

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 Travis County Healthcare District d/b/a Central Health (CH). CH is a covered entity under 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

CH typically uses or shares your health information as explained below. We have provided some examples. Not every permissible use or disclosure is listed in each category.

For Payment: CH 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 use PHI internally and 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 providers to coordinate your health care and related items and 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. Some of our activities are provided on our behalf through contracts with business associates. Examples of when we may use a business associate include coding and claims submission performed by a third party billing company, consulting and quality assurance activities provided by an outside consultant, billing and coding audits performed by an outside auditor, and other legal and consulting services provided in response to billing and reimbursement issues which may arise from time to time. When we enter into contracts to obtain these services, we may need to disclose your PHI to our business associate so that the associate may perform the job which we have requested. To protect your PHI, however, we require our business associates and their subcontractors to appropriately safeguard your information.
- **Marketing and Education.** CH may use and disclose your protected health information to communicate face-to-face with you to encourage you to purchase or use a product or service, or to provide a promotional gift of nominal value to you. CH may also contact you with information that is health-related, but not marketing, such as contacts to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be useful to you.
- **De-identified information and limited data sets.** CH may use and disclose your health information to create de-identified information or limited data sets, and may use and disclose such information as permitted by law. Once de-identified, the information is no longer subject to this Notice.
- **Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, CH may release information about you to the correctional institution or law enforcement official as permitted by applicable laws and rules.

Additional Limits on How We Use and Share Your Health Information

HIPAA says we cannot use and disclose your health information in certain ways. For example:

- **Substance Use Disorder Program Records.** Certain CH facilities, clinics, and staff specialize in providing substance use disorder treatment (Programs). The confidentiality of substance use disorder patient records maintained by these Programs (called "SUD Records") is protected by special federal law and regulations, in addition to HIPAA as described in Appendix A. In situations where we are not providing Programs, sometimes we may have records related to substance use disorders created by programs that are subject to special additional privacy laws and are marked as receiving special protection (called "SUD Records"). We can only use and share your SUD Records as allowed by federal privacy rules. You may provide a single consent for all future uses or disclosures of SUD Records for treatment, payment, and health care operations purposes. CH will not use or share your SUD Records in any legal proceedings against you unless you give written consent or a court order is issued after you or we (as holders of the records) have been notified and given a chance to respond, as required by law. CH will only share SUD Records if a court order is accompanied by a subpoena or other legal requirement compelling disclosure before the requested record is used or disclosed. In situations where we are providing Programs, SUD Records may be used and disclosed as described in Appendix A (attached).
- **AIDS and HIV-related information, genetic information, information about sexually transmitted infections, alcohol and/or substance abuse records, mental health records, and**

other sensitive health information may have additional confidentiality protections under state and federal law. Any disclosures of these types of PHI will be subject to those additional protections.

- **State Law.** CH will comply with applicable state law if it is not preempted by HIPAA. CH will obtain your consent for certain disclosures if your consent is required under state law.

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 and for the use or disclosure of your PHI in marketing communications (except as described above), and for most sharing of psychotherapy notes. SUD Records that are disclosed to an entity governed by federal privacy rules governing SUD Records or an entity governed by HIPAA, including business associates, pursuant to your written consent for treatment, payment, and health care operations may be further disclosed by such entity without your written consent to the extent HIPAA permits such disclosure. 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:

- Ask us to limit what we use or share. You can 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 required to agree to those restrictions.
 - If you are receiving health care services from CH and CH is the provider and you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.
- 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. CH may deny your request under certain limited circumstances.
- 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. To request an amendment, your request must be made in writing and provide a reason that supports your request for an amendment. We may deny your request under certain limited circumstances.
- 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 a list (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, except if required by regulation. We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months. To request an accounting, your request must be made in writing and include the requested time period which may not be longer than 6 years.
- Obtain a paper or electronic copy of this Notice upon request.

To exercise these rights or to discuss or obtain further information about the matters covered by this Notice, please contact: Privacy Officer, 1111 E. Cesar Chavez St., Austin, TX 78702, (512) 978-9281, chcompliance@centralhealth.net, or leave a confidential message on the Compliance Alert Line at (833) 770-0080.

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 (833) 770-0080. 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 Secretary of the U.S. Department of Health and Human Services (HHS). You may do so by contacting the HHS 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.

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 effective date of this notice is _____, 2026.

APPENDIX A
PART 2 PROGRAM ADDENDUM TO THE NOTICE OF PRIVACY PRACTICES
(For Substance Use Disorder Records)

NOTE: THIS APPENDIX ADDRESSES SUBSTANCE USE DISORDER INFORMATION ONLY. IT SUPPLEMENTS BUT DOES NOT REPLACE THE GENERAL NOTICE OF PRIVACY PRACTICES FOR NON-SUBSTANCE USE PROTECTED HEALTH INFORMATION.

