

We may disclose protected health information for law enforcement purposes, including the following:

- Responses to legal proceedings
- Information requests for identification and location
- Circumstances pertaining to victims of a crime
- Deaths suspected from criminal conduct
- Crimes occurring at a US Family Health Plan site
- Medical emergencies believed to result from criminal conduct

#### ★ Criminal Activity

Under applicable federal and state laws, we may disclose your protected health information if we believe that its 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. We may also disclose protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual.

#### ★ Military Activity and National Security

When the appropriate conditions apply, we may use or disclose protected health information of individuals who are Armed Forces personnel (1) for activities believed necessary by appropriate military command authorities to ensure the proper execution of the military mission including determination of fitness for duty; (2) to a foreign military authority if you are a member of that foreign military service. We may also disclose your protected health information to authorized Federal officials for conducting national security and intelligence activities including protective services to the President or others.

#### ★ Inmates

We may use or disclose your protected health information if you are an inmate of a correctional facility, and the US Family Health Plan created or received your protected health information while you were enrolled. This disclosure would be necessary (1) for the institution to provide you with health care, (2) for your health and safety and the safety of others, or (3) for the safety and security of the correctional institution.

#### ★ Disclosures by the Health Plan

DoD health plans may also disclose your protected health information. Examples of these disclosures include verifying your eligibility for health care and for enrollment in various health plans and coordinating benefits for those who have other health insurance or are eligible for other government benefit programs. We may use or disclose your protected health information in appropriate DoD/VA sharing initiatives.

#### ★ Parental Access

Some state laws concerning minors permit or require disclosure of protected health information to parents, guardians, and persons acting in a similar legal status. We will act consistently with the law of the state where the treatment is provided and will make disclosures following such laws.

#### USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION REQUIRING YOUR PERMISSION

In any other situation not covered by this notice, we will ask for your written authorization before using or disclosing your protected health information. If you choose to authorize our use or disclosure of your protected health information, you can later revoke that authorization by notifying us in writing of your decision.

#### YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

You may exercise the following rights by submitting a written request to the US Family Health Plan Privacy Officer. Depending on your request, you may also have rights under the Privacy Act of 1974. US Family Health Plan customer service representatives can guide you in pursuing these options. Please be aware that the US Family Health Plan might deny your request; however, you may seek a review of the denial.

#### ★ Right to Request Restrictions

You may request, in writing, a restriction on use or disclosure of protected health information about you **for treatment, payment or healthcare operations or to persons involved in your care except when specifically authorized by you, when required by law, or in an emergency. We will consider your request** but we are not legally required to accept it. We will inform you of our decision on your request.

All written requests or appeals should be submitted to our Privacy Office listed at the bottom of this notice.

#### ★ Right to Inspect and Copy

In most cases, **you have the right to look at or get a copy of medical information** that we use to make decisions about your care, when you submit a written request. If you request copies, we may charge a fee for the cost of copying, mailing or other related supplies. If we deny your request to review or obtain a copy, you may submit a written request for a review of that decision.

This right does not include inspection and copying of 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 Request Confidential Communications

**You have the right to request that protected health information about you be communicated to you in a confidential manner**, such as sending mail to an address other than your home, by notifying us in writing of the specific way or location for us to use to communicate with you.

#### ★ Right to Request Amendment

If you believe that information in our record is incorrect or if important information is missing, **you have the right to request that we correct the records.** Your request may be submitted in writing. A request for amendment must provide your reason for the amendment. We could deny your request to amend a record if the information was not created by us; if it is not part of the medical or billing information maintained by us; or if we determine that the record is accurate. You may appeal, in writing, a decision by us not to amend a record.

#### ★ Right to an Accounting of Disclosures

**You have the right to a list of those instances where we have disclosed medical information about you**, other than for treatment, payment, health care operations or where you specifically authorized a disclosure, when you submit a written request. The request must state the time period desired for the accounting, which must be less than a 6-year period and starting after April 14, 2003. You may receive the list in paper or electronic form.

The first disclosure list request in a 12-month period is free; other requests will be charged according to our cost of producing the list. We will inform you of the cost before you incur any costs.

#### ★ Right to Obtain a Copy of this Notice

You may obtain a paper copy of this notice from the Texas (local) section of US Family Health Plan website at [www.usfamilyhealthplan.org](http://www.usfamilyhealthplan.org).

#### BREACH NOTIFICATION

You have a right to be notified of any breach of unsecured protected health information that affects your health information. Please review Complaints process and contact information below if you have a related concern.

#### COMPLAINTS

If you are concerned that your privacy rights may have been violated, or you disagree with a decision, we made about access to your records, you may contact our Privacy Office (listed below). You may also contact our CHRISTUS Health Integrity Line, available 24-hours, at 1-888-728-8383.

Finally, you may send a written complaint to the U.S. Department of Health and Human Services Office of Civil Rights. Our Privacy Officer can provide you the address.

Under no circumstance will you be penalized or retaliated against for filing a complaint.

#### CONTACT INFORMATION

You may contact your US Family Health Plan Privacy Officer for further information about the complaint process, or for further explanation of this document.

Privacy Office Contact Information:

US Family Health Plan

2707 North Loop West

Houston, Texas 77008

1-800-67U-SFHP

[www.usfamilyhealthplan.org](http://www.usfamilyhealthplan.org)

This notice is effective in its entirety as of March 26, 2013

Notice of Privacy Practices



Effective March 26, 2013

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.

If you have any questions about this notice, please contact the US Family Health Plan Privacy Officer at the contact information provided at the end of this notice.

This notice of Privacy Practices is provided to you as a requirement of the Health Insurance Portability and Accountability Act (HIPAA). The US Family Health Plan is required to comply with HIPAA and with the Texas Medical Privacy Act. This notice describes how we may use or disclose your protected health information, with whom that information may be shared, and the safeguards we have in place to protect it. This notice also describes your rights to access and amend your protected health information.

#### WHO WILL FOLLOW THIS NOTICE

The US Family Health Plan is part of an organized health care arrangement with and a DBA of CHRISTUS Health and its subsidiaries. While CHRISTUS Health is subject to the privacy practices required by HIPAA, the US Family Health Plan privacy practices may differ and are outlined here.

#### OUR PLEDGE TO YOU

“Protected health information” is individually identifiable health information. This information includes demographics, (for example, age, address, e-mail address) and relates to your past, present, or future physical or mental health or condition and related health care services. The US Family Health Plan is required by law to do the following:

- ★ Make sure that your protected health information is kept private.
- ★ Give you this notice of your legal duties and privacy practices related to the use and disclosure of your protected health information.
- ★ Follow the terms of the notice currently in effect.
- ★ Communicate any changes in the notice to you.

We reserve the right to change this notice. Its effective date is included in this notice at the bottom of the last page. We reserve the right to make the revised or changed notice effective for health information we already have about you as well as any information we receive in the future. You may obtain a Notice of Privacy Practices by accessing your local US Family Health Plan website ([www.usfamilyhealthplan.org](http://www.usfamilyhealthplan.org)) or calling customer service at 1-800-67U-SFHP and requesting that a copy be mailed to you.

#### HOW WE MAY USE OR DISCLOSE YOUR PROTECTED HEALTH INFORMATION

Following are examples for permitted uses and disclosures of your protected health information. These examples are not exhaustive.

By law, we must disclose your health information to you unless it has been determined by a competent medical authority that it would be harmful to you. We must also disclose health information to the Secretary of the Department of Health and Human Services (DHHS) for investigations or determinations of our compliance with laws on the protection of your health information.

##### ★ Treatment

We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party. We may disclose your protected health information from time-to-time to a hospital, physician, or health care provider (for example, a specialist, pharmacist, or laboratory) who, at the request of your physician, becomes involved in your care by providing assistance with your health care diagnosis or treatment. This includes pharmacists who may be provided information on other drugs you have been prescribed to identify potential interactions.

In emergencies, we will use and disclose your protected health information to provide the treatment you require.

##### ★ Payment

Your protected health information will be used, as needed, to obtain payment for your health care services. This may include certain activities the US Family

Health Plan might undertake before it approves or pays for the health care services recommended for you such as determining eligibility or coverage for benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities. For example, obtaining approval for a hospital stay might require that your relevant protected health information be disclosed to obtain approval for the hospital admission.

##### ★ Health Care Operations

We may use or disclose, as needed, your protected health information to support the daily activities related to health care. These activities include, but are not limited to, quality assessment activities, investigations, oversight or staff performance reviews, credentialing, communications about a product or service, and conducting or arranging for other health care related activities.

We will share your protected health information with third-party “business associates” who perform various activities (for example, billing, transcription services) for the US Family Health Plan. The business associates will also be required to protect your health information.

We may use or disclose your protected health information, as necessary, to provide you with information about treatment alternatives or other health-related benefits and services that might interest you. For example, your name and address may be used to send you a newsletter about the US Family Health Plan and the services we offer. We may also send you information about products or services that we believe might benefit you.

##### ★ Required by Law

We may use or disclose your protected health information if law or regulation requires the use or disclosure.

##### ★ Public Health

We may disclose your protected health information to a public health authority who is permitted by law to collect or receive the information. The disclosure may be necessary to do the following:

- Prevent or control disease, injury, or disability.
- Report births and deaths.
- Report child abuse or neglect.
- Report reactions to medications or problems with products.

- Notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.
- Notify the appropriate government authority if we believe a member has been the victim of abuse, neglect, or domestic violence.

##### ★ Communicable Diseases

We may disclose your protected health information, if authorized by law, to a person who might have been exposed to a communicable disease or might otherwise be at risk of contracting or spreading the disease or condition.

##### ★ Health Oversight

We may disclose protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. These health oversight agencies might include government agencies that oversee the health care system, government benefit programs, other government regulatory programs, and civil rights laws.

##### ★ Food and Drug Administration

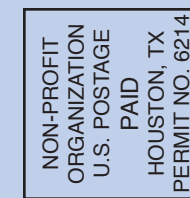
We may disclose your protected health information to a person or company required by the Food and Drug Administration to do the following:

- Report adverse events, product defects, or problems and biologic product deviations.
- Track products.
- Enable product recalls.
- Make repairs or replacements.
- Conduct post-marketing surveillance as required.

##### ★ Legal Proceedings

We may disclose protected health information during any judicial or administrative proceeding, in response to a court order or administrative tribunal (if such a disclosure is expressly authorized), and in certain conditions in response to a subpoena, discovery request, or other lawful process.

##### ★ Law Enforcement



P.O. Box 924708 | Houston | TX 77292-4708