



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.

OUR PRIVACY COMMITMENT

The City of Houston Medical Plan, Prescription Drug Plan, Wellness Plan, Dental Plan, Health FSA, and Employee Assistance Plan (the "Plans") are designed to protect the privacy of your health information. This Notice explains the Plans' privacy practices, legal duties, and your rights concerning your Protected Health Information, referred to in this notice as "PHI." The Plans are required by applicable federal and state laws to maintain the privacy of your PHI, which includes any information regarding your health care and treatment, that is personally identifiable to you, and that is transmitted or maintained by the Plans, regardless of the form (oral, written, electronic). This includes information and identifiable factors such as your name, age, and address. This Notice has been drafted to comply with what is known as the "HIPAA Privacy Rule." The Plans will follow the privacy practices described in this Notice while it is in effect.

How do the Plans collect Protected Health Information?

The Plans collect PHI through covered members, their health care providers, and the Plans' Business Associates. For example, the Plans' claims administrators, which are Business Associates, receive PHI from health care providers through the submission of a claim for reimbursement of covered benefits.

HOW THE PLANS SAFEGUARD YOUR PROTECTED HEALTH INFORMATION

The Plans protect your PHI by:

- Treating all of your collected PHI as confidential;
- Stating confidentiality policies and practices in the Plans' group health plan administrative procedure manual, as well as disciplinary measures for privacy violations;
- Restricting access to your PHI to those individuals who need to know your personal information in order to provide services to you, such as paying a claim for a covered benefit;
- Only disclosing your PHI that is necessary for a service company to perform its function on the Plans' behalf, and the company agrees to protect and maintain the confidentiality of your PHI; and
- Maintaining physical, electronic, and procedural safeguards that comply with federal and state regulations to guard your PHI.

HOW THE PLANS USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION

The Plans will not disclose your PHI unless they are allowed or required by law to make the disclosure, or if you (or your authorized representatives) give the Plans permission. Uses and disclosures, other than those listed below, require your authorization. If you authorize a Plan to use or disclose your PHI, you may revoke the authorization, in writing, at any time. If you revoke your authorization, the Plan will no longer use your PHI

for the reasons covered by the written authorization. If there are other legal requirements under applicable state laws that further restrict a Plan's use or disclosure of your PHI, it will comply with those legal requirements as well. Following are the types of disclosure the Plans may make as allowed or required by law:

Treatment: The Plans may use and disclose your PHI for the treatment activities of a health care provider. Treatment also includes consultations and referrals between one or more of your providers. Treatment activities include disclosing your PHI to a provider in order for that provider to treat you.

Payment: The Plans may use and disclose your medical information for their payment activities, including the payment of claims from physicians, hospitals and other service providers. Payment also includes but is not limited to actions to make coverage determinations and payment (including billing, claims management, subrogation, plan reimbursement, utilization review, and pre-authorizations).

For example, a Plan may tell a physician whether you are eligible for benefits or what percentage of the bill will be paid by the Plan.

Health Care Operations: The Plans may use and disclose your medical information for their internal operations, including their customer service activities. Health care operations include, but are not limited to, quality assessment and improvement, disease and case management, medical review, auditing functions including fraud and abuse compliance programs, and general administrative activities.

Business Associates: The Plans may also share PHI with third party "business associates" who perform certain activities for the Plans. They require these business associates to afford your PHI the same protections afforded by themselves. An example of a Business Associate would be our Plans' claims administrators, who handle many of the functions in connection with the operation of the Plans.

Plan Sponsor: PHI may be disclosed to the Plans' sponsor, The City of Houston, for purposes of plan administration or pursuant to your signed authorization. The Plans may share enrollment information with the Plans' sponsor without your authorization.

To You or Your Authorized Representative: Upon your request, a Plan will disclose your PHI to you or your authorized representative. If you authorize a Plan to do so, it may use your PHI or disclose it to the person or entity you name on a signed authorization. After you provide a Plan with an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. In certain situations when disclosure of your information could be harmful to you or another person, a Plan may limit the information available to you, or use an alternative means of meeting your request.

To Your Parents, if You are a Minor: Some state laws concerning minors permit or require disclosure of PHI to parents, guardians, and persons acting in a similar legal status. The Plans will act consistently with the laws of the state where the treatment is provided, and will make disclosures consistent with such laws.

Your Family and Friends: Using our best judgment, we may make your PHI known to a family member, other relative, close personal friend or other personal representative that you identify. Such a use will be based on how involved the person is in your care, or payment that relates to your care. We may release information to parents, guardians, and other personal representatives if allowed by law. We also may disclose your information to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status, and location.

