medical history as a result of an accident, the Health Plan may advise an emergency room physician about the different medications that you may have been prescribed.
- **For Payment.** The Health Plan may use and disclose protected health information about you in order to pay for covered healthcare claims and expenses. For example, the Health Plan may use your protected health information to process claims. The Health Plan may also use your protected health information for billing, reviews of healthcare services received, and subrogation. For example, the Health Plan may tell a doctor or hospital whether you are eligible for coverage or what percentage of the bill will be paid by the Health Plan.
- **For Healthcare Operations.** The Health Plan may use and disclose protected health information about you to perform internal activities for the Health Plan, such as administrative activities, data management or customer service functions. For example, the Health Plan may use your protected health information for case management, to refer individuals to disease management programs, for enrollment, premium rating, activities relating to the creation, renewal or replacement of a contract of health insurance or health benefits, to arrange for medical reviews, or to perform population-based studies designed to reduce healthcare costs. In addition, the Health Plan may use or disclose your protected health information to conduct compliance reviews, audits, legal reviews, actuarial studies, and/or for fraud and abuse detection. The Health Plan may also combine health information about participants and disclose it to Avnet in a non-identifiable, summary fashion so that Avnet can decide, for example, what types of coverage the Health Plan should provide. The Health Plan may also remove information that identifies you from health information that is disclosed to Avnet so that the health information that is used by Avnet does not identify the specific Health Plan participants. If the Health plan uses or discloses protected health information for underwriting purposes, it is prohibited from using (and will not use) protected health information that is genetic information for underwriting purposes. Your "genetic information" includes information about your genetic tests, the manifestation of disease or a disorder in your family members, and genetic counseling and genetic education you have received. "Underwriting purposes" include rules for determining eligibility or determination of benefits under the Health Plan, computation of premiums or deductibles under the Health Plan, the application of pre-existing condition exclusions and other activities related to the renewal or replacement of coverage under the Health Plan. "Underwriting purposes" does not include determination of medical appropriateness.
- **To the Plan Sponsor.** The Health Plan is sponsored by Avnet. The Health Plan may disclose your protected health information to designated personnel at Avnet so that they can carry out related administrative functions, including the uses and disclosures described in this Notice. Such disclosures will be made only to the individuals authorized to receive such information under the Health Plan. These individuals will protect the privacy of your health information and ensure that it is used only as described in this Notice or as permitted by law. Unless authorized by you in writing, your health information: (1) may not be disclosed by the Health Plan to any other employee or department of Avnet, and (2) will not be used by Avnet for any employment-related actions or decisions, or in connection with any other employee benefit plans sponsored by Avnet.

- *To a Business Associate.* Certain services are provided to the Health Plan by third-parties known as “business associates.” The Health Plan may disclose protected health information to a business associate that is performing an activity in service to or on behalf of the Health Plan if that disclosure of protected health information is necessary to perform the activity. For example, the Health Plan may place information about your healthcare treatment into an electronic claims processing system maintained by a business associate so that your claim may be paid. In so doing, the Health Plan will disclose your protected health information to its business associates so that the business associates can perform their claims payment functions. However, the Health Plan will require its business associates, through written agreements, to appropriately safeguard your health information.
- *For Treatment Alternatives.* The Health Plan may use and disclose your protected health information to tell you about possible treatment options or healthcare alternatives that may be of interest to you.
- *Health-Related Benefits and Services.* The Health Plan may use and disclose protected health information to tell you about health-related benefits or services that may be of interest to you.
- *To Individuals Involved in Your Care or Payment of Your Care.* The Health Plan may disclose your protected health information to a friend or family member that is involved in your healthcare, if you have agreed to the disclosure or have not objected after given the opportunity. The Health Plan may reasonably infer from the circumstances that you would not object to the disclosure. The Health Plan also may disclose your information to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status, and location. If you are not present or able to agree to these disclosures of your protected health information, then, using professional judgment, the Plan may determine whether the disclosure is in your best interest.
- *As Required By Law.* The Health Plan will disclose protected health information about you when required to do so by federal, state, or local law.
- *To Avert a Serious Threat to Health or Safety.* The Health Plan may use and disclose protected health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure would only be to someone able to help prevent the threat.
- *Military.* If you are a member of the armed forces, the Health Plan may release protected health information about you as required by military command authorities. The Health Plan may also release protected health information about foreign military personnel to the appropriate foreign military authority.
- *Workers' Compensation.* The Health Plan may release protected health information about you for workers' compensation or similar programs that provide benefits for work-related injuries or illness.
- *Public Health Activities.* The Health Plan may disclose protected health information about you for public health activities for reasons such as preventing or controlling disease, injury or disability; reporting births and deaths; reporting child abuse or neglect; and reporting reactions to medications or problems with products.
- *Health Oversight Activities.* The Health Plan may disclose protected health information to a health oversight agency for activities authorized by law. Oversight activities that are necessary for the government to monitor the healthcare system, government programs, and compliance with civil rights laws include audits, investigations, and inspections.
- *Lawsuits and Disputes.* If you are involved in a lawsuit or a dispute, the Health Plan may disclose protected health information about you in response to a court or administrative order. The Health Plan may also disclose protected health information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

- **Law Enforcement.** The Health Plan may release protected health information if asked to do so by a law enforcement official:
  - In response to a court order, subpoena, warrant, summons or similar process;
  - To identify or locate a suspect, fugitive, material witness, or missing person;
  - In response to inquiries about the victim of a crime;
  - About a death the Health Plan believes may be the result of criminal conduct;
  - About criminal conduct that was committed on the premises; or
  - In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.
- **National Security and Intelligence Activities.** The Health Plan may release protected health information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.
- **Protective Services for the President and Others.** The Health Plan may disclose protected health information about you to authorized federal officials so they may provide protection to the President, other authorized persons, or foreign heads of state or to conduct special investigations.
- **Research.** Under certain limited circumstances, the Health Plan may use and disclose your protected health information for medical research purposes.
- **Organ and Tissue Donation.** If you are an organ donor, the Health Plan may release medical information to organizations that handle organ procurement or organ, eye, or tissue transplantation, or to an organ donation bank to facilitate organ or tissue donation and transplantation.
- **Coroners, Medical Examiners, and Funeral Directors.** The Health Plan may release your protected health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or to determine the cause of death. The Health Plan may also release your protected health information to a funeral director, as necessary, to carry out his/her responsibilities.
- **Inmates.** If you are an inmate of a correctional institution or are in the custody of a law enforcement official, the Health Plan may disclose your protected health information to the correctional institution or law enforcement official if necessary (1) for the institution to provide you with healthcare; (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.
- **Disclosures to You.** The Health Plan is required to disclose to you or your personal representative most of your protected health information when you request access to this information. The Health Plan will disclose your protected health information to an individual who has been designated by you as your personal representative and who has qualified for such designation in accordance with relevant law. Prior to such a disclosure, however, the Health Plan must be given written documentation that supports and establishes the basis for the personal representation. The Health Plan may elect not to treat the person as your personal representative if it has a reasonable belief that you have been, or may be, subjected to domestic violence, abuse, or neglect by such person; treating such person as your personal representative could endanger you; or the Health Plan determines, in the exercise of its professional judgment, that it is not in your best interest to treat the person as your personal representative. You have the right to request that the Health Plan transmit a copy of protected health information to another individual at your request.

**Minimum Necessary Standard.** When using or disclosing your protected health information, or when requesting your protected health information from another covered entity, the Health Plan will make reasonable efforts to limit all uses, disclosures, and requests to the minimum necessary extent to accomplish the purpose of the use, disclosure, or request. The minimum necessary standard will not apply for the following: (1) disclosures to or requests by a healthcare provider for purposes of treatment, (2) uses or disclosures made to the individual to whom the information pertains, (3) disclosures made to the U.S.