Certain CH facilities, clinics, and staff specialize in providing substance use disorder treatment (Programs). The confidentiality of substance use disorder patient records maintained by these Programs (called "SUD Records") is protected by special federal law and regulations, in addition to HIPAA.

This notice describes:

- How health information about you may be used and disclosed
- Your rights with respect to your health information
- How to file a complaint concerning a violation of the privacy or security of your health information, or of your rights concerning your information.

YOU HAVE A RIGHT TO A COPY OF THIS NOTICE (IN PAPER OR ELECTRONIC FORM) AND TO DISCUSS IT WITH [ENTER NAME OR TITLE] AT [PHONE AND EMAIL] IF YOU HAVE ANY QUESTIONS.

Permitted Uses & Disclosures of SUD Records Without Consent

The confidentiality of SUD Records maintained by this program is protected by federal law and regulations. Generally, except as outlined below, the Programs may not use or disclose records identifying a patient as having a substance use disorder including SUD Records unless: (1) you or an authorized representative consents in writing; or (2) The disclosure is allowed by a court order. Additional circumstances allowing use and/or disclosure of SUD Records without consent include the following:

- **Medical Emergency:** CH may use or disclose your SUD Records with health care providers when it is necessary to meet a bona fide medical emergency and your prior written consent cannot be obtained, or when your health may be threatened by an error in the manufacture, labeling, or sale of a product under the control of the United States Food and Drug Administration ("FDA").
- **Court Order with Compulsory Process:** CH may disclose your SUD Records in response to a special court order that complies with the requirements of 42 CFR Part 2, Subpart E and is accompanied by a subpoena or similar legal mandate that requires the use or disclosure. Your records shall only be used or disclosed based on a court order other than criminal investigation or prosecution after notice and opportunity to object is provided to the patient or the holder of the records.
- **Research:** CH may use or disclose your SUD Records for research purposes if it is determined that one or any combination of the following is true:
 - The recipient of the information is a covered entity or business associate as those terms are defined under HIPAA and a patient authorization has been obtained or the authorization requirement has been waived under HIPAA; or
 - The research is conducted in accordance with the Department of Health and Human Subjects policy on the protection of human subjects research (45 CFR Part 46); or
 - The research is conducted in accordance with the FDA requirements regarding the protection of human subjects research (21 CFR Parts 50 and 56).

- **Audit & Evaluation Activities:** CH may use and/or disclose your SUD Records for auditing or evaluation activities that are performed on behalf of: any federal, state or local government; any third-party payer or health plan that provides insurance coverage to patients in a CH Part 2 program; a quality improvement organization or their contractors; or any entity with direct administrative control over a CH Part 2 program. These disclosures must be made in accordance with the requirements of 42 CFR Part 2, Subpart D.
- **Qualified Service Organizations:** CH may disclose your SUD Records to its qualified service organizations to the extent necessary for these entities to provide services to CH.
- **Public Health:** CH may disclose your de-identified SUD Records for public health purposes to a public health authority pursuant to 42 CFR Part 2, Subpart D.
- **Commission of Crime:** CH may disclose your SUD Records to law enforcement if your records are related to your commission of a crime on CH property, against a CH employee, or the threat to do either. Any disclosure for this purpose will be limited to circumstances of the incident, your name, address, and last known whereabouts.
- **Child Abuse/Neglect:** CH may disclose your SUD Records when it is necessary to report incidents of suspected child abuse or neglect to the appropriate state or local authorities. However, CH may not disclose your SUD Records as part of any civil or criminal proceeding against you that may arise from report of suspected child abuse or neglect.
- **Deceased Patients:** CH may disclose your SUD Records relating to cause of death under laws requiring the collection of death or other vital statistics or permitting inquiry into the cause of death. CH may also disclose your SUD Records as permitted under Part 2 with the consent of your personal representative.
- **Individual Involved in Your Care.** If you have been adjudicated as lacking the capacity, for any reason other than insufficient age, to make your own health care decisions, CH may be permitted to make certain disclosures of your SUD Records upon the consent of your personal representative. Any consent which is required under the regulations in this part may be given by the personal representative. For any period for which the program director determines that a patient, other than a minor or a patient who has been adjudicated as lacking capacity to make health care decisions, suffers from a medical condition that prevents knowing or effective action on his or her own behalf, the program director may exercise the right of the patient to consent to a Disclosure for the sole purpose of obtaining payment for services from a third party payer.

Permitted Uses & Disclosures of SUD Records With Consent

The Programs may use and disclose your SUD Records with written consent that satisfies the requirements of Part 2 as follows:

- **Treatment, Payment, and Healthcare Operations (TPO).** We may use and disclose your SUD Records for TPO purposes, as described in the Notice of Privacy Practices, with your written consent. You may provide a single consent for all future TPO uses or disclosures. For example, you may give us permission to share your SUD Records with your treating providers and/or health plans for TPO purposes. SUD Records disclosed for TPO purposes to another Part 2 program or an individual/entity subject to the Health Insurance Portability and Accountability Act (HIPAA) pursuant to your consent may be further disclosed by that Part 2 program or individual/entity subject to HIPAA to the extent permitted by HIPAA, or if the Part 2 Program is not subject to HIPAA, to the extent permitted by your consent. However, your SUD Records cannot be used or disclosed in civil, criminal, administrative, or legislative proceedings against you without your written consent or a court order, as noted below.

