



## Lower Colorado River Authority Health Plans Privacy Practices

***LCRA is required by law to provide this notice, which describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.***

LCRA recognizes that your health information is personal and we are committed to protecting it. This Notice describes the legal obligations of the LCRA Health Plans and your legal rights regarding Protected Health Information (“PHI”) received or created by the Health Plans under the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) and the Health Information Technology for Economic and Clinical Health Act (“HITECH”), subject to applicable state laws.

The Health Plans are required to safeguard your PHI and are required by law to:

- Maintain the privacy of your PHI;
- Provide you with this Notice of the legal duties and privacy practices with respect to your PHI;
- Notify affected individuals following a breach of unsecured PHI; and
- Comply with the terms of this Notice, as currently in effect.

### **Use and Disclosure of Health Information**

The term “Health Plans” will be used throughout this Notice to describe the health benefits provided under the Lower Colorado River Authority Medical Plans (UnitedHealthcare), the Lower Colorado River Authority Prescription Plan (Optum), the LCRA Medical Reimbursement Plan (The P&A Group), and the LCRA Employee Assistance Plan (“EAP”) (Alliance Work Partners), but only to the extent such plans provide medical care (as defined in Section 2791(a)(2) of the Public Health Service Act, 42 U.S.C. 300gg-91(a)(2)). The Health Plans may use your protected health information (“PHI”) for purposes of treatment, making or obtaining payment for your care, conducting health care operations, and any other purpose required or permitted by law. PHI includes any individually identifiable information that we obtain from you or others that relates to your physical or mental health, the health care you have received, or payments for your health care, as defined in the Privacy Rule of the Administrative Simplification provision of HIPAA. The Health Plans have established policies and procedures to guard against unnecessary disclosure of your PHI.

The following is a summary of the circumstances under which and the purposes for which your PHI may be used and disclosed.

Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall into one of the following categories.

***For Treatment.*** The Health Plans may use or disclose your PHI to facilitate medical treatment or services by providers. We may disclose medical information about you to providers, including doctors, nurses, technicians, medical students, or other hospital personnel who are involved in taking care of you. For example, the Health Plans might disclose information about your prior prescriptions to a pharmacist to determine if prior prescriptions contraindicate a pending prescription.

**To Make or Obtain Payment.** The Health Plans may use or disclose your PHI to determine your eligibility for Health Plan benefits, to facilitate payment for the treatment and services you receive from health care providers or to coordinate plan coverage. For example, the Health Plans may tell your health care provider about your medical history to determine whether a particular treatment is experimental or medically necessary, or to determine whether the plan will cover the treatment. The Health Plans may also provide information regarding your coverage or health care treatment to other health plans to coordinate payment of benefits or to settle subrogation claims.

**To Conduct Health Care Operations.** The Health Plans may use or disclose PHI as necessary to facilitate the administration of the Health Plans and to provide coverage and services to participants of the Health Plans. Health care operations includes such activities as: conducting quality assessment studies to evaluate the performance of the Health Plans or the performance of a particular network or vendor; determining the cost impact of benefit design changes; the disclosure to underwriters for the purpose of calculating premium rates and providing reinsurance quotes to the Health Plans; the disclosure to stop-loss or reinsurance carriers to obtain claim reimbursements to the Health Plans or the Lower Colorado River Authority (the “Authority”); disclosure to consultants who provide legal, actuarial and auditing services to the Health Plans; and in general data analysis used in the long-term management and planning for the Health Plans. However, we will not use your genetic information for underwriting purposes.

**For Treatment Alternatives.** The Health Plans may use and disclose your PHI so that it may tell you about or recommend possible treatment options or alternatives that may be of interest to you.

**To Business Associates.** The Health Plans may contract with individuals or entities known as Business Associates to perform various functions on behalf of the plans or to provide certain types of services. In order to perform these functions or to provide these services, Business Associates will receive, create, maintain, transmit, use and/or disclose your PHI, but only after they have agreed in writing to implement appropriate safeguards regarding your PHI. For example, the Health Plans may disclose your PHI to a Business Associate to process your claims for benefits or to provide support services, such as pharmacy benefit management, but only after they have entered into a Business Associate Agreement with us.

**For Distribution of Health-Related Benefits and Services.** The Health Plans may use or disclose your PHI so that it may provide you with information on health-related benefits and services that may be of interest to you.

**For Disclosure to the Plan Sponsor.** The Health Plans may disclose your PHI to the Authority for plan administration functions performed by the Authority on behalf of the Health Plans. The Health Plans also may provide summary health information to the Authority so that the Authority may solicit premium bids from other health plans or so that it may modify, amend, or terminate the plan.

**When Legally Required.** The Health Plans will disclose your PHI when required to do so by any federal, state or local law. For example, the Health Plans may disclose PHI when required by public health disclosure laws or by a court order in a litigation proceeding such as a malpractice action.

