Harris County – Texas
HIPAA Notice of Privacy Practices

Effective Date: *October 1, 2015 (updated May 2025)*

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

This Notice is for participants and beneficiaries in the Harris County Health-Benefits Plan (the "Plan") and gives you advice required by law.

The federal Health Insurance Portability and Accountability Act of 1996 (HIPAA) contains provisions that give you greater access to your health information. This includes your medical records, your billing and insurance records, and any other information a healthcare provider or insurance plan might collect to provide healthcare services to you or to receive payment for the healthcare services that are provided to you. In essence, HIPAA provides you with greater control over how your health information is used and disclosed. HIPAA also outlines the responsibilities that healthcare providers and insurance plans have to keep your health information confidential. For example, HIPAA requires that we provide you with this Notice and that we follow its terms and the commitments we make in it.

In addition, unless it is specifically provided for by HIPAA, we may not use or disclose your health information without your written authorization to do so. You may revoke your authorization at any time.

This Notice is not a consent nor is it an authorization form, and we will not use this Notice to release your health information in any manner not authorized by law. You may receive similar notices about your medical information and how other plans or insurers handle it.

We will provide you with a copy of this Notice at the time you enroll in the Plan. We will also let you know how to obtain a copy of this Notice at least once every three years. We may change this Notice in the future. If the change to this Notice is significant, we will provide you with a copy of the revised Notice no later than sixty days after we make the revision. You can always request the most current version of our Notice. We will honor the terms of the Notice currently in effect.

If you have any questions about this Notice, please contact Jonathan Fombonne, Harris **County Privacy Officer** and Deputy County Attorney & First Assistant, Office of Harris County Attorney Christian D. Menefee, 1019 Congress, 15th Floor, Houston, Texas 77002, 713-274-5102.

YOUR RIGHTS:

Under HIPAA, you have several specific rights regarding your health information. Some of these rights require you to contact the Plan in writing in order to exercise them. If you are required to contact the Plan in writing, please submit your written request to Sarah Acosta, Harris County Plan **Benefits Administrator**, Harris County Human Resources and Talent Department, 1111 Fannin, 6th Floor, Houston, TX 77002, 713-274-5500.

Right to Inspect and Copy Your Health Information. You have a right to inspect and obtain a copy of the health information about you that we use and/or store. This includes your medical and billing records, but not any psychotherapy notes. If you want to inspect or obtain a printed or an electronic copy of your health information, you must make your request in writing. We have up to 30 days to make your health information available to you, and we may charge you a reasonable fee for the costs of copying, mailing, labor, and supplies associated with your request. We will not charge you a fee if you need your health information for a claim for benefits under the Social Security Act or any other state or federal needs-based benefit program. We may deny your request for access to or a copy of your health information in certain limited circumstances. However, if we do deny your request, you have the right to have the denial reviewed by a licensed healthcare professional who was not directly involved in the denial of your request, and we will comply with the outcome of the review.

Right to an Electronic Copy of Your Health Information. If your health information is maintained in an electronic format, you have the right to request that an electronic copy of your health information be provided to you or transmitted to another individual or entity. We will make every effort to provide access to your health information in the form or format you request if it is readily producible in such form or format. If your health information is not readily producible in the form or format you request, your health information will be provided to you either in our standard electronic format or, if you do not want this form or format, in a readable hard copy form. We may charge you a reasonable, cost-based fee for the labor associated with providing your health information electronically.

Right to Notification if a Breach of Medical Information About You Occurs. You have the right to be notified if we discover that there has been a breach of your health information. If a breach of your unsecured (not encrypted) health information occurs, we will notify you promptly with the following information:

- A brief description of what happened (how the breach occurred);
- A description of the health information that was involved;
- Recommended steps you can take to protect yourself from harm that might occur as a result of the breach;
- What steps we are taking in response to the breach, including what we are doing to reduce the harm to you that might have been caused by the breach;
- What we are doing to protect and prevent other similar breaches from occurring in the future; and
- Contact information for questions you have and procedures you can follow to obtain further information about the breach.

