

SOUTHWEST RESEARCH INSTITUTE®

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EMPLOYEE BENEFITS OFFICE

INTEROFFICE MEMORANDUM

As of January 1, 2022

TO: Participants of Institute-Sponsored Health Care Plans

SUBJECT: Notice of Privacy Practices

As a requirement of the Health Insurance Portability and Accountability Act (HIPAA), the Institute and its health care plans are required to take reasonable steps to ensure the privacy of your personally identifiable health information and to inform you of the privacy practices regarding the uses and disclosures of this information. How these rules and procedures are administered is addressed in the attached Notice of Privacy Practices. Similar requirements for protecting personally identifiable health information have been imposed by HIPAA on other persons and entities that provide health care treatment, payment, and administration.

Institute management as well as those who directly administer Institute-sponsored health care plans have been made aware of these new requirements and specific procedures that must be followed when personally identifiable health information is needed or used in the course of their work. The Notice of Privacy Practices is the Institute's policy for the use and disclosure of Protected Health Information by individuals who administer Institute-sponsored health care plans or otherwise may need to use Protected Health Information for such administration.

Should changes to the Institute's policy for use and disclosure of Protected Health Information be required due to amendments or interpretation of the Act in the future, you will be furnished an updated Notice of Privacy Practices. This notice can also be found on the Institute's Benefits website, benefits.swri.org, under Regulatory Documents. You should familiarize yourself with this material. If you have questions, please contact the Institute's HIPAA Privacy Official, Buck Brockman, at (210) 522-5787 or through email at: privacyofficial@swri.org.



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. "We" in this document refers to the members of the Southwest Research Institute Employee Benefits Office. Please review it carefully.

Your Rights

You have the right to:

- Get a copy of your health and claims records
- Correct your health and claims records
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

Your Choices

You have some choices in the way that we use and share information as we:

- Answer coverage questions from your family and friends
- Provide disaster relief
- Market our services and sell your information

Our Uses and Disclosures

We may use and share your information as we:

- Help manage the health care treatment you receive
- Run our organization
- Pay for your health services
- Administer your health plan
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests and work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get a copy of health and claims records

- You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct health and claims records

- You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will consider all reasonable requests, and must say “yes” if you tell us you would be in danger if we do not.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations.
- We are not required to agree to your request, and we may say “no” if it would affect your care.

Get a list of those with whom we’ve shared information

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). 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.

Get a copy of this privacy notice

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information on **the** first page of this notice.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to Centralized Case Management Operations, U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Room 509F HHH Bldg., Washington, D.C. 20201, or visiting <https://www.hhs.gov/hipaa/filing-a-complaint/index.html>.

- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in payment for your care
- Share information in a disaster relief situation

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases we *never* share your information unless you give us written permission:

- Marketing purposes
- Sale of your information

Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways.

Help manage the health care treatment you receive

We can use your health information and share it with professionals who are treating you.

Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.

Run our organization

- We can use and disclose your information to run our organization and contact you when necessary.
- We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. This does not apply to long term care plans.

Example: We use health information about you to develop better services for you.

Pay for your health services

We can use and disclose your health information as we pay for your health services.

Example: We share information about you with your dental plan to coordinate payment for your dental work.

Administer your plan

We may disclose your health information to your health plan sponsor for plan administration.

Example: Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Do research

We can use or share your information for health research.

Comply with the law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests and work with a medical examiner or funeral director

- We can share health information about you with organ procurement organizations.
- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.

- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our website, and we will mail a copy to you.

Effective Date of this Notice

As of January 1, 2021. Should changes to the Institute's policy for use and disclosure of Protected Health Information be required due to amendments or interpretation of the Act in the future, you will be furnished an updated Notice of Privacy Practices.

Privacy official:

If you believe that your privacy rights have been violated, you may complain to the Plan in care of the Southwest Research Institute HIPAA Privacy Official:

HIPAA Privacy Official
Southwest Research Institute
6220 Culebra Road
San Antonio, TX 78238-5166
privacyofficial@swri.org
(210) 522-5787

Texas Laws (<https://www.texasattorneygeneral.gov/>)

Effective September 1, 2012, the Texas Medical Records Privacy Act provides additional protections to consumers. The Act is broader in scope than HIPAA because it applies not only to health care providers, health plans and other entities that process health insurance claims but also to any individual, business, or organization that obtains, stores, or possesses PHI as well as their agents, employees and contractors if they create, receive, obtain, use or transmit PHI.

Under the Act, these individuals, businesses and organizations must comply with several requirements including mandatory training for employees regarding PHI. In most instances, the Act prohibits covered entities from using or disclosing PHI without first obtaining an individual's authorization.

