

Harris Health System  
P.O. Box 66769, Houston, Texas 77266-6769

Harris County Hospital District (“Harris Health System”) is required to provide this information to participants in each of the group health plans sponsored by Harris Health System in accordance with Federal disclosure requirements. The information in this document does not change your current benefits. This notice is provided for your information only, and no action is required on your part.

Dear Employee:

Enclosed is a Notice of Privacy Practices that explains your rights under the Health Insurance Portability and Accountability Act (“HIPAA”).

All group health plans, including the group health plans sponsored by Harris Health System, are required by HIPAA to protect the privacy of your personal health information. Harris Health System created the group health plans it sponsors to provide health care benefits to employees including medical, prescription drug, dental, and vision plan coverage, the employee assistance program and health care flexible spending account plan.

Harris Health System’s core values require ethical behavior and integrity in all business interactions, and the group health plans sponsored by Harris Health System have always been careful with your health information in order to protect your privacy. HIPAA has defined standard practices and procedures that all health plans must follow. The law describes how your personal health information may be used, who may see it, and how and when it may be shared with others. It also describes how you can access your personal health information and how you can ensure your rights are protected.

It is important that you review the enclosed notice carefully if you are a participant in one or more of the group health plans sponsored by Harris Health System. If you still have questions after reading this notice, please contact:

Harris Health System  
Employee Benefits Department  
2525 Holly Hall, Suite 100  
Houston, Texas 77054  
Phone Number: 713-566-6062

# Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

The group health plans sponsored by Harris County Hospital District (“Harris Health System”) have policies to safeguard the privacy of your health information and to comply with Federal law (specifically, the Health Insurance Portability and Accountability Act, known as “HIPAA”). Protecting the confidentiality of your health information has always been an important priority, and this notice lays out the rules under HIPAA that became effective on April 14, 2003. The group health plans covered under this notice include all of the group health plans sponsored by Harris Health System, including the medical, prescription drug, dental and vision plan, the employee assistance program and the health care flexible spending account plan. Please note that HIPAA does not impact programs such as Workers’ Compensation, Short-Term and Long-Term Disability, Life and AD&D Insurance, and the Family and Medical Leave Act. At any point in time, the group health plans sponsored by Harris Health System are required to abide by the terms of this notice in effect at that time.

*Note: You may also receive a separate notice from your HMO, DMO, or insurer.*

This notice is intended to help you understand:

- How your health information may be used, and
- What rights you have regarding this information.

## How the Group Health Plans May Use Your Health Information

In order to manage your health plans effectively, the group health plans are permitted by law to use and disclose your personal health information (called “Protected Health Information”) in certain ways, without your consent or authorization, as follows:

**For treatment.** So that you receive the right treatment and care, your Protected Health Information may be used as providers coordinate or manage your health care services. For example, your information may be used when your physician consults with a specialist regarding your condition.

**For payment.** To make sure that claims are paid correctly and you receive the benefits you are entitled to, your Protected Health Information may be used and disclosed to determine plan eligibility and responsibility for coverage and benefits. For example, your information may be used when a group health plan provider confers with another health plan to resolve a coordination of benefits issue.

**For health care operations.** To ensure quality and efficient plan operations, your Protected Health Information may be used in a number of ways, including plan administration, quality assessment and improvement, and vendor review. Your information could be used, for example, when a group health

plan provider contacts you to provide reminders or information about treatment alternatives or other health-related benefits and services available under one or more of the plans.

Your Protected Health Information may also be disclosed to certain designated employees of Harris Health System (the “Plan Sponsor”) and its affiliates in connection with these activities. Harris Health System has designated a limited number of employees of Harris Health System who are the only ones permitted to access and use your Protected Health Information for plan operations and administration. When appropriate, there are two types of Protected Health Information which may be shared with other employees of Harris Health System and its affiliates:

- Enrollment/disenrollment data – information on whether you participate in the health plan or whether you have enrolled or disenrolled from a plan option (e.g., HMO); and
- Summary Health Information – summaries of claims from which names and other identifying information have been removed.