Right to Request an Amendment to Your Health Information. If you believe that the health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment of your health information at any time for as long as it is kept by or for the Plan. Your request for amendment(s) of your health information must be in writing and must include the reason(s) you believe your health information is incorrect or incomplete. Failure to submit a written request with the proper documentation will result in a denial of your request. In addition, your request will also be denied if you ask us to amend information that is:

- Accurate and complete;
- Not part of the health information kept by or for the Plan;
- Not part of the health information which you would be permitted to inspect and/or copy; or
- Not created by the Plan, unless the individual or entity that created the information is not available to amend the information and the Plan has all the information needed to evaluate and respond to your request.

If we deny your request, we will send you a written notice of denial which will describe the reason(s) for our denial and your right to submit a written statement disagreeing with the denial.

Right to an Accounting of Disclosures. You have the right to request an accounting of the disclosures of your health information that the Plan makes. This accounting of disclosures, however, will not include any disclosures of your health information that the Plan makes for treatment, payment, or healthcare operations or for any disclosures that you authorized the Plan to make. Your request for an accounting of disclosures must be submitted in writing. It must include a specific period of time and may not ask for disclosures that were made more than six (6) years before the date of your request. In addition, the specific time period may not include dates before April 14, 2003.

The first accounting of disclosures that you request in a twelve-month period will be provided to you free of charge. There will be a charge for any additional accountings of disclosures that you request within the same twelve-month period. We will notify you of the costs associated with any additional requests that you make, and you may withdraw your request before you incur any costs.

Right to Request Restrictions. You have the right to ask that we limit how we use or disclose your health information. You also have the right to request that we limit our disclosure of your health information to individuals involved in your care or the payment for your care, like a family member or friend. We are not required to agree to your request (45 CFR § 164.522(a)(1)(ii)). However, if we do agree to limit the use or disclosure of your health information, we are bound by our agreement except when otherwise required by law, in case of an emergency, or when the information we need to use or disclose is necessary in order to treat you.

Any request for restrictions as to how the Plan should use or disclose your health information must be submitted in writing to the Benefits Administrator.

Right to Request Confidential Communications. You have the right to request the manner by which we communicate with you about your health information and where we may communicate with you. For example, you may ask that we contact you by mail rather than by telephone, or at work rather than at home. You also have the right to ask us to send your health information to you at a location other than the one we have on file for you. For example, you might want us to send your health information to a post office box instead of to your house.

In order to receive a confidential communication or to have information sent to a different location, you must send your request in writing to the Benefits Administrator. In your request, you must specify the requested method of contact and/or the location as appropriate. You are not required to give a reason for your request, and we will accommodate all reasonable requests.

Right to Obtain a Paper Copy of This Notice. You have the right to ask us for (and we will provide you with) a paper copy of this Notice of Privacy Practices at any time. Even if you have agreed to receive this Notice electronically, you are still entitled to receive a paper copy of it. You may download a copy of this Notice from our web site at: https://hrrm.harriscountytx.gov/portals/hrrm/Documents/2015%20HIPAA%20Notice%20of%20Privacy%20Practices%20-%20Benefit%20Plan%20100115.pdf

YOUR CHOICES:

With respect to some of your health information, HIPAA allows you to tell us your choices about what health information about you we share.

Individuals Involved in Your Health Care or Payment for Your Health Care. When appropriate, we will disclose your health information to a person who is involved in your health care or payment for your health care, such as your family, other relative, a close friend, or anyone else that you identify as being involved in your health care or payment for your health care. We will only disclose the health information about you that is directly relevant to the person's involvement in your health care or payment for the health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest to do so based on our professional judgment.

Disaster Relief. We may disclose your health information to disaster relief organizations that seek your health information to coordinate your health care, or to notify your family, close relatives, and/or friends of your location or condition in a disaster. We will provide you with an opportunity to agree or object to such a disclosure whenever we can practicably do so.

HOW WE MAY OBTAIN YOUR HEALTH INFORMATION:

As a health benefits plan, we engage in routine activities that result in our being given health information about you from various sources, including sources other than you. For example, healthcare providers – such as physicians and hospitals – submit claim forms containing health information about you that enable us to pay them for the covered health care services they have provided to you. If you paid in full out of pocket for healthcare services, you have the right to ask that your healthcare provider not provide us with the information about the services you received and the healthcare provider will honor your request.

OUR OBLIGATIONS:

Under both state law and HIPAA, we are required to:

- ☐ Keep your health information confidential and not use or disclose it without your authorization unless such use or disclosure is required or allowed by law;
- ☐ Give you this Notice of Privacy Practices regarding the health information about you that the Plan uses, maintains, and discloses; and
- ☐ Follow the terms of our Notice that is currently in effect.

HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION:

The following categories describe the ways in which HIPAA allows the Plan to use and disclose health information about you ***without your authorization***. This is not an exhaustive list of every type of use or disclosure we are permitted to make. The different ways we are permitted to use and disclose health information about you do fall within one of the following categories. Also, where state or federal laws provide you with greater privacy protections, we will follow those more stringent laws.

For Treatment. The Plan will use and disclose your health information as necessary for you to receive treatment and to provide you with treatment-related services. This may result in disclosure of your health information to individuals outside of the Plan such as your physicians, other caregivers, your designated representatives, or members of your family who are involved in your care and need the information to assist you with that care. For example, we may disclose your health information to a home health care agency to ensure continuity of care after your discharge from a hospital. Also, we may disclose your health information to refer you to a case manager or to a pharmacy benefit manager to assist with treatment-related services.

For Payment. The Plan will use and disclose your health information for payment purposes, such as paying physicians and hospitals for covered healthcare services and items they provided to you. For example, we will disclose your health information to a hospital to reimburse the hospital for outpatient surgical services you received. The Plan may also use and disclose your health information for payment-related activities such as: determining eligibility for benefits; reviewing services for medical necessity and/or ensuring that such services are not experimental or investigational; performing utilization review; obtaining premiums; coordinating benefits; subrogation; and collection activities. The Plan may also disclose your health information to other Harris County health plans when the Plan is part of an organized healthcare arrangement with the other Harris County health plan.

For Health Care Operations. The Plan will use and disclose your health information within our own organization so that the Plan runs efficiently and complies with state and federal laws; in other words, for the Plan's health care operations. Health care operations includes: coordinating/managing care; assessing and improving the quality of healthcare services; reviewing the qualifications and performance of providers; reviewing health plan performance; conducting medical reviews and resolving grievances. For example, we may use and disclose your health information to evaluate the quality of care you are receiving from your physician. Health care operations also includes business activities such as underwriting; rating; establishing or reducing coverage; determining coverage policies; business planning; obtaining reinsurance; arranging for legal and auditing services (including fraud and abuse detection programs); and obtaining accreditations and licenses. Our policies and procedures and the law prohibit us from using or disclosing your genetic information for underwriting purposes.

Health and Wellness Information. We may use and disclose your health information to contact you with information about: appointment reminders; treatment alternatives; therapies, healthcare providers; settings of care; or other health-related benefits, products and services that may be of interest to you, including but not limited to, case management, wellness programs, and employee assistance programs. For example, we might send you information about smoking cessation programs or we might mail an application form to our subscribers approaching Medicare eligible age with materials describing our senior products. We may also disclose your health information to third parties who help us with our health and wellness programs. For example, we might contract with a third-party web portal service to administer and monitor completion of wellness incentive activities for the Healthy Actions Incentive program, available to eligible Harris County employees and retirees.

Plan Sponsors. Because Harris County is self-insured, your health information is available to Harris County, but it is only used for plan administration purposes. Harris County will not use or disclose your health information for employment-related activities or for any other purposes not authorized by law.

Personal Representatives. Unless prohibited by law, we will disclose your health information to your personal representative if you have one. A personal representative is a person who has legal authority to act on your behalf regarding your health care or healthcare benefits. For example, the individual named in your healthcare power of attorney is a personal representative. A parent or guardian of an emancipated minor is also a personal representative. Your personal representative must provide evidence of his/her authority to act on your behalf before we will disclose your health information to him/her. However, we will deny your personal representative access to your health information in certain circumstances, such as when we suspect or know that denying your personal representative access to your health information would help to protect you from abuse or neglect.

Business Associates. We may disclose your health information to one of our business associates. Our business associates are individuals or entities that are not employees of the Plan but who perform certain functions for us or provide services on our behalf. For example, we may use another company to perform payment processing services on our behalf. We have contracts with all of our business associates and these contracts prohibit them from using or disclosing the health information they receive from us or create for us for reasons other than those that are specified in the contract. Your health information might be used by, created by, stored at, or disclosed to a business associate, but only for the limited purposes required for the business associate to function on our behalf. Whenever we disclose your health information to a business associate, we will delete, to the extent possible, any information that could be used to identify you such as your name, address, telephone numbers, Social Security Number, and date of birth.

Data Breach Notification Purposes. We may use or disclose your health information to provide legally required notices of any unauthorized access to or disclosure of your health information if such unauthorized access or disclosure occurs.

PERMITTED USES AND DISCLOSURES:

HIPAA allows or requires the Plan to use or disclose your health information in other ways – usually in ways that contribute to the public good, such as public health and research. We do not have to obtain your authorization before we use or disclose your health information for the purposes that are described below, but we do have to meet many conditions under HIPAA and under state law before we can use or disclose your health information for any of these purposes.

As Required by Law. We will disclose your health information when required to do so by federal, state, local or any other applicable law. For example, we must disclose your health information to the U.S. Department of Health and Human Services if it wants to determine whether we are in compliance with federal privacy laws.

Public Health Activities. We may disclose your health information for public health activities. These activities include disclosures to (1) prevent or control disease, injury or disability; (2) report births and deaths; (3) report child abuse or neglect; (4) report reactions to medications or problems with products; (5) notify people of recalls of products they may be using; and (6) notify people who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.

Victims of Abuse, Neglect, or Domestic Violence. We may disclose your health information to the appropriate government authority if we believe you have been a victim of abuse, neglect or domestic violence. These types of disclosures will be made only to the extent such a disclosure is required or expressly authorized by law or when you agree to our making the disclosure.

Health Oversight Activities. We may disclose your health information to a health oversight agency for activities that are authorized by law. These oversight activities include audits; civil, administrative, or criminal investigations; inspections; licensure or disciplinary actions; or other activities necessary for governmental oversight of the health care system, government benefit programs for which health information is relevant to determining beneficiary eligibility or for determining compliance with program standards, or entities who must comply with civil rights laws. For example, we may disclose your health information to the Centers for Medicare and Medicaid Services (CMS) if CMS is investigating a physician suspected of engaging in Medicare and/or Medicaid fraud.

Judicial and Administrative Proceedings. We may disclose your health information in response to a court or administrative order. We may also disclose your health information in response to a valid subpoena, discovery request, or other lawful process by someone else involved in a lawsuit in which your health information is at issue, but we will only do so after we make reasonable efforts to tell you about the request or if we obtain a court order protecting the health information that is requested by the subpoena, discovery request, or other lawful process.

Law Enforcement Purposes. We may disclose your health information if asked to do so by a law enforcement official in response to: (1) a court order or court-ordered warrant, or a subpoena or summons issued by a judicial officer; (2) a grand jury subpoena; or (3) a request, subpoena, investigative demand, or similar process if (a) the information sought is relevant and material to a legitimate law enforcement inquiry; (b) the request is specific and limited in scope to the purpose for which it is requested; and (c) de-identified health information could not be used. We may also disclose health information if asked to do so by a law enforcement official (1) to identify or locate a suspect, fugitive, material witness, or missing person; (2) about an individual who is or is suspected to be a victim of a crime; (3) about a death we believe may be the result of criminal conduct; and (4) about criminal conduct that occurred on our premises.

Coroners, Medical Examiners and Funeral Directors. We may release health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release health information to funeral directors as necessary for their duties.

Eye, Organ, or Tissue Donation. We may disclose your health information to organizations that handle organ and tissue procurement, banking, or transplantation. For example, we may provide your health information to an organ donation center if such information is needed because you are listed as an organ donor.

Research Purposes. Under certain circumstances, we may disclose your health information to researchers provided that certain measures are taken to protect your privacy. We will only disclose health information that can be used to identify you when the research that is being conducted could not be conducted without the identifying information.

To Avert a Serious Threat to Health or Safety. We may use and disclose your health information when necessary to prevent a serious threat to your health and safety or to the health and safety of the public or another person. In these circumstances, we will only make disclosures to a person or organization able to help prevent the threat.

Military and Veterans. If you are a member of the armed forces, we may release your health information as required by military command authorities. We also may release your health information to the appropriate foreign military authority if you are a member of a foreign military.

National Security and Intelligence Activities. We may release health information to authorized federal officials for intelligence, counter-intelligence, and other national security activities authorized by law.

Protective Services for the President and Others. We may disclose health information to authorized federal officials so they can provide protection to the President, other authorized persons, or foreign heads of state, or so they can conduct special investigations of threats against the President or former Presidents.

Inmates or Individuals in Custody. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release your health information to the correctional institution or law enforcement official if needed: (1) to provide you with health care; (2) to protect your health and safety or the health and safety of other inmates in the same correctional institution; (3) to protect the officers and employees of the correctional institution, members of law enforcement on the institution's premises, or those individuals responsible for transporting inmates from the institution to another institution, facility, or setting; and (4) to help assure the safety, security, and good order of the correctional institution.

Workers' Compensation. We may release your health information to comply with laws relating to workers' compensation or other similar programs (that provide benefits for work-related injuries or illness).

YOUR WRITTEN AUTHORIZATION IS REQUIRED FOR OTHER USES AND DISCLOSURES

Other than the uses and disclosures described above, we will not use or disclose health information about you without first obtaining an "authorization" that is signed by you or, if you are unable to sign the authorization, by your personal representative. For example, if we receive a request for your health information from an individual or a company, we will ask the requestor to provide us with an authorization that is signed by you before we release any of your

health information to the requestor. Unless or until we receive that signed authorization (giving us your permission to release the requested health information), we will not use or disclose your health information in response to the request from the individual or company.

We never disclose your health information for marketing purposes or to sell your health information. In addition, certain types of health information about you cannot be released unless they are specifically identified on the authorization and you specifically designate them for disclosure (or unless their release is required by law). Those "special" categories of health information include: (1) HIV/AIDS information; (2) mental health information; and (3) psychotherapy notes.

If you sign an authorization allowing us to disclose your health information, you may later revoke (or cancel) that authorization provided you do so in writing. If you would like to revoke your authorization, you need to send a letter to the Benefits Administrator in which you tell us the authorization(s) you want to revoke. If you revoke your authorization, we will follow your instructions except to the extent that we have already relied on your prior authorization and taken some action.

COMPLAINTS:

If you believe the Plan has misused or disclosed your health information improperly, you may file a complaint by contacting the Privacy Officer for Harris County at Office of Harris County Attorney Christian D. Menefee, 1019 Congress, 15th Floor, Houston, Texas 77002 or (713) 274-5102. Alternatively, you may file a complaint with the Secretary of the U.S. Department of Health and Human Services through the Office for Civil Rights located at:

Office for Civil Rights, Region VI
U.S. Department of Health and Human Services
1301 Young Street, Suite 106
Dallas, Texas 75202
1-800-368-1019
Fax: 202-619-3818

You may also file your complaint or obtain more information by going to the OCR website at: https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf or by calling the OCR at 1-800-368-1019 or by emailing the OCR at OCRMail@hhs.gov

You will not be penalized for filing a complaint.

Effective Date: October 1, 2015