Research; Death; Organ Donation: The Plans may use or disclose your PHI for research purposes in limited circumstances. They may disclose the PHI of a deceased person to a coroner, medical examiner, funeral director, or organ procurement organization for certain purposes.

Public Health and Safety: The Plans may disclose your PHI if they believe disclosure is necessary to avert a serious and imminent threat to your health or safety or the health or safety of others. They may disclose your PHI to appropriate authorities if they reasonably believe that you are a possible victim of abuse, neglect, domestic violence or other crimes.

Required by Law: The Plans must disclose your PHI when they are required to do so by law, such as public health disclosure laws.

Workers' Compensation: We may disclose your PHI to comply with Workers' Compensation laws and other similar programs that provide benefits for work-related injuries or illnesses.

Process and Proceedings: The Plans may disclose your PHI in response to a court or administrative order, subpoena, discovery request, or other lawful purpose.

Law Enforcement: The Plans may disclose limited information to law enforcement officials.

Health Oversight Activities: The Plans may disclose your PHI to a health oversight agency for activities authorized by law, such as: audits; investigations; inspections; licensure or disciplinary actions; or civil, administrative, or criminal proceedings or actions. Oversight agencies seeking this information include government agencies that oversee: (1) the health care system; (2) government benefit programs; (3) other government regulatory programs; and (4) compliance with civil rights laws.

Military and National Security: The Plans may disclose to military authorities the PHI of Armed Forces personnel under certain circumstances. They may disclose to authorize federal officials PHI required for lawful intelligence, counterintelligence, and other national security activities.

Other Covered Entities: The Plans 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, the Plans may disclose your PHI to a health care provider when needed by the provider to render treatment to you, and the Plans may disclose PHI to another covered entity to conduct health care operations in the areas of quality assurance and improvement activities, or accreditation, certification, licensing or credentialing.

Security Breaches: The Plans may use or disclose your PHI when determining whether a security breach has occurred for purposes of the HIPAA Breach Notification Rules as set forth in 45 C.F.R. § 164, subpart D. The Plans may also use or disclose your PHI in responding to a breach, as required under the HIPAA Breach Notification Rules. For example, if an individual hacks into the City's computer network, we would investigate the incident to determine the extent of the breach and if PHI had been accessed, used or disclosed in violation of the HIPAA Privacy Rule. If a breach for purposes of HIPAA has occurred, you have the legal right to be notified of the breach and we would promptly notify you of the breach. The Plans may also be required to notify the media and the U.S. Department of Health and Human Services of the breach but your PHI will not be disclosed when such entities are notified of the breach.

GINA: The Plans will not use or disclose PHI that is genetic information for underwriting purposes, as required by the Genetic Information Nondiscrimination Act of 2008. The HIPAA Privacy Rule requires an authorization for most uses and disclosures relating to (i) psychotherapy notes, (ii) marketing activities and (iii) the sale of PHI. In accordance with the HIPAA Privacy Rule requirements, we will not use or disclose your PHI for these purposes without obtaining your specific authorization.

SUD Treatment Information: If the Plans receive or maintain any information about you from a substance use disorder treatment program that is covered by 42 CFR Part 2 (a “Part 2 Program”) through a general consent you provide to the Part 2 Program to use and disclose the Part 2 Program record for purposes of treatment, payment or health care operations, we may use and disclose your Part 2 Program record for treatment, payment and health care operations purposes as described in this Notice. If we receive or maintain your Part 2 Program record through specific consent you provide to us or another third party, we will use and disclose your Part 2 Program record only as expressly permitted by you in your consent as provided to us. In no event will we use or disclose your Part 2 Program record, or testimony that describes the information contained in your Part 2 Program record, in any civil, criminal, administrative, or legislative proceedings by any Federal, State, or local authority, against you, unless authorized by your consent or the order of a court after it provides you notice of the court order.

YOUR INDIVIDUAL RIGHTS

You have the right to request all of the following listed below. Requests should be submitted to the Privacy Officer at PrivacyOfficer@houstontx.gov, faxed to 832.393.7208, or mailed to: Privacy Officer, City of Houston Human Resources Department, 611 Walker, 4th Floor, Houston, Texas 77002. Forms are available online at www.houstontx.gov/hr/privacy-policy.html, or by calling 832.393.6011.