Harris Health System agrees not to use or disclose your Protected Health Information for employment-related actions, such as hiring or termination, or for any other purposes not authorized by the HIPAA privacy regulations.

If you are covered under an insured health plan, such as an HMO or DMO, the insurer may also disclose Protected Health Information to the Plan Sponsor (Harris Health System) in connection with any of these activities.

## Other Permitted Uses and Disclosures

Federal regulations allow use and disclosure of your Protected Health Information by the group health plan, without your authorization, for several additional purposes.

- Public health activities
- Disclosures to an appropriate government authority regarding victims of abuse, neglect, or domestic violence
- Oversight activities of a health oversight agency authorized by law
- Judicial and administrative proceedings
- Law enforcement activities
- To a coroner or medical examiner
- To a cadaveric organ, eye, or tissue donation programs
- Research purposes, as long as certain privacy-related standards are satisfied
- To avert a serious threat to health or safety
- Specialized government functions (e.g., Military and veterans’ activities, national security and intelligence, federal protective services, medical suitability determinations, correctional institutions and other law enforcement custodial situations)
- Workers’ Compensation or similar programs that provide benefits for work-related injuries or illness
- Other purposes required by law, provided that the use or disclosure is limited to the relevant requirements of such law

*Note: Any or all of the above activities may be delegated to an organization that performs or assists the group health plan with an activity involving the use or disclosure of health information that is protected under the HIPAA privacy regulations. In addition, some state laws have more restrictive requirements for the use and disclosure of Protected Health Information.*

## In Special Situations...

The group health plan may disclose your Protected Health Information to a family member, relative, close family friend, or any other person whom you identify, when that information is directly relevant to the person's involvement with your care or payment related to your care.

The group health plan may also use your Protected Health Information to notify a family member, your personal representative, another person responsible for your care, or certain disaster relief agencies of your location, general condition, or death.

If you are incapacitated, there is an emergency, or you otherwise do not have the opportunity to agree to or object to this use or disclosure, the group health plan will use sound judgment to determine what is in your best interest regarding such disclosure and will disclose only information that is directly relevant to the person's involvement with your health care.

*Other uses and disclosures will be made only after you authorize them in writing. Once you give your authorization, you may revoke the authorization by delivering a written revocation at any time. Your revocation will not affect actions Harris Health System took in reliance on your authorization.*

## Your Rights Regarding Protected Health Information

You have certain rights regarding your Protected Health Information. To exercise the rights described below, you must send a written request to Harris Health System's Employee Benefits Department at the address listed at the end of this notice.

- **Access:** You have the right to inspect and receive a copy of your Protected Health Information, with limited exception (e.g., psychotherapy notes). You have the right to request a readily-producible form in which your Protected Health Information may be delivered. If the group health plan uses or maintains an electronic health record of your Protected Health Information, you may obtain a copy in electronic format, and, if you choose, direct the group health plan to transmit a copy to a party you designate. The group health plan may charge you a fee to copy and mail the information to you or to prepare a summary or explanation. In certain situations, the group health plan may deny your request to see your Protected Health Information. You may be entitled to have a licensed health care professional review that denial.
- **Disclosure Accounting:** You have the right to request an accounting of certain disclosures made by the group health plan during the six years prior to your request (however, you are not entitled to an accounting of disclosures made for payment, treatment, or health care operations, etc. disclosures you authorized in writing or other disclosures for which federal law does not require Harris Health System to provide an accounting).
- **Restriction:** You have the right to ask the group health plan to restrict how your Protected Health Information is used and disclosed for treatment, payment and health care operations. You may also ask the group health plan to restrict disclosures to your family members, relatives, friends, or other persons you identify who are involved in your care or payment for your care. While the group health plan will try to honor your request, the group health plan is not, however, required to agree to such requests.
- **Confidential Communications:** You have the right to request that you receive your Protected Health Information by alternative means or at an alternative location if you reasonably believe that other disclosure could pose a danger to you. For example, you may only want to have information sent by mail or to a work address.
- **Amendment:** You have the right to amend or correct inaccurate Protected Health Information. A request for amendment may be denied in certain circumstances (e.g., if the Protected Health Information is accurate and correct as it is). If the request is denied, you have the right to add a statement of your disagreement to your Protected Health Information.
- **Right to a Paper Copy of the Notice:** If you agree to receive this notice electronically, you have the right to request and obtain a paper copy from the group health plan at any time.
- **Right to Restrict Certain Disclosures to Health Plans:** You have the right to restrict certain disclosures of Protected Health Information to the group health plan when you pay out of pocket in full for health care items or services.
- **Right to Notice of Breach of Unsecured Protected Health Information.** You have the right to receive notice in the event that unsecured Protected Health Information identifying you has been, or is reasonably believed to have been used, accessed, acquired or disclosed in an unauthorized manner.
- **Disclosure of Genetic Information.** The group health plan is generally prohibited from using or disclosing your Protected Health Information that is considered genetic information for underwriting purposes, except that issuers of long-term care policies may use genetic information for such purposes.

## Uses of Protected Health Information Requiring Authorization

For uses and disclosures beyond treatment, payment and operations purposes, and for reasons not included in one of the exceptions described above, the group health plan is required to have your written authorization. Your authorizations can be revoked at any time to stop future uses and disclosures, except to the extent that the group health plan has already undertaken an action in reliance upon your authorization.

- **Marketing.** The group health plan must obtain authorization for all treatment and health care operations communications where it receives financial remuneration for making the

communications from a third party whose product or service is being marketed.

- **Sale of Protected Health Information.** The group health plan must obtain an authorization for any disclosure which is a sale of Protected Health Information. Such authorization must state that the disclosure will result in remuneration to the health plan.
- **Psychotherapy Notes.** Communications of Protected Health Information containing psychotherapy notes generally require your authorization, except to carry out the following treatment, payment, or health care operations: (i) use by the originator of the psychotherapy notes for treatment; (ii) use or disclosure by the group health plan for its own training programs in which students, trainees, or practitioners in mental health learn under supervision to practice or improve their skills in group, joint, family, or individual counseling; or (iii) use or disclosure by the group health plan to defend itself in a legal action or other proceeding brought by an individual who is the subject of that information. The group health plan may also use or disclose Protected Health Information containing psychotherapy notes for health care oversight purposes, as required by law, for oversight of the originator of the psychotherapy notes, as those disclosures relate to decedents, or to avert a serious threat to health or safety, as each of those circumstances is described above.

#### **About This Notice**

The group health plans sponsored by Harris Health System are required by law to maintain the privacy of Protected Health Information and to provide you with this notice of their legal duties and privacy practices with respect to your Protected Health Information. Once the notice is issued, each group health plan is required to abide by the terms of the notice currently in effect.

Harris Health System and the group health plans sponsored by Harris Health System reserve the right to change the terms of this notice and to make the new notice provisions effective for all Protected Health Information Harris Health System maintains. If the group health plan changes this notice, you will receive a new notice by mail.

If you believe that your privacy rights have been violated, you may file a written complaint without fear of reprisal. Your complaint should be directed to the location identified below under "Contacting Us" or to the Secretary of the Department of Health and Human Services, Hubert H. Humphrey Building, 200 Independence Avenue, SW, Washington, DC 20201.

#### **Contacting Us**

You may exercise the rights described in this notice by contacting Harris Health System's Employee Benefits Department identified below, which will provide you with additional information. The contact is:

Harris Health System  
Attn: Employee Benefits Department  
2525 Holly Hall, Suite 100  
Houston, Texas 77054  
Phone Number: 713-566-6062

A copy of this notice is also posted on the Harris Health System Employee Benefits Department intranet page, which you can access through the Harris Health System intranet.

This notice, as amended, is effective as of September 23, 2013.