

## **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.**

**Effective: April 14, 2003**

As an employer that maintains a group health plan, Texas Mutual Insurance Company is required by law to protect the privacy of your health information. The Company is also required to deliver this notice that explains how we may use information about you and when we may disclose that information to others. This notice also describes your rights with respect to such health information.

The terms “information” or “health information” in this notice include any personal information created or received by the Company as the sponsor of our employee health plan if the information relates to your physical or mental health condition, the provision of health care to you, or the payment for such health care.

We reserve the right to change our privacy practices. If we do, within 60 days, we will provide employees and dependents covered by our health plan with a revised notice by hand delivery or mail to the named employee. We will abide by the terms of the notice currently in effect.

#### **How We Use or Disclose Information**

We may use and disclose your health information to provide information:

- To you or someone who has the legal right to act for you (your personal representative).
- To the Secretary of the Department of Health and Human Services, if necessary, to make sure your privacy is protected; and
- As required by law.

We may use and disclose health information to pay for your health care, to aid in your treatment, and to operate our health plan. For example, we may use and disclose your health information:

- To pay premiums and to process payment of health services provided to you.
- To emergency medical services, your doctors and/or hospitals to help them provide medical care to you.
- To our third party administrators related to summary health information and enrollment and disenrollment information.

- As the Plan, to the Plan Sponsor to respond to issues raised by you or our third party administrator related to the administration of our group health plan.

We may use or disclose your health information for the following purposes under limited circumstances:

- To a person involved with your care, such as a family member, when you are incapacitated or in an emergency, or when permitted by law.
- For public health activities such as reporting disease outbreaks.
- For judicial or administrative proceedings such as in response to a court order, search warrant or subpoena.
- To avoid a serious threat to health or safety by, for example, disclosing information to public health agencies.
- For workers' compensation, including disclosure required by state workers' compensation laws of job-related injuries.

If none of the above reasons applies, **then we must get your written authorization to use or disclose health information.** If an applicable law prohibits or materially limits the use or disclosure of your health information, then we intend to meet the requirements of the more stringent law. Once you give us authorization to release your health information, we cannot guarantee that the person to whom we provide the information will not disclose it. You may take back or "revoke" your written authorization, but it will not affect situations in which we have already taken action. If you would like to "revoke" an authorization, please state so in writing directed to:

Legal Department c/o Privacy Officer  
Texas Mutual Insurance Company  
6210 East Highway 290  
Austin, TX 78723-1098  
(800)-859-5995x3905

### **Highly Confidential Information**

Federal and state laws may require special privacy protections for highly confidential information about you. "Highly confidential information" may include confidential information under Federal law governing alcohol and drug abuse information, as well as state laws that often protect the following types of information:

- HIV/AIDS;
- Mental health;
- Genetic tests;
- Alcohol and drug abuse;
- Sexually transmitted diseases and reproductive health information; and
- Child or adult abuse or neglect, including sexual assault.

## **Your Rights**

The following are your rights with respect to your health information.

- *Right to request disclosure restrictions.* You have the right to request us to restrict uses or disclosures of your information for treatment, payment, or health care operations. You also have the right to ask to restrict disclosures to family members or to others who are involved in your health care or payment for your health care. We may also have policies on dependent access that may authorize certain restrictions. *Please note that while we will try to honor your request, we are not required to do so.*
- *Right to receive information at a different address.* If receiving private health information from us at your designated home address might endanger you, you have the right to receive confidential communications of information in a different manner or at a different place (for example, you may request us to send information to a P.O. box instead of your street address). Please make such request in writing to the contact person designated below and specifically state that you are requesting delivery of private health information at a different location because disclosure at your home address could endanger you.
- *Right to obtain a copy of health information.* You have the right to obtain a copy of health information that may be used to make decisions about you such as claims and case or medical management records. You also may receive a summary of this health information. Please make such request in writing to the contact person designated below. In certain limited circumstances, we may deny your request to inspect and copy your health information.
- *Right to request amendment to health information.* You have the right to ask us to amend health information we maintain about you if you believe it is wrong or incomplete. If we deny your request, you may have a statement of your disagreement added to your health information.
- *Right to a disclosure accounting.* You have the right to receive an accounting of disclosures of your information made by us during the six years before your request. This accounting will not include disclosures of information: (i) made before April 14, 2003; (ii) for treatment, payment, and health care operations purposes; (iii) to you or pursuant to your authorization; (iv) to correctional institutions or law enforcement officials; and (v) other disclosures for which federal law does not require us to provide an accounting.
- *Right to paper copy of this notice.* You have the right to a paper copy of this notice and may ask for one at any time. Even if you have agreed to receive it electronically, you are still entitled to a paper copy of this notice.

## **Exercising Your Rights**

If you have any questions about this notice or want to exercise your rights, please contact:

Legal Department c/o Privacy Officer  
Texas Mutual Insurance Company  
6210 East Highway 290  
Austin, TX 78723-1098  
(512) 224-7372  
(800) 859-5995 x3905

If you believe your privacy rights have been violated, you may file a written complaint with us at the following address:

Legal Department c/o Privacy Officer  
Texas Mutual Insurance Company  
6210 East Highway 290  
Austin, TX 78723-1098

You may also file a complaint with:

The U.S. Department of Health & Human Services  
Office of Civil Rights  
200 Independence Avenue, S.W.  
Washington, D.C. 20201  
(202) 619-0257  
(877) 696-6775

You will not be penalized or retaliated against for exercising your rights or filing a complaint.