Department of Health and Human Services, (4) uses or disclosures required by law, (5) uses or disclosures made pursuant to an authorization, (6) uses or disclosures required for the Health Plan's compliance with the legal requirements of HIPAA.

## Other Uses of Protected Health Information

Other uses and disclosures of protected health information not covered by this Notice or the laws that apply to the Health Plan will be made only with your written authorization.

Your authorization is required for (1) uses and disclosures of protected health information for marketing purposes, (2) disclosures that constitute a sale of protected health information, and (3) most uses and disclosures of psychotherapy notes (which the Plan rarely, if ever, receives).

If you authorize the Health Plan to use or disclose protected health information about you, you may revoke that authorization, in writing, at any time. If you revoke your authorization, the Health Plan will no longer use or disclose protected health information about you for the reasons covered by your written authorization. You understand that the Health Plan is unable to take back any disclosures the Health Plan has already made with your written authorization.

## How the plan will handle certain substance use disorder treatment information

The Plan is not a federally assisted substance use disorder diagnosis, treatment or referral program that is covered by 42 CFR Part 2 (a "Part 2 Program") and does not create and does not typically maintain any records that are subject to 42 CFR Part 2. If the Plan does receive any Part 2 Program records pursuant to your written consent for claim administration and payment, the records will only be used and disclosed in accordance with HIPAA and your consent. In no event will the Plan 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 against you, unless authorized by your written consent or a court order accompanied by a subpoena or other legal requirement compelling disclosure after you received notice and an opportunity to respond.

## Your Rights Regarding Protected Health Information about You

You have the following rights regarding protected health information the Health Plan maintains about you:

- **Right to Access Protected Health Information.** You have the right to inspect or obtain copies of your protected health information records. If we maintain an electronic record of such information, you have the right to receive a copy of the information electronically and to direct us to transmit a copy of the information to an entity or person designated by you, provided that your instructions in this regard are clear, conspicuous, and specific. You must submit your request to inspect or copy protected health information, or to send your electronic health record to a designated individual, in writing to the Privacy Officer. The Health Plan must act upon your request for access no later than 30 days after receipt (60 days if the information is maintained off site). A single, 30-day extension is allowed if the Health Plan is unable to comply by the initial deadline. In limited circumstances, the Health Plan may deny your request to inspect and copy your protected health information. Generally, if you are denied access to your health information, you will be informed as to the reasons for the denial, and of your right to request a review of the denial. If you request a copy of your protected health information, the Health Plan will charge 10¢ per page, and \$10 per hour for labor to copy your protected health information, as well as postage if you request copies be mailed to you. If you request an electronic copy of your electronic health record or that a copy of such record be sent to a designated individual, you will be charged the actual labor costs for completing this request.

Note that under federal law, you may not inspect or copy the following records: psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding; and protected health information that is subject to law that prohibits access to protected health information.

- **Right to Amend.** If you feel that protected health information the Health Plan has about you is incorrect or incomplete, you may ask it to amend the information. You have the right to request an amendment for as long as the Health Plan maintains the information. To request an amendment, your request must

be submitted in writing to the Privacy Officer. In addition, you must provide a reason that supports your request for amendment.

The Health Plan may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, the Health Plan may deny your request if you ask it to amend information:

- Not created by the Health Plan, unless the person or entity that created the information is no longer available to make the amendment;
- Not part of the protected health information kept by or for the Plan;
- Not part of the information which you would be permitted to inspect and copy; or
- That is accurate and complete.

The Health Plan has 60 days after the request is received to act on the request. A single, 30-day extension is allowed if the Health Plan cannot comply by the initial deadline. If the request is denied, in whole or in part, the Health Plan will provide you with a written denial that explains the basis for the denial. You may then submit a written statement disagreeing with the denial and, if permitted under HIPAA, have that statement included with any future disclosures of your protected health information.

If the amendment is accepted, we will inform you on a timely basis and obtain your agreement to notify the relevant persons with which the amendment needs to be shared.