To learn more about the Texas Medical Records Privacy Act go to <http://www.statutes.legis.state.tx.us/Docs/HS/htm/HS.181.htm>

Overview of Your Rights under State and Federal Laws

Right of Access to Health Records

State and federal laws give you the right to ask to review and obtain a copy of your health records from most health care providers such as doctors, hospitals, pharmacies and nursing homes, as well as from your health plan. Your provider may have a form you can use to request your records. In a few special cases, such as instances in which your doctor decides that information in the file may endanger you, you may not be able to obtain all of your information.

A provider may charge for the reasonable costs of copying and mailing your records if you request copies and mailing but may not charge a retrieval fee.

Texas law specifies that if the provider is using an electronic health records system capable of fulfilling the request, the records must be provided not later than the 15th business day after the date your provider receives your written request. The records must be provided to you in electronic form unless you have agreed to accept the records in another form.

Right to amend information in your health records

If you believe that information in your medical records is incorrect, you have the right to request that the provider or health plan correct or amend the record and they must respond to your request. If the provider or health plan does not agree to make your requested corrections, they must notify you in writing and tell you why your request was denied. You have the right to submit a statement of disagreement that the provider or plan must add to your record.

Right to know how your personal health information will be used and shared and to limit who gets to see it

Your provider or health plan must give you a notice of their privacy practices that informs you of three things: (1) the uses and disclosures of your PHI which they are permitted to make; (2) other disclosures which require your authorization; and (3) that in the event of a breach of unsecured PHI, you will receive a notice of that breach. This notice of privacy practices will generally be provided on your first visit to a provider or in the mail from your health plan. You can also obtain a copy at any time that you request it.

In general, your health information cannot be used or shared for other purposes including sales calls or advertising, unless you first give your permission by signing a form authorizing such use. The authorization form must tell you who will get your information and what your information will be used for. Generally, this type of authorization is not required if the disclosure of your health information is for the purpose of treatment, payment, health care operations or performing certain insurance or health care maintenance or organization functions.

Under certain circumstances, a covered entity may disclose PHI without the authorization of the person who is the subject of the protected information. Those circumstances include, but are not limited to, disclosures made to or in connection with a health oversight agency for audits and investigations, a threat to public safety, and situations involving victims of abuse or neglect. Also, if you are incapacitated or in an emergency, providers sometimes may use or disclose your PHI without your authorization if, in the exercise of medical judgment, they determine it is in your best interests. Your PHI may also be disclosed without your authorization if the disclosure is required by law, including a subpoena or court order.

Right to limit marketing uses of protected health information

In general, your health information cannot be used or shared for marketing communications without your authorization. Certain exceptions apply including face to face communications between a covered entity and an individual.

If your PHI is used or disclosed to send a written marketing communication through the mail, that mailing must include the name and toll-free number of the entity which sent you the marketing communication and an explanation of your right to have your name removed from the sender's mailing list. In addition, the mailing must be in an envelope which shows only the name and address of the sender and recipient.

OTHER TEXAS LAWS

Other Texas laws also serve to protect from disclosure specific types of medical records and information including certain doctor-patient communications, genetic information, test results for HIV and AIDS, hospital records, pharmacy records, donor records, regulatory records and mental health records.

TO FILE A COMPLAINT

Under the Texas Medical Records Privacy Act, consumers have the right to file a complaint with the state agencies that regulate covered entities as well as with the Texas Attorney General. For a list of those agencies, contact information and detailed information regarding each agency's complaint process, go to <https://www.texasattorneygeneral.gov/consumer-protection/health-care/patient-privacy>

To file a consumer complaint with the Office of the Texas Attorney General, go to <https://www.texasattorneygeneral.gov/consumer-protection/health-care/patient-privacy>

If you believe your protected health information has been used or disclosed in violation of HIPAA, you have the right to complain to the federal Office of Civil Rights which has authority to investigate complaints against HIPAA covered entities and their business associates: <https://www.hhs.gov/ocr/about-us/contact-us/index.html>

Office for Civil Rights
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Room 509F; HHH Bldg.
Washington, D.C. 20201
Toll-free: (800) 368-1019
TDD toll-free: (800) 537-7697

Southwest Region - (Arkansas, Louisiana, New Mexico, Oklahoma, Texas)
Marisa Smith, Regional Manager
Office for Civil Rights
U.S. Department of Health and Human Services
1301 Young Street, Suite 106
Dallas, TX 75202
Customer Response Center: (800) 368-1019
Fax: (202) 619-3818
TDD: (800) 537-7697
Email: ocrmail@hhs.gov