**Public Health Risks.** The Health Plans may disclose your PHI for public health activities. These activities generally include the following:

- to prevent or control disease, injury or disability;
- to report births and deaths;
- to report child abuse or neglect;
- to report reactions to medications or problems with products;
- to notify participants of the Health Plans of product recalls, repairs or replacements;
- to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- to notify the appropriate government authority if we believe a participant of the Health Plans has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

**To Conduct Health Oversight Activities.** The Health Plans may disclose your PHI to a health oversight agency for authorized activities including audits, civil administrative or criminal investigations, inspections, licensure or disciplinary action. The Health Plans, however, may not disclose your PHI if you are the subject of an investigation and the investigation does not arise out of or is not directly related to your receipt of health care or public benefits.

**In Connection with Judicial and Administrative Proceedings.** As permitted or required by state law, the Health Plans may disclose your PHI in the course of any judicial or administrative proceeding or in response to an order of a court or administrative tribunal, provided that the Health Plans disclose only the PHI expressly authorized by such order. The Health Plans may also disclose your PHI in response to a subpoena, discovery request or other lawful process by someone involved in a legal dispute, but only if reasonable efforts have been made to notify you about the request or to obtain an order protecting your PHI.

**For Law Enforcement Purposes.** The Health Plans may release PHI if asked to do so by a law enforcement official as part of certain law enforcement activities.

**In the Event of a Serious Threat to Health or Safety.** The Health Plans may, consistent with applicable law and ethical standards of conduct, disclose your PHI, if the Health Plans in good faith believe that disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. Any such disclosure, however, would only be to someone able to help prevent the threat. For example, the Health Plans may disclose your PHI in a proceeding regarding the licensure of a physician.

**For Specified Government Functions.** The Health Plans may disclose the PHI of military personnel, veterans and inmates of a correctional institution in certain situations. The Health Plans may also disclose your PHI for national security purposes, such as protecting the President of the United States or conducting intelligence operations.

**For Workers' Compensation.** The Health Plans may release your PHI to the extent necessary to comply with laws related to workers' compensation or similar programs.

**Coroners, Medical Examiners, and Funeral Directors.** The Health Plans may release your PHI to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. The Health Plans may also release your PHI to funeral directors, as necessary to carry out their duties.

**Organ and Tissue Donation.** If you are an organ donor, the Health Plans may release PHI to organizations that handle organ procurement or organ, eye or tissue transplantation, or to an organ donation bank, as necessary to facilitate organ or tissue donation or transplantation.

## **Authorization to Use or Disclose Health Information**

Except as described above, the Health Plans will not disclose your PHI other than with your written authorization. For example, in general and subject to specific conditions, we will not use or disclose your psychotherapy notes, we will not use or disclose your PHI for marketing, and we will not sell your PHI, unless you give us a written authorization. You may authorize the disclosure of your PHI to a personal representative, spouse or other family member. Note that we are not required to disclose information to a personal representative if we have a reasonable belief that:

- you have been or may be subjected to domestic violence, abuse, or neglect by such person;
- treating the person as your personal representative could endanger you; or
- in the exercise of professional judgment, it is not in your best interest to treat the person as your personal representative.

If you authorize the Health Plans to use or disclose your PHI, you may revoke that authorization in writing at any time. If you revoke your permission, the Health Plans will no longer use or disclose your PHI for the reasons covered by your written authorization. You understand that the Health Plans are unable to retract any disclosures they have already made, and that they are required to retain their records of the care that they provided to you.

## **Your Rights With Respect to Your Protected Health Information**

You have the following rights regarding your PHI that the Health Plans maintain:

**Right to Request Restrictions.** You have the right to request that the Health Plans restrict their uses and disclosures of PHI in relation to your treatment, payment and health care operations or to someone who is involved in your care or the payment for your care, such as a family member or friend. Any such request must be made in writing to the Contact Person listed in this Notice and must state the specific restriction requested and to whom that restriction would apply.

The Health Plans are not required to agree to a restriction that you request, except as provided below. However, if the Health Plans agree to the requested restriction, they may not violate that restriction except as necessary to allow the provision of emergency medical care to you. The Health Plans will comply with any restriction request if: (1) except as otherwise required by law, the disclosure is to the Health Plans for purposes of carrying out payment or health care operations (and is not for purposes of carrying out treatment); and (2) the PHI pertains solely to a health care item or service for which the health care provider involved has been paid in full by someone other than the Health Plan.

**Right to Receive Confidential Communications.** You have the right to request that communications involving PHI be provided to you at an alternative location or by an alternative means of communication. For example, you might ask that we contact you only at work or by mail. Any such request must be made in writing to the Contact Person listed in this Notice. The Health Plans are required to accommodate any reasonable request if the normal method of disclosure would endanger you and that danger is stated in your request. Your request must specify how or where you wish to be contacted.

**Right to Inspect and Copy Your Health Information.** You have the right to inspect and copy your PHI that is contained in a designated record set for as long as the Health Plans maintain the PHI. A designated record set contains claim information, premium and billing records and any other records the Health Plans have created in making claim and coverage decisions relating to you. Federal law prohibits you from having access to the following records: psychotherapy notes; information compiled in reasonable anticipation of, or for use in, a civil, criminal or administrative action or proceeding; and PHI that is subject to a law that prohibits access to that information. If your request for access is denied, you may have a right to have that decision reviewed. A request to inspect and copy records containing your PHI must be made in writing to the Contact Person listed in this Notice. The Health Plans may charge a fee for the costs of copying, mailing or other supplies associated with your request. If your PHI is stored electronically, you have the right to request that the PHI be sent in an electronic format to you or to a clearly designated third party. If the information cannot be readily produced in the format requested, the Health Plans will work with you to come to an agreement on the format. If we cannot agree on the electronic format, we will provide you with a paper copy.

**Right to Amend Your Health Information.** If you feel the PHI the Health Plans have about you is incorrect or incomplete, you may ask the Health Plans to amend the information. You have the right to request an amendment for as long as the information is kept by or for the Health Plans. To request an amendment, your request must be made in writing to the Contact Person listed in this Notice and you must provide a reason that supports your request.

The Health Plans may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, the Health Plans may deny your request if you ask it to amend information that:

- is not part of the medical information kept by or for the Health Plans;
- was not created by the Health Plans unless the person or entity that created the information is no longer available to make the amendment;
- is not part of the information which you would be permitted to inspect and copy; or
- is accurate and complete.

If your request for amendment is declined, you have the right to have a statement of disagreement included with the PHI, and the Health Plans have a right to include a rebuttal to your statement, a copy of which will be provided to you.

**Right to an Accounting of Disclosures.** You have the right to request a list of all disclosures of your PHI that the Health Plans have made, if any, for reasons other than disclosures for treatment, payment or health care operations as described above, disclosures made to you or your personal representative, disclosures made pursuant to your authorization, disclosures made to friends or family in your presence or because of an emergency, disclosures for national security purposes, and disclosures

incidental to otherwise permissible disclosures. Your right to an accounting of disclosures applies only to: (1) PHI created by the Health Plans after April 14, 2004, and to (2) disclosures made by the Health Plans within six years prior to the date that the request is made. Any such request must be made in writing to the Contact Person listed in this Notice. Subsequent accounting requests may be subject to a reasonable cost-based fee. The Health Plans will inform you in advance of the fee, if applicable.

**Right to a Paper Copy of this Notice.** You have a right to request a paper copy of this Notice at any time, even if you have received this Notice previously or agreed to receive the Notice electronically. Any such request must be made in writing to the Contact Person listed in this Notice.

**Right to be Notified of a Breach.** You have the right to be notified in the event that the Health Plans (or a Business Associate) discovers a breach of unsecured PHI.

**Right to Request Alternate Communications.** You have a right to request that you receive communications of PHI from the Health Plans by an alternative means of communication or at an alternative location if receiving PHI in the method proposed by the Health Plans could endanger you.

## **Duties of Health Plan**

The Health Plans are required by law to maintain the privacy of your PHI as set forth in this Notice and to provide to you this Notice of its duties and privacy practices. The Health Plans are required to abide by the terms of this Notice, which may be amended from time to time. The Health Plans reserve the right to change the terms of this Notice and to make the new Notice provisions effective for all PHI that they maintain. If the Health Plans make any material change to this Notice, we will provide you with a paper copy of the revised Notice.

You have the right to file a complaint with the Health Plans and the Secretary of the Department of Health and Human Services, if you believe that your privacy rights have been violated. Any complaints to the Health Plans must be made in writing to the Contact Person listed in this Notice. The Health Plans encourage you to express any concerns you may have regarding the privacy of your PHI. You will not be retaliated against in any way for filing a complaint.

## **Contact Person**

The Health Plans have designated **Julia Mendoza, Senior Benefits Specialist, Lower Colorado River Authority** as their contact person for all issues regarding participant privacy and your privacy rights. If you wish to request restrictions on the use and disclosure of your PHI, to receive confidential communications at an alternative location or through an alternative means, to inspect or copy your PHI, to amend your PHI, to receive an accounting of your PHI or to receive a paper copy of this Notice, or if you wish to file a complaint, you may contact this person at **Lower Colorado River Authority, P.O. Box 220, Austin, Texas 78767-0220 or telephone 512-578-3323.**

## **Effective Date**

This Notice is effective Sept. 23, 2013.

Revised August 31, 2020