- **Right to an Accounting of Disclosures.** You have the right to request an accounting of disclosures, which is a list of protected health information disclosures made about you. The accounting will not include (1) disclosures for purposes of treatment, payment, or healthcare operations (except that the accounting will include certain disclosures for purposes of treatment, payment, or healthcare operations that were made through an electronic health record); (2) disclosures made to you; (3) disclosures made pursuant to your authorization; (4) disclosures made to friends or family in your presence or because of an emergency; (5) disclosures for national security purposes; (6) disclosures made as part of a limited data set, and (7) disclosures incidental to otherwise permissible disclosures.

To request an accounting of disclosures, you must submit your request in writing to the Privacy Officer. Your request must state a time period, which may not be longer than six years before the date of the request. If the accounting cannot be provided within 60 days, an additional 30 days is allowed if the Health Plan provides you with a written statement of the reasons for the delay and the date by when the accounting will be provided. The first list you request within a 12-month period will be free. For additional lists, the Health Plan may charge you for the costs of providing the list. The Health Plan 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 Request Restrictions.** You have the right to request a restriction or limitation on the protected health information the Health Plan uses or discloses about you for treatment, payment, or healthcare operations. You also have the right to request a limit on the protected health information the Health Plan discloses about you to someone who is involved in your care or the payment for your care, like a family member or friend. **The Health Plan is not required to agree to your request**, unless the disclosure is to a health plan for purposes of payment or healthcare operations (not treatment) and the protected health information relates to a healthcare item or service that has been paid for out of pocket, in full, with no payment from the Health Plan. If the Health Plan does agree, the Health Plan will comply with your request unless the information is needed in an emergency.

To request restrictions, you must submit your request in writing to the Privacy Officer. In your request, you must indicate (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

- **Right to Request Confidential Communications.** You have the right to request that the Health Plan use a certain method to communicate with you about the Plan or that the Health Plan send Plan information to a certain location if the communication could endanger you. Your request to receive confidential

communications must be made in writing. Your request must clearly state that all or part of the communication from us could endanger you. The Health Plan will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

- *Right to a Paper Copy of This Notice.* You have the right to a paper copy of this Notice. You may ask the Health Plan to give you a copy of this Notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this Notice. You may access this Notice on the Intranet at [https://avtinc.sharepoint.com/sites/hr/benefits/Pages/Health\\_Plans.aspx](https://avtinc.sharepoint.com/sites/hr/benefits/Pages/Health_Plans.aspx), or obtain a paper copy from the Privacy Officer.
- *Right to Receive Notification in the Event of a Breach.* You have the right to receive notification in the event of a breach of your unsecured protected health information by the Health Plan or by a business associate of the Health Plan.

## Changes to This Notice

The Health Plan reserves the right to or may be required by law to change our privacy practices, which may result in changes to this Notice. The Health Plan further reserves the right to make the revised or changed privacy practices Notice effective for protected health information the Health Plan already has about you as well as any information it receives in the future. The Health Plan will provide you with a copy of the new Notice whenever there is a material change to the privacy practices described in this Notice within 60 days of the effective date. The Notice will contain on the first page, in the top right-hand corner, the version number and effective date. The revised Notice will be provided to you in the same manner as this Notice, or electronically if you have consented to receive the Notice electronically.

## Complaints

If you believe your privacy rights under HIPAA and/or related regulations have been violated, you may file a complaint with the Privacy Officer and/or with the Health Plan's regional office of the U.S. Department of Health and Human Services, Civil Rights Division. To file a complaint with the Health Plan, contact the Privacy Officer. All complaints must be submitted in writing and should be filed within 180 days of when the act or omission complained of occurred. You will not be penalized or otherwise retaliated against for filing a complaint.

## Contact Information

If you have a complaint or questions about this Notice or want to submit a written request per any of the sections of this Notice, please write to the Health Plan or contact the Privacy Officer at the following address:

Privacy Officer  
2211 S. 47<sup>th</sup> Street  
Phoenix, AZ 85034  
Telephone Number: 800-88AVNET  
[Privacy-officer@Avnet.com](mailto:Privacy-officer@Avnet.com)