

**Your Information.
Your Rights.
Our Responsibilities.**

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.**

**Your
Rights**

You have the right to:

- Get a copy of your protected health information
 - Correct your protected health information
 - Request an accounting of disclosures
 - Ask us to limit the information we share
 - Request confidential communication
 - Get a list of those with whom we've shared your protected health information
 - Be notified of a breach
 - Receive a copy of this privacy notice
 - File a complaint if you believe your privacy rights have been violated
- **See pages 2 & 3** for more information on these rights and how to exercise them

**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
 - Sell your information and market services
- **See page 4** for more information on these choices and how to exercise them

**Our
Uses and
Disclosures**

We may use and share your information as we:

- Make payment for your health services
 - Administer the health plan
 - Help manage the health care treatment you may receive
 - Comply with the law
 - Assist in resolving questions or concerns as pursuant to your authorization
 - Administer claims on your behalf with business associates
 - Respond to lawsuits and legal actions
 - Respond to organ and tissue donation requests and work with a medical examiner or funeral director
 - Help with public safety issues
 - Do research
- **See pages 4 & 5** for more information on these disclosures

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 your protected information

- You can ask to see or get a copy of the protected health information we have about you. Ask us how to do this. We may charge you a reasonable fee associated with your request.
- You may be able to receive the information in an electronic format.
- We will respond to your request, usually within 30 days.

Correct your protected health information

- You can ask us to correct existing information or add missing information. Ask us how to do this.
- If we deny your request, you may file a statement of disagreement with us for inclusion in any future disclosures of the disputed information.
- If we deny your request, we'll tell you why in writing within 60 days.

Request an accounting of disclosures

- The accounting will not include disclosures made (1) for purposes of treatment, payment, or health care operations; (2) to you; (3) pursuant to your authorization; (4) to your friends and family; (5) for national security purposes; or (6) incidental to otherwise permissible disclosures.
- One disclosure accounting is free of charge within a 12-month period. Accounting will include all disclosures made within the last six years.

Right to request restrictions

- You can ask us **not** to use or share certain health information for treatment, payment or administrative purposes.
- You can request that we limit the protected health information that we disclose to others involved in your care or in the payment of your care (i.e. family member or friend).
- We are not legally required to agree to your request for restrictions.

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. Ask us how to do this.
- We will consider all reasonable requests.

Get a list of those with whom we've shared your health 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'll include all the disclosures, except those related to treatment, payment, and health care operations, and any you asked us to make. We'll provide one accounting for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Right to be notified of a breach

- In the event that we (or one of our Business Associates) discover a breach of your unsecured protected health information, you will be notified in accordance with federal requirements.

Get a copy of this notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive this notice electronically. Ask us how to do this.
- We will provide you with a paper copy.

Choose someone to act for you

- If you have given someone medical power of attorney 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 on your behalf before we take any action.

File a complaint if you think your rights have been violated

- You can complain if you feel we have violated your rights by contacting us using the privacy officer contact information on page 1.
 - You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Ave, S.W. Washington, D.C. 20201, calling 877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
 - We will not retaliate against you for filing a complaint.
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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'll 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.

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 information in the following ways:

Payment for your health services

- We use your protected health information in order to determine eligibility for benefits, seek reimbursement from a third party, or coordinate benefits with a secondary health plan.

Example: A healthcare provider that provided treatment to you will provide us with your health information and we use that information to determine eligibility for payment under our group health plan.

Administer the health plan

- We will use and disclose protected health information in order to perform plan administration functions such as quality assurance activities, resolution of internal grievances, and evaluating plan performance.

Example: We review claims experience in order to understand participant utilization and to make plan design changes that are intended to control health care costs.

However, we are prohibited from using 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.

Help manage the healthcare treatment you receive

- Although the law allows use and disclosure of your protected health information for treatment purposes, as a health plan we generally do not need to disclose. Your provider is required to provide you with an explanation of how they use and share your health information.

Example: Your treating provider sends you a disclosure notice.

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 those purposes.

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

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.
- We are permitted by law to share information, subject to certain requirements, in order to communicate information on health related benefits or services that may be of interest to you, respond to a court order, or provide information to further public health activities (e.g., preventing the spread of diseases) without your written authorization.
- We are also permitted to share protected health information during a corporate restructuring such as a merger, sale or acquisition.
- We can share information about you in response to a court order or administrative order, or in response to a subpoena.
- We can share health information about you to address worker's compensation, law enforcement, and other governmental requests.
- We can share health information about you with organ procurement organizations. We can also share health information with a coroner, medical examiner, or funeral director when an individual

Pursuant to your authorization

- When required by law, we will ask you for your written authorization before using or disclosing your protected health information. Uses and disclosures not described in this notice will only be made with your written authorization.
- If you choose to sign an authorization to disclose information, you can later revoke that authorization to prevent any future uses or disclosures.

Administer claims on your behalf with business associates & Town of Flower Mound employees

- We may disclose protected health information to Business Associates once they have agreed in writing to safeguard the information.
- We may disclose protected health information to other employees of the Town of Flower Mound for the purpose of administering the plan. These employees will use or disclose the protected health information only as necessary to perform plan administration functions or as otherwise required by HIPAA, unless you have authorized additional disclosures. Your protected health information cannot be used for employment purposes without your specific authorization.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We are required to provide you with this notice about our legal duties and privacy practices with respect to 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 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.
- You can request a copy of our notice at any time. For more information about our privacy practices, contact the Town of Flower Mound Privacy Officer. If you have questions or complaints, please contact:

Lynda B. Bolitho, Privacy Officer
Town of Flower Mound
2121 Cross Timbers Road
Flower Mound, Texas 75028
(972) 874-6015
email: lynda.bolitho@flower-mound.com

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 intranet, and we will mail a copy to you.

Notice Effective Date: September 23, 2013