



## 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.**

This Notice takes effect on January 1, 2014.

### **Who We Are:**

This Notice describes the privacy practices of **CHRISTUS Health Plan**, including all of our employees with access to your medical records, billing records or other information about your health care.

As used in this Notice, the term "health information" means information that identifies you. Examples include your, name, date of birth, Social Security number, health care you received and details regarding the payment for your health care.

### **Our Privacy Obligations:**

We understand that your health information is personal and we are committed to protecting your privacy. In addition, we are required by law to maintain the privacy of your health information, to provide you with this Notice of our legal duties and privacy practices with respect to your health information, and to notify you in the event of a breach of your unsecured health information. When we use or disclose your health information, we are required to abide by the terms of the Notice that is in effect at the time of the use or disclosure.

### **Uses and Disclosures of Your Health Information Without Your Written Authorization:**

In certain situations (which are described in the next section below) we must obtain your written authorization in order to use and/or disclose your health information. However, we may use and disclose your health information without your written authorization for the following purposes:

- A. For Treatment. We may use or disclose your health information to help with your health care. For example, we may use your health information to tell you about services that are available to you or to remind you about appointments. As another example, we might disclose your health information to an emergency room doctor if you are unable to provide your medical history as the result of an accident in order to inform the doctor about the types of prescription drugs you currently take.
- B. For Payment. We may use and disclose your health information so claims for health care treatment, services, and supplies you receive from health care providers may be paid. For example, we may receive and maintain information about surgery you received to enable us to process a hospital's claim for reimbursement of surgical expenses incurred on your behalf.

- C. Family and friends. We may disclose your health information to a close friend, family member or any other person identified by you who is involved in, or who helps pay for, your health care if you are present and do not object to the disclosure (or if it can be inferred that you do not object). If you are not present for a disclosure, or are unavailable prior to a disclosure, we may exercise our professional judgment to determine whether a disclosure is in your best interests. If we disclose information under such circumstances, we will disclose only information that is directly relevant to the person's involvement with your care. In addition, we may advise a family member, close friend or any other person identified by you about your condition, your location (for example, that you are in the hospital). Following your death, we may disclose your health information to your family members, close friends, or other persons who were involved in your health care unless doing so would be against your stated preferences.
- D. Health care operations. We may use and disclose your health information for our health care operations which help us do our job and operate the health plan. We may use and disclose your health information for internal administration and planning and various activities that improve the quality and cost effectiveness of the benefits that we deliver to you. For example, we may use your health information for case management or to perform population-based studies designed to reduce health care costs. In addition, we may use or disclose your health information to conduct compliance reviews, audits, and/or for fraud and abuse detection. We are prohibited from using or disclosing your genetic information for underwriting purposes.
- E. As Required by Law. We may use and disclose your health information when required to do so under federal, state or local laws.
- F. To a Business Associate. Certain services are provided to us by third party entities known as "business associates" that might require access to your health information in order to provide such services. For example, we may input information about your health care treatment into an electronic claims processing system maintained by our business associate so your claim may be paid. In so doing, we will disclose your health information to the business associate so it can perform administration functions on our behalf. However, we will require the business associates, through contract, to appropriately safeguard your health information.
- G. Public Health Activities. We may disclose your health information: (1) to report health information to public health authorities for the purpose of preventing or controlling disease, injury or disability; (2) to report child abuse and neglect to a government authority authorized by law to receive such reports; (3) to report information about products under the jurisdiction of the U.S. Food and Drug Administration; (4) to alert a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition; (5) to report information to your employer if required by laws addressing work-related illnesses and injuries or workplace medical surveillance; and (6) to a school to provide immunization information about a student.
- H. Health or Safety. We may use or disclose your health information to prevent or

lessen a serious and imminent threat to a person's or the public's health or safety.

- I. Victims of Abuse, Neglect or Domestic Violence. We may disclose your health information if we reasonably believe you are a victim of abuse, neglect or domestic violence to a government authority authorized by law to receive reports of such abuse, neglect, or domestic violence.
- J. Health Oversight Activities. We may disclose your health information to an agency that oversees the health care system and is charged with responsibility for ensuring compliance with the rules of government health programs such as the U.S. Department of Health and Human Services.
- K. Judicial and Administrative Proceedings. We may disclose your health information in the course of a judicial or administrative proceeding in response to a legal order or other lawful process.
- L. Law Enforcement Officials. We may disclose your health information to the police or other law enforcement officials as required by law or in compliance with a court order for example, to identify or locate a suspect, material witness, or missing person or to report a crime, the crime's location or victims, or the identity, description, or location of the person who committed the crime.
- M. National Security, Intelligence Activities, and Protective Services. We may release your health information to authorized federal officials: (1) for intelligence, counterintelligence, and other national security activities authorized by law; and (2) to enable them to provide protection to the members of the U.S. government, or foreign heads of state or to conduct special investigations.
- N. Organ and Tissue Procurement. We may disclose your health information to organizations that facilitate organ, eye or tissue procurement, banking or transplantation.
- O. Coroners, Medical Examiners, and Funerals Directors. We may release your 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. We may also release your health information to a funeral director, as necessary, to carry out his/her duty.
- P. Workers' Compensation. We may disclose your health information as authorized by and to the extent necessary to comply with state law relating to workers' compensation or other similar programs.
- Q. Research. Under certain circumstances, we may use and disclose your health information for medical research purposes.
- R. Marketing. We may contact you to provide you information about treatment alternatives or other health-related benefits and services that may be useful to you. We may also communicate with you face-to-face to encourage you to purchase or use a product or service, or use and disclose your health information to provide a promotional gift of nominal value to you.