Access to your PHI: You have the right to review and receive a copy of your PHI. Your request must be in writing, and submitted on the ‘HIPAA Request to Inspect PHI’ form. You have the right to request PHI be made available to you electronically in a format that you designate, to the extent that format is feasible to produce. A Plan may charge you a nominal fee for providing you with copies of your PHI. This right does not include the right to obtain copies of the following records: psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding; and PHI that is subject to other state or federal laws that prohibit a Plan from releasing such information. A Plan may also limit your access to your PHI if it determines that providing the information could possibly harm you or another person. You have the right to request a review of that decision.

Amendment: You have the right to request that a Plan amend your PHI. Your request must be in writing, and submitted on the ‘HIPAA Request to Correct or Amend’ form. It must identify the information that you think is incorrect and explain why the information should be amended. A Plan may decline your request for certain reasons, including if you ask it to change information that it did not create. If a Plan declines your request to amend your records, it will provide you a written explanation. You may respond with a statement of disagreement to be appended to the information you wanted amended. If a Plan accepts your request to amend the information, it will make reasonable efforts to inform others, including people you have authorized, of the amendment and to include the changes in any future disclosures of that information.

Accounting of Disclosures: You have the right to receive a report of instances in which a Plan or its business associates disclosed your PHI for purposes other than for treatment, payment, health care operations, and certain other activities. You are entitled to such an accounting for up to six years prior to your request, You must use the ‘HIPAA Request for Accounting’ form. A Plan will provide you with the description of the PHI it disclosed, the reason for the disclosure, and other applicable information. If you request this list more than once in a 12 month period, a Plan may charge you a reasonable fee for creating and sending these additional reports.

Restriction Requests: You have the right to request that a Plan place additional restrictions on its use or disclosure of your PHI for treatment, payment, healthcare operations or to persons you identify. You must use

the 'HIPAA Request Not to Disclose PHI' form. It may be unable to agree to your requested restrictions. If the Plan does, it will abide by its agreement (except in an emergency).

Confidential Communication: You have the right to request that a Plan communicate with you in confidence about your PHI by alternative means or to an alternative location. You must use the 'HIPAA Request for Confidential Information' form. The Plan will comply with any reasonable request, provided you specify an alternative means of communication.

Electronic Notice: If you receive this notice on the Plan sponsor's Web site or by electronic mail (email), you are entitled to receive this notice in paper form. Please contact the Plans using the information listed at the end of this notice to obtain this notice in paper form.

When is this notice effective? This revised notice took effect January 1, 2026, and will remain in effect until the Plans revise it. This revised notice supersedes all previous notices.

What if the Plans change their notice of privacy practices? The Plans reserve the right to change their privacy practices and the terms of this notice at any time and to make the revised or changed notice effective for PHI they already have about you, as well as any information they receive in the future, provided such changes are permitted by applicable law. Any revised version of this notice will be distributed within 60 days of the effective date of any material change to the uses or disclosures, your individual rights, the Plans' duties or other privacy practices stated in this notice or the date required by applicable law. For your convenience, a copy of the Plans' current notice of privacy practices is always available on the Plan's sponsor's Web site, <http://www.houstontx.gov/hr/privacy-policy.html>, and you may request a copy at any time by contacting the Plans' Privacy Officer at 832.393.6011.

Conclusion: PHI use and disclosure by the Plan is regulated by a federal law known as HIPAA (the Health Insurance Portability and Accountability Act). You may find these rules at 45 Code of Federal Regulations Parts 160 and 164. This notice attempts to summarize the regulations. The regulations will supersede any discrepancy between the information in this notice and the regulations.

How can you reach us? If you want additional information regarding the Plans' Privacy Practices, or if you have any questions, please contact the Privacy Officer at the City of Houston, Human Resources Department, 611 Walker, 4th Floor, Houston, Texas 77002; (832) 393-6011; or privacyofficer@houstontx.gov.

How to File a Complaint: You may file a complaint in writing to us if you believe that your privacy rights have been violated. You may file a complaint with us by contacting the Privacy Officer at the City of Houston, Human Resources Department, 611 Walker, 4th Floor, Houston, Texas 77002; (832) 393-6011; or privacyofficer@houstontx.gov. You may also submit a written complaint to the U.S. Department of Health and Human Services, Office of Civil Rights, 1301 Young Street, Suite 1169, Dallas, Texas 75202 or by email to OCRComplaint@hhs.gov. Your privacy is one of the Plans' greatest concerns, and there is never any penalty to you if you choose to file a complaint with the Plans' Privacy Officer or with the U.S. Department of Health and Human Services.