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## NOTICE OF PRIVACY PRACTICES

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**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: Director, McLennan County Indigent Health Care. Program by calling (254) 757-5174.

### **OUR RESPONSIBILITIES**

We are required by law to maintain the privacy of protected health information and to provide our health plan enrollees with notice of our legal duties and privacy practices with respect to protected health information. This Notice of Privacy Practices describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected health information"(PHI) is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

We are required to abide by the terms of this Notice of Privacy Practices. We may change the terms of our notice, at any time. The new notice will be effective for all protected health information that we maintain at that time.

### **Primary Uses and Disclosures of Protected Health Information**

The following is a description of how we are most likely to use and/or disclose your PHI.

- **Treatment, Payment and Health Care Operations**  
We have the right to use and disclose your PHI for all activities that are included within the definitions of "treatment," "payment" and "health care operations" as set out in the HIPAA Privacy Rule (45CFR parts 160 and 164).
  - Treatment  
We may use and disclose your PHI for treatment purposes, such as coordinating or managing health care and related services by one or more of your health care providers.
  - Payment  
We will use or disclose your PHI to pay claims for services provided to you and to obtain stop-loss reimbursements or to otherwise fulfill our responsibilities for coverage and providing benefits. For example, we may disclose your PHI when a provider requests information regarding your eligibility for coverage under our health plan, or we may use your information to determine if a treatment that you received was medically necessary. Other payment purposes include, but are not limited to, pre-authorizations, utilization review activities, coordination of benefits, and subrogation.
  - Health Care Operations  
We will use or disclose your PHI to support our business functions. For example, we may use or disclose your PHI: (1) to provide you with information about one of our disease management programs; (2) to respond to a customer service inquiry from you; or (3) in connection with fraud and abuse detection and compliance programs. Health care operations may also include, but are not limited to, case management, legal reviews, handling appeals and grievances, plan or claims audits, and other general administrative activities.
- **Other Covered Entities**  
We may use or disclose your PHI to assist health care providers in connection with their treatment or payment activities, or to assist other covered entities in connection with payment activities and certain health care operations. For example, we may disclose your PHI to a health care provider when needed by the provider to render treatment to you, and we may disclose PHI to another covered entity to conduct health care operations in the areas of quality assurance and improvement activities.

I, hereby acknowledge that I have received a copy of the NOTICE OF PRIVACY PRACTICES from McLennan County Health Services Department on this date.