- S. Fundraising Communications. We may contact you to request a tax-deductible contribution to support our charitable activities. In connection with any fundraising, we may disclose to our fundraising staff without your written authorization your demographic information (such as your name, address and phone number), dates on which we provided health care to you, the department that treated you, the names of your treating physicians, information regarding the outcome of your treatment and your health insurance status. You have the right to opt-out of receiving future communications with each solicitation. Information on how to opt-out will be contained in each communication.

***State law may further limit the permissible ways we use or disclose your health information. If an applicable state law imposes stricter restrictions, we will comply with that state law.***

### **Uses and Disclosures that Require Your Written Authorization**

For any purpose other than the ones described above, we only use or disclose your health information when you give us your written authorization.

- A. Marketing. We must obtain your written authorization prior to using your Health information for purposes that are considered marketing under the HIPAA privacy rules. For example, we will not accept any payments from other organizations or individuals in exchange for making communications to you about treatments, therapies, health care providers, settings of care, case management, care coordination, products or services unless you have given us your authorization to do so or the communication is permitted by law.

We may provide refill reminders or communicate with you about a drug or biologic that is currently prescribed to you so long as any payment we receive for making the communication is reasonably related to our cost of making the communication. In addition, we may market to you in a face-to-face encounter and give you promotional gifts of nominal value without obtaining your written authorization.

- B. Sale of health information. We will not make any disclosure of health information that is a sale of health information without your written authorization.
- C. Psychotherapy Notes. We will not use or disclose psychotherapy notes about you without your authorization except for use by the mental health professional who created the notes to provide treatment to you, for our mental health training programs or to defend ourselves in a legal action or other proceeding brought by you.
- D. Revocation of Your Authorization. You may revoke your authorization at any time by delivering a written revocation form to our Privacy Office. If you revoke your authorization, we will no longer use or disclose your health information except as described above (or as permitted by any other authorizations that have not been revoked). However, your revocation will not be effective with respect to any health information previously disclosed to a third party in reliance on your prior authorization.

## Your Individual Rights

- A. Right to Request Additional Restrictions. You may request restrictions on our use and disclosure of your health information (1) for treatment, payment and health care operations, (2) to individuals (such as a family member, other relative, close personal friend or any other person identified by you) involved with your care or with payment related to your care, or (3) to notify or assist in the notification of such individuals regarding your location and general condition. While we will consider all requests for additional restrictions carefully, we are not required to agree to a requested restriction unless the request is to restrict our disclosure to a health plan for purposes of carrying out payment or health care operations, the disclosure is not required by law and the information pertains solely to a health care item or service for which you (or someone on your behalf other than the health plan) have paid us out of pocket in full. If you wish to request additional restrictions, please obtain a request form from our Privacy Office and submit the completed form to the Privacy Office. We will send you a written response.
- B. Right to Receive Communications by Alternative Means or at Alternative Locations. You may request, and we will accommodate, any reasonable written request for you to receive your health information by alternative means of communication (e.g., by email) or at alternative locations.
- C. Right to Inspect and Copy Your Health Information. You may request access to your medical record file and billing records maintained by us in order to inspect and request copies of the records. Under limited circumstances, we may deny you access to a portion of your records. If you desire access to your records, please obtain a record request form from the Privacy Office and submit the completed form to the Privacy Office. If you request copies, we may charge you a reasonable copy fee.
- D. Right to Amend Your Records. You have the right to request that we amend your health information maintained in your medical record file or billing records. If you desire to amend your records, please obtain an amendment request form from the Privacy Office and submit the completed form to the Privacy Office. We will comply with your request unless we believe that the information that would be amended is accurate and complete or other special circumstances apply.
- E. Right to Receive An Accounting of Disclosures. Upon request, you may obtain an accounting of certain disclosures of your health information made by us during any period of time prior to the date of your request provided such period does not exceed six years. If you request an accounting more than once during a twelve (12) month period, we may charge you a reasonable fee for the accounting statement.
- F. Right to Receive Paper Copy of this Notice. Upon request, you may obtain a paper copy of this Notice, even if you agreed to receive such notice electronically.
- G. Personal Representatives. You may exercise your rights through a personal representative, as permitted under our health information privacy policy, and as

determined under applicable state law. Your personal representative must complete a Personal Representative Form. We reserve the right to deny access to your personal representative.

- H. For Further Information; Complaints. If you desire further information about your privacy rights, are concerned that we have violated your privacy rights or disagree with a decision that we made about access to your health information, you may contact our Privacy Office. You may also file written complaints with the Office for Civil Rights of the U.S. Department of Health and Human Services. Upon request, the Privacy Office will provide you with the correct address for the Office for Civil Rights. We will not retaliate against you if you file a complaint with us or the Office for Civil Rights.

### **Contact Information**

You may contact us toll free at **1-800-282-3026; TTY: 1-800-659-8331.**

You may also contact us by writing to us at:

Privacy Officer  
c/o CHRISTUS Health  
Compliance Department  
919 Hidden Ridge  
Irving, TX 75038

### **Right to Change Terms of this Notice**

We may change the terms of this Notice at any time. If we change this Notice, we may make the new Notice terms effective for all of your health information that we maintain, including any information created or received prior to issuing the new Notice. If we change this Notice, we will post the new Notice on our Internet site at [www.christushealthplan.org](http://www.christushealthplan.org). You also may obtain any new Notice by contacting the Privacy Office.