

**DALLAS COUNTY HOSPITAL DISTRICT d/b/a
PARKLAND HEALTH & HOSPITAL SYSTEM
EMPLOYEE HEALTH PLAN**

NOTICE OF PRIVACY PRACTICES

THIS NOTICE OF PRIVACY PRACTICES DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. **PLEASE REVIEW IT CAREFULLY.**

Dallas County Hospital District d/b/a Parkland Health & Hospital System (“Parkland”) is required to provide this information to participants in its Health Plan. The Health Plan is sponsored by Parkland for the benefit of employees and their eligible dependents and certain retirees and their eligible dependents (together, “Participants”). This Notice of Privacy Practices (the “Notice”) is required in accordance with federal disclosure requirements. The information in this document does not change your current benefits. This Notice is provided for your information only, and no action is required on your part.

This Notice describes the legal obligations of the Health Plan and your legal rights regarding your protected health information (“PHI”) held by the Health Plan under the Health Insurance Portability and Accountability Act of 1996 and the Health Information Technology for Economic and Clinical Health Act. In this Notice, these two laws are referred to together as HIPAA. Among other things, this Notice describes how your PHI may be used or disclosed by the Health Plan to carry out treatment, payment, health care operations, Health Plan administration, or for any other purposes that are permitted or required by law.

PHI means information that is created or received by the Health Plan and relates to the past, present, or future physical or mental health or condition of a participant; the provision of health care to a participant; or the past, present, or future payment for health care provided to a participant. The information must either identify the participant directly or be the type of information that can be used to identify the participant (such as a home address). PHI includes electronic or “E-PHI.” PHI generally does not include enrollment information.

For purposes of this Notice, the term “Health Plan” includes the following plans: the Dallas County Hospital District d/b/a Parkland Health & Hospital System Employee Health Plan, including plans for prescription drug, dental, and vision plan coverage, the employee assistance program and health care flexible spending account plan. This Notice does not apply to programs such as workers’ compensation, disability, and life insurance, and the Family and Medical Leave Act. At any point in time, the Health Plan is required to abide by the terms of the Notice in effect at that time.

Parkland’s core values require ethical behavior, respect for the individual and integrity in all business interactions, and the Health Plan has always been careful with your health information in order to protect your privacy. HIPAA defines standard practices and procedures that all health plans must follow. The law describes how your PHI may be used, who may see it, and how and when it may be shared with others. It also describes how you can access your PHI and how you can ensure your rights are protected.

It is important that you review the enclosed Notice carefully if you are a participant the Health Plan. If you have any questions about this Notice or about the Health Plan’s privacy practices, please contact Parkland’s Office of Talent Management, Benefits Department at the email address or mailing address at the end of this Notice.

Health Plan's Duties

HIPAA requires the Health Plan to:

- maintain the privacy of your PHI;
- provide you with certain rights with respect to your PHI;
- provide you with a copy of this Notice of the Health Plan's legal duties and privacy practices with respect to your PHI;
- notify you following a breach of unsecured PHI; and
- follow the terms of the Notice that is currently in effect.

The Health Plan reserves the right to change the terms of this Notice and to make new provisions regarding your PHI that it maintains, as allowed or required by law. If the Health Plan makes any material changes to this Notice, you will be provided with a copy of the Health Plan's revised Notice of Privacy Practices by posting on *MyParkland*. Parkland will provide the revised Notice, or information about the material change and how to obtain the revised Notice of **Health Plan's Uses and Disclosures of PHI**.

Uses or Disclosures Without Your Written Consent or Authorization. The following categories describe when the Health Plan may use or disclose your PHI without your written consent or authorization. Each category includes general examples of the type of use or disclosure, but not every use or disclosure that falls within a category will be listed:

- **For Treatment.** The Health Plan may use or disclose your PHI to facilitate medical treatment or services by providers. The Health Plan 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 Plan might disclose information about your prior prescriptions to a pharmacist to determine if your prior prescriptions contraindicate a pending prescription.
- **For Payment.** The Health Plan 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, to determine benefit responsibility under the Health Plan, or to coordinate Health Plan coverage. For example, the Health Plan may tell your health care provider about your medical history to determine whether a particular treatment is experimental, investigational, or medically necessary, or to determine whether the Health Plan will cover the treatment. The Health Plan may also share your PHI with a utilization review or precertification service provider. Likewise, the Health Plan may share your PHI with another entity to assist with the adjudication or subrogation of health claims or to another health plan to coordinate benefit payments.
- **For Health Care Operations.** The Health Plan may use or disclose your PHI to conduct quality assessment and improvement activities; underwriting, premium rating, or other activities related to insurance contracts and coverage (including stop-loss insurance); data aggregation services; care coordination, case management, and customer service; conducting or arranging for claims reviews and appeals; auditing, legal, and medical reviews of the Health Plan; and to manage, plan, or develop the Health Plan's business. The Health Plan may share information with other units within Parkland that assist Parkland with plan administration and operations. For example, the Health Plan may provide PHI to Parkland affiliate the Parkland Center for

Clinical Innovation (“PCCI”) to provide data analytic services in connection with case management and care coordination. Another example is that the Health Plan may share your PHI with the Employee Health Center so that it may provide information to you relating to improving health or reducing health care costs, case management and care coordination and contacting you with treatment alternatives. When other Parkland units or affiliates perform services for the Health Plan, those units are educated in HIPAA privacy and security requirements, receive only the minimum necessary information to complete their tasks, and must protect your information to the same extent the Health Plan must protect it. Health Care Operations also includes business management and general Health Plan administrative activities such as educational programs, resolution of internal grievances, business planning, development and management, general administrative activities, including data and information systems management, and sales or consolidations with other providers.

Neither the Health Plan nor Parkland will use or disclose your PHI for employment-related actions, such as hiring or termination, or for any other purposes not authorized or permitted by the HIPAA privacy regulations.

- **Health Services.** The Health Plan may use or disclose your PHI to contact you to tell you about alternative treatments or health-related benefits and services that may be of interest to you.
- **Business Associates.** The Health Plan may disclose your PHI to business associates that assist the Health Plan in administrative, billing, claims, and other matters. Each business associate must agree in writing to ensure the continuing confidentiality and security of your PHI.

Disclosures to Parkland. Parkland as the employer and plan sponsor of the Health Plan may receive your PHI from the Health Plan because Parkland as the plan sponsor has agreed to the following:

- Parkland will only use and disclose your PHI for plan administrative functions, as required by law or as permitted under the HIPAA regulations.
- