



NOTICE OF HEALTH INFORMATION PRIVACY PRACTICES

The health plan options offered (referred to in this Notice as the “Health Plan(s)”) may use or disclose medical information about participants (employees and their covered dependents) as required for purposes of administering the Health Plan(s), such as for reviewing and paying claims and conducting a utilization review. Some of these functions are handled directly by employees who are responsible for overseeing the operation of the Health Plan(s), while other functions are performed by other companies under contract with the Health Plan(s), (those companies are generally referred to as “service providers”). Regardless of who handles medical information for the Health Plan(s), the Health Plan(s) have established policies that are designed to prevent the misuse or unnecessary disclosure of Protected Health Information.

Please note that the rest of this Notice uses the capitalized word, “PLAN” to refer to (each of) the Health Plan(s) (described above), including any employees who are responsible for handling health information maintained by the Health Plan(s), as well as any service providers who handle health information under contract with the Health Plan(s).

As required by Federal law, this Notice is being provided to you to describe the Plans’s HIPAA Administrative Simplification Policies and Procedures. It also provides details regarding certain rights you may have under Federal (and State) law regarding medical information about you that is maintained by the Plan.

You should review this Notice carefully and keep it with other records relating to your health coverage. The Plan is required by law to abide by the terms of this Notice while it is in effect. This Notice is effective beginning April 16, 2003, and will remain in effect until it is revised.

Protected Health Information (“PHI”)

This Notice applies to health information held by the Plan that includes identifying information about you (or your dependents). Such information, regardless of the form in which it is kept, is referred to in this Notice as **Protected Health Information** or “PHI.” For example, any health information that includes details such as your name, street address dates of birth or social security number is PHI. However, information that does not include such obvious identifying details is also PHI if that information, under the circumstances, could reasonably be expected to allow the person who is reviewing that information to identify you as the subject of the information. Information that the Plan possesses that is PHI is not covered by this Notice and such information may be used for any purpose that is consistent with applicable law and with the Plan’s policies and requirements.

How the Plan Uses or Discloses PHI

PHI may be used or disclosed by the Plan as necessary for the operation of the Plan. Specifically, PHI may be used or disclosed for the following Plan purposes:

- **Treatment.** If a provider who is treating you requests any part or all of your health care records that the Plan possesses, the Plan generally will provide the requested information. (There is an exception for psychotherapy notes. If the Plan possesses any psychotherapy notes (which is unlikely), those documents, with rare exceptions, will be used or disclosed only according to your specific authorization.)

EXAMPLE: If you see a specialist, he or she may request files that the Plan possesses to help with a review of your medical history. In that case, the Plan normally would provide whatever information the provider requests.

- **Payment.** If the Plan needs PHI to review a claim or to make a payment to a provider or similar payment-related purposes, the Plan may use that information (or will request that information, if it does not already possess it) and will review the information for payment purposes.

EXAMPLE: If you are treated by a provider and the provider submits a claim to the Plan, the Plan will review the information submitted by the provider as required to process the claim and pay the provider or reimburse you.

- **Other health care operations.** The Plan may review health records of all participants to develop summary data (without identifying details) that the employer may need to provide to an insurance issuer to get a quote for the cost of providing insurance coverage relating to the Plan.

In addition to the typical Plan purposes described above, PHI also may be used or disclosed as permitted or required under applicable law for the following purposes:

- **Use or disclosure required by law.** To the extent that the Plan is legally required by applicable law.
- **Disclosure for public health activities.** The Plan may disclose PHI to a public health authority that is authorized to collect such information (or to a foreign government agency, at the direction of a public health authority) for purposes of preventing or controlling injury, disease or disability.

The Plan may also disclose PHI to a public health authority or other government agency that is responsible for receiving reports of child abuse or neglect.

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In addition, certain information is provided to pharmaceutical companies or other businesses that are regulated by the Food and Drug Administration (FDA), as appropriate for purposes relating to the quality, safety and effectiveness of FDA-regulated products. For example, disclosure might be appropriate for purposes of reporting adverse reactions, assisting with recalls and contacting patients who have received products that have been recalled.

Also, to the extent permitted by applicable law, the Plan may disclose PHI, as part of a public health investigation or intervention, to an individual who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition.

- Disclosures about victims of abuse, neglect or domestic violence. (The following does not apply to disclosures regarding child abuse or neglect, which may be made only as provided under Disclosure for Public Health Activities.)

If required by law, the Plan may disclose HIO relating to a victim of abuse, neglect, or domestic violence, to an appropriate government agency. Disclosure will be limited to the relevant required information. The Plan will inform the individual if any PHI is disclosed as provided in this paragraph or the next one.

If disclosure is not required by law, the Plan may disclose relevant PHI relating to a victim of abuse, neglect or domestic violence to an authorized government agency, to the extent permitted by applicable law, if the Plan determines that the disclosure is necessary to prevent serious harm to the individual or to other potential victims. Also, to the extent permitted by law, the Plan may release PHI relating to an individual to a law enforcement official, if the individual is incapacitated and unable to agree to the disclosure of PHI and the law enforcement official indicates that the information is necessary for an immediate enforcement activity and is not intended to be used against the individual.

- Health oversight activities. The Plan may disclose PHI to a health oversight agency (this includes Federal, State or local agencies that are responsible for overseeing the health care system or particular government program for which health information is needed) for oversight activities authorized by law. This type of disclosure applies to oversight relating to the health care system and various government programs as well as civil rights laws. This disclosure would not apply to any action by the government in investigating a participant in the Plan, unless the investigation relate to the receipt of health benefits by that individual.
- Disclosures for judicial and administrative proceedings. The Plan may disclose PHI in the course of any judicial or administrative proceeding in response to an order from a court or an administrative tribunal. Also, if certain restrictive conditions are met, the Plan may disclose PHI in response Plan will not disclose PHI that has not been expressly requested or authorized by the order or other process.
- Disclosures for law enforcement purposes. The Plan may disclose PHI for a law enforcement purpose to a law enforcement official if certain detailed restrictive conditions are met.
- Disclosures to medical examiners, coroners and funeral directors following death. The Plan may disclose PHI to a coroner or medical examiner for the purpose of identifying a deceased

person, determining cause of death, or other duties as authorized by law. The Plan also may disclose PHI to a funeral director as needed to carry out the funeral director's duties. PHI may also be disclosed to a funeral director, if appropriate, in reasonable anticipation of an individual's death.

- Disclosures for organ, eye, or tissue donation purposes. The Plan may disclose PHI to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of cadaveric organs, eyes, or tissue for the purpose of facilitating organ, eye, or tissue donation and transplantation.
- Disclosures for research purposes. If certain detailed restrictions are met, the Plan may disclose PHI for research purposes.
- Disclosures to avert a serious threat to health or safety. The Plan may, consistent with applicable law and standards of ethical conduct, use or disclose PHI, (1) if it 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 made to a person or persons reasonably able to prevent or lessen the threat, including the target of the threat; or (2) if it believes the disclosure is necessary for law enforcement authorities to identify or apprehend an individual because of a statement by an individual admitting participation in a violent crime that the Plan reasonably believes may have caused serious physical harm to the victim or where it appears that the individual has escaped from a correctional institution or from lawful custody.
- Disclosures for specialized government functions. If certain conditions are met, the Plan may use and disclose the PHI of individuals who are Armed Forces personnel for activities deemed necessary by appropriate military command authorities to assure the proper execution of the military mission. Also, the Plan may use and disclose the PHI of individuals who are foreign military personnel to their appropriate foreign military authority under similar conditions.
- Disclosures for workers' compensation purposes. The Plan may disclose PHI as authorized by and to the extent necessary to comply with laws relation to worker's compensation or other similar programs.

Uses and Disclosures Not Mentioned Above: Authorization Required

The Plan will not disclose PHI for any purpose that is not mentioned above, except as specifically authorized by you. If the Plan needs to use or disclose PHI for a reason not listed above, it will request your permission for that specific use and will not use PHI for that purpose except according to the specific terms of your authorization. You may complete an Authorization Form if you want the Plan to use or disclose health information to you, or to someone else at your request, for any reason.

Any authorization you provide will be limited to specified information, and the intended use or disclosure as well as any person or organization that is permitted to use, disclose or receive the information must be specified in the Authorization Form. Also, and authorizations is limited to a specific limited time period and it expires at the end of that period. Finally, you always have the right to revoke a previous authorization by making a written request to the Plan. The Plan will honor your request to revoke an

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authorization but the revocation will not apply to any action that the Plan took in accord with the authorization before you informed the Plan that you were revoking the authorization.

Your Health Information Rights

Under Federal law, you have the following rights:

- You may request restrictions with regard to certain types of uses and disclosures. This includes the uses and disclosures described above for Treatment, Payment and other health plan operations purposes. If the Plan agrees to a restriction you request, it will abide by the terms of that restrictions. If the Plan determines that a requested restriction will interfere with efficient administration of the Plan, it may decline the request.
- If PHI is being provided to you, you may request that the information be provided to you in a confidential manner. This right applies only if you inform the Plan in writing that the ordinary disclosure of part or all of the information might endanger you. For example, an individual may not want information about certain types of treatment to be sent to his or her home address because someone else who lives there might have access to it. In such a case, the individual could request that the information be sent to an alternate address. The Plan will honor such requests as long as they are reasonable, but the Plan reserves the right to reject a request that would impose too much of an administrative burden or financial risk on the Plan.
- You may request access to certain medical records possessed by the Plan and you may inspect or copy those records. This right applies to all enrollments, claims processing, medical management and payment records maintained by the Plan and also to any other information possessed by the Plan that is used to make decisions about you or your health coverage. However, there are certain limited exceptions. For example, the Plan may deny access to psychotherapy notes and to information prepared in anticipation of litigation.
- You may request that PHI maintained by the Plan be amended. If you feel that certain information maintained by the Plan is inaccurate or incomplete, you may request that the information be amended. The Plan may reject your request if it finds that the information is accurate and complete. Also, if the information you are challenging was created by some other person or organization, the Plan ordinarily will not be responsible for amending that information unless you provide sufficient information to the Plan to establish that the originator of the information is not in a position to amend it.
- You have the right to receive details about certain non-routine disclosures of health information made by the Plan. You may request an accounting of all disclosures of health information, with certain exceptions. This accounting would not include disclosures that are made for Treatment, Payment and other health plan operations purposes, disclosures made pursuant to an individual authorization from you, disclosures made to you and certain other types of disclosures. Also your request will not apply to any disclosures made before April 16, 2003 or for any period earlier than 6 years from the date your request is properly submitted to the Plan. You may receive an accounting of disclosures once every 12 months at no charge. The Plan may charge a reasonable fee for any additional requests during a 12 month period.

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- You have the right to request and receive a paper copy of this Privacy Notice. If the Plan provides this Notice to you in an electronic form, you may request a paper copy and the Plan will provide one.

Health Information Complaint Procedures

If you believe your health information privacy rights have been violated, you may file a complaint with the Plan. To file a complaint, you should contact the Security Official at your location. In addition to your right to file a complaint with the Plan, if you feel your privacy rights have been violated, you may file a complaint with the U.S. Department of Health & Human Services. You will never be retaliated against in any way as a result of any complaint that you file.

Breach Notification for Unsecured Protected Health Information

The company periodically assesses potential risk and vulnerabilities regarding PHI in its possession to develop Policies and Procedures designed to a safeguard PHI from loss or unauthorized use or disclosure. When and if a breach occurs it is the policy of the company to notify the employees.

HIPAA Violation Sanction Policy

Employees that violate the requirements of HIPAA Privacy Rule and/or Agencies HIPAA Privacy Policy will face appropriate disciplinary action. Please review Human Resource policy 15 for definitions of the offenses and the sanctions.

Additional Information

After reading this Notice, if you have questions about the Plan's health information HIPAA Administrative Simplification Policies and Procedures or if you need additional information, you should contact your office's Security Official.

I _____ have read my HIPAA rights and I am fully informed.
(Print Name)

Client's Signature

Date

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