- **Central Registry or Withdrawal Management Program.** With written consent, the Programs may disclose SUD Records to a central registry or to any withdrawal management or maintenance treatment program not more than 200 miles away for the purpose of preventing multiple enrollments. For example, with written consent, we may disclose SUD Records to a central database identified in the consent that is established to avoid circumstances where the patient is enrolled in multiple withdrawal programs. These disclosures are intended to avoid risks of overdose and similar risks that can arise where a patient is enrolled in multiple programs.
- **Criminal Justice System.** We may disclose information from your SUD Records to persons within the criminal justice system who made your participation in the Part 2 Program a condition of the disposition of any criminal proceeding against you with your written consent. The written consent must state that it is revocable upon the passage of a specified amount of time or the occurrence of a specified, ascertainable event. The time or occurrence upon which your consent becomes revocable may be no later than the final disposition of the conditional release or other action in connection with which written permission was given. For example, if you consent, we can inform a court-appointed officer, prosecutor or law enforcement about your treatment status as part of a legal agreement or sentencing conditions.
- **Prescription Drug Monitoring Program.** With your consent, we may report any medication prescribed or dispensed by us to the applicable state prescription drug monitoring program (PDMP) if required by applicable state law.
- **Legal Proceeding Against a Patient.** We will not use or disclose SUD Records, or testimony relaying the content of SUD Records, in any civil, administrative, criminal, or legislative proceeding against you unless such use or disclosure is pursuant to your specific written consent (separate from consent for any other use or disclosure) or a court order, as described above.
- **Designated Person or Entities.** We may use and disclose your SUD Records in accordance with your written consent to any other person or category of persons identified or generally designated in your consent. For example, if you consent to a disclosure of your SUD Records to your spouse or a healthcare provider, we will share your health information with them as outlined in your consent.
- **Civil, Criminal, Administrative Proceedings:** With your consent or pursuant to a court order, we may use and/or disclose your substance use disorder records in connection with any civil, criminal, or administrative proceeding brought against you. Any consent to use and/or disclose substance use disorder records in a civil, criminal or administrative proceeding may not be combined with a consent for any other purpose.
- **Other Permissible Purposes.** CH may use or disclose SUD without your consent as otherwise permitted by Part 2.

Your SUD Records Privacy Rights

Right to Revoke a Consent. If you want to revoke (take back) your written consent to use or disclose your SUD Records, please send a written request to the CH Privacy Office listed at the end of this Addendum. If you would like an alternative revocation process, please contact the CH Privacy Office by phone. Your revocation will not apply to the extent we already used or disclosed your SUD Records based on your consent.

Right to Request Restrictions. You have a right to request restrictions of disclosures made with prior consent for purposes of treatment, payment, and health care operations. CH will consider your requests, but is not legally required to agree to those restrictions. If you pay for a service or health care item out-of-pocket in full, you can ask us not to share your SUD Records for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

Right to Request an Accounting. You have a right to request an accounting in accordance with the CH NPP including an accounting of disclosures of the program’s electronic records with SUD Records for the past 3 years. You have a right to a list of disclosures by an intermediary for the past 3 years (for example, a health information exchange if you have consented to the program disclosing SUD Records to the health information exchange).

Right to Elect Not to Receive Fundraising Communications. You may elect not to receive fundraising communications. You have the right to revoke your written consent except to the extent that CH has not already relied upon your consent and used and/or disclosed your SUD Records. You may revoke your consent by contacting Privacy Officer in the manner set forth in the NPP.

Right to Copy of Notice. You have a right to obtain a paper or electronic copy of this notice from the program upon request.

Right to Discuss Notice. You have a right to discuss this notice with Privacy Officer, 1111 E. Cesar Chavez St., Austin, TX 78702, (512) 978-9281, chcompliance@centralhealth.net.

The Programs are required by law to maintain the privacy of SUD Records, to provide you with notice of CH’s legal duties and privacy practices with respect to SUD Records, and to notify you in the event of a breach of your unsecured SUD Records. CH is required to abide by the terms of the SUD Records notice currently in effect. CH reserves the right to change this SUD Records 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 subject to this Notice at that time.

Complaints. Suspected violations or complaints may be reported to appropriate authorities in accordance with federal regulations. Suspected violations may be reported to the Substance Abuse and Mental Health Services Administration Center for Substance Abuse Treatment at 5600 Fishers Lane Rockville, MD 20857 or (240) 276-1660 or to the US Attorney for the Western District of Texas, 601 NW Loop 410, Suite 600, San Antonio, Texas 78216 or (210) 384-7100.

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

Effective Date: