

## NOTICE OF PRIVACY PRACTICES

UNDER THE FEDERAL HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996 (HIPAA), YOU HAVE THE RIGHT TO HAVE YOUR MEDICAL INFORMATION PROTECTED. 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.

### Who Will Follow This Notice

This Notice of Privacy Practices (“Notice”) describes the privacy practices of Central Health (CH). CH is a covered entity under the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) and, as such, is issuing this Notice to you.

### Our Pledge Regarding Your PHI

This Notice about CH’s privacy policy is provided to you in order to demonstrate the organizational commitment to the privacy of your protected health information (PHI) and the protections of such information. CH is required by law to maintain the privacy of your PHI, to provide individuals with notice of CH’s legal duties and privacy practices with respect to PHI, and to notify you following discovery of a breach of your unsecured PHI.

### How We May Use or Disclose Your PHI

**For Payment:** CH employees may receive, use, or disclose PHI about treatment and services that you receive for payment purposes. For example, a bill for services is sent to CH by your health care providers just like an insurance company or health plan receives bills for payment. The information on the bill may contain information that identifies you, your diagnosis, and treatment or supplies used in the course of treatment. CH may also disclose your PHI to your health plan or payor to obtain payment for services provided by CH and for verification of benefits.

**For Health Care Operations:** CH may use or disclose PHI for operational purposes. For example, CH may disclose your PHI to outside consultants who are business associates to (1) evaluate the performance of contracted providers; (2) assess the quality of care and outcomes in your cases and similar cases; (3) learn how to improve contracted facilities and services; (4) determine how to continually improve the quality and effectiveness of the health care paid for you by CH; and (5) follow up on your health care program enrollment or assist CH in determining your eligibility for health coverage in this program or other programs. We may use your PHI to create limited data sets or de-identified information that may be used and disclosed for any lawful purpose. We may also transmit PHI to other covered entities for certain health care operations of those entities, as permitted by law. To the extent applicable, CH is prohibited from using or disclosing PHI that is genetic information of an individual for underwriting purposes.

**For Treatment:** CH may use and disclose your PHI to provide you medical care and services. For example, we may disclose your PHI to your other treating physicians to coordinate your health care and related services. CH may also communicate with your health care providers about treatments or alternative treatments that may be covered under the Medical Access Program (MAP), if applicable, or other programs.

**Other Uses and Disclosures:** In addition to the uses and disclosures described above, HIPAA permits and, in some cases, requires CH to use and disclose PHI in the situations set forth below:

- **As Required by Law.** CH will use and disclose your PHI when required by federal, state, or local law.
- **To Avert a Serious Threat to Health or Safety.** To persons who need to know in order to prevent a serious threat to your health and safety or the health and safety of others.

- **Public Health Issues and Risks.** As required by law for public health activities. These activities may concern efforts to prevent or control disease, injury, or disability; to report births and deaths; to report suspected child abuse or neglect to appropriate authorities; to report reactions to medications or products; to notify authorities and patients of recalls of products; and to provide notice to an individual of exposure to a condition or disease or of the risk for contracting or spreading a disease or condition.
- **Victims of Abuse, Neglect, or Domestic Violence.** To law enforcement or other government agencies authorized to receive reports of suspected abuse, neglect, or domestic violence if CH has reason to believe that you are a victim of abuse, neglect, or domestic violence.
- **Disaster Relief.** In an emergency to an entity assisting in disaster relief so that your family can be notified about your general condition and location.
- **Health Oversight Activities.** To a health oversight agency for activities authorized by law, such as audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.
- **Lawsuits and Disputes.** In response to a court subpoena, court order, administrative order, or other lawful process. In certain circumstances, CH is required to notify you of the request or obtain an order protecting the requested information.
- **Law Enforcement.** To law enforcement officials for specified law enforcement purposes, including: (1) in response to a court order, court subpoena, warrant, summons, or similar process; (2) to identify or locate a suspect, fugitive, witness, or missing person; (3) to report crimes on CH premises, a death that is the result of criminal conduct, or, in emergency situations, to report a crime or details of a crime; and (4) in certain instances, PHI related to a victim of a crime if CH cannot obtain the victim's agreement.
- **Coroners, Medical Examiners, and Funeral Directors.** To a coroner, medical examiner, or funeral director as necessary for the individual to carry out his, her or their duties.
- **Military.** To military command authorities, upon proper request, if the PHI is about an individual currently serving in the military or a veteran.
- **National Security.** To authorized federal officials for intelligence, counterintelligence, and other national security activities.
- **Workers' Compensation.** If required by workers' compensation programs or other similar programs that provide benefits for work-related injuries or illnesses.
- **Appointment and Patient Recall Reminders/Treatment Alternatives.** To remind you of medical appointments or to provide information about treatment alternatives or other health-related benefits and services that may be of interest to you unless you have given specific direction not to be contacted for reminders.
- **Research.** In certain circumstances, PHI may be used and disclosed for research purposes, such as for a project comparing recovery rates of patients who received a particular drug to those of patients who received another drug.
- **Organ Donation.** PHI may be disclosed to organizations involved in organ donation or organ transplants.
- **Family Members and Friends Involved in Your Care.** To family members or friends when the PHI is directly relevant to the person's involvement in your care or to payment for your care. Generally, you have the right to consent to the release of PHI in this situation.
- **U.S. Department of Health and Human Services.** To the Secretary of the U.S. Department of Health and Human Services to investigate compliance with HIPAA.
- **Government Programs.** To other governmental agencies administering government programs providing public benefits if the sharing of the PHI is required or authorized by law or if the programs

serve the same or similar populations and the disclosure is necessary for coordination or to improve administration or management of those programs.

- **Business Associates.** To business associates to carry out treatment, payment, or health care operations. For example, CH may disclose your PHI to an auditor who is auditing the program.
- **[Information Sharing for Low Income Residents.** Central Health is part of the Community Care Collaborative Organized Health Care Arrangement (CCC OHCA) and this Notice applies to and describes the CCC OHCA. The CCC OHCA is an organized system of healthcare in which the following separate health care providers and plans participate in joint activities, such as quality improvement or payment activities:
  - the Community Care Collaborative;
  - the Travis County Healthcare District d/b/a Central Health;
  - the Seton Healthcare Family;
  - Lone Star Circle of Care;
  - People's Community Clinic;
  - CommUnityCare;
  - Austin Travis County Integral Care;
  - other physicians, community clinics, and health care providers providing treatment at the provider's clinical locations; and
  - certain participating health plans paying for healthcare services to low income individuals including, but not limited to, Sendero Health Plans.

If you meet certain income thresholds, based on financial information you have provided and our financial guidelines, we, and the other healthcare providers and plans who participate in the CCC OHCA, will share medical, billing and other health information about you with one another as may be necessary to carry out treatment, payment, and certain healthcare operations activities and as otherwise permitted by law and this Notice. Dependent on the services you receive from CH, your information may be shared through the CCC OHCA. More information about the CCC OHCA can be found here: <http://www.ccc-ids.org/projects/health-it/organized-health-care-arrangement.>]

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

Uses or disclosures of your PHI for purposes other than those described above will be made only after you provide CH with a written authorization. CH will provide you with our standard authorization form to complete and return. You will indicate what type of PHI you authorize us to disclose or use. For example, your written authorization is required for the sale of your PHI, for the use or disclosure of your PHI in marketing communications, and for most sharing of psychotherapy notes. If you provide an authorization, you may revoke it at any time, provided that your revocation is in writing. The revocation will be effective except to the extent that CH has taken action in reliance on the authorization before the revocation was received.

### **Your Rights Under HIPAA**

You have the right to:

- Request restrictions on certain uses and disclosures of PHI as provided by 45 Code of Federal Regulations (C.F.R.) § 164.522. Such requests for restrictions may include how CH uses or discloses information for treatment, payment, or other administrative purposes except when specifically authorized by you, when required by law, or in emergency situations. You also have the right to ask CH to limit the PHI that is disclosed to someone involved in your care or payment for your care. CH will consider your requests, but is not legally obligated to agree to those restrictions.
- Inspect and obtain a copy of your PHI as provided for in 45 C.F.R. § 164.524. You can ask to see or get an electronic or paper copy of your medical record and other health information CH has about you. In most cases, CH will provide a copy or a summary of your health information within 30 days of your request. CH may charge a reasonable, cost-based fee to fulfill this request.

- Request that your PHI be amended as provided in 45 C.F.R. § 164.526. You can request such amendment if you think that CH has PHI about you that is incorrect or incomplete. CH may decide that the change you request does not need to be made, for example, if the information is already correct and complete.
- Request communication of your PHI by alternative means or at alternative locations to protect its confidentiality. You may ask CH to communicate with you about your health information in a specific way. For example, you may ask CH to communicate with you only at work or by mail. CH will try to accommodate reasonable requests.
- Receive an accounting of disclosures made of your PHI as provided by 45 C.F.R. § 164.528. This accounting will include a list of how CH discloses your PHI to other people or organizations. There are certain disclosures that are not included in the listing, for example, disclosures made to you about your own health information, disclosures that you give CH permission to make, and disclosures for treatment, payment and health care operations.
- Obtain a paper copy of this Notice upon request.

To exercise these rights or to obtain further information about the matters covered by this Notice, please contact: Privacy Officer, 1111 E. Cesar Chavez St., Austin, TX 78702 or leave a confidential message on the Compliance Alert Line at (512) 978-8149.

### **Complaints**

If you believe your privacy rights have been violated, you may submit a written complaint to: Privacy Officer, 1111 E. Cesar Chavez St., Austin, Texas, 78702. You may also leave a confidential message on the Compliance Alert Line at (512) 978-8149. When filing a complaint, to the extent possible, please specify the nature of the complaint and how you believe your privacy rights have been violated.

You may also submit a complaint to the Office for Civil Rights, 1301 Young Street, Suite 1169, Dallas, TX 75202, (214) 767-4056, (214) 767-8940 (TDD), (214) 767-0432 (fax), or to [OCRComplaint@hhs.gov](mailto:OCRComplaint@hhs.gov).

There will be no retaliation against you for filing a complaint.

### **Changes**

CH is required to abide by the terms of the privacy notice currently in effect. CH reserves the right to change this privacy notice and to make the new notice provisions effective for all PHI it maintains, as well as to any PHI that CH may receive in the future. A revised notice will be provided to you by mail or email within sixty (60) days of the date a material revision to the notice is made if you are still enrolled in MAP or otherwise subject to this notice at that time.

### **Effective Date**

The first effective date of this notice is March 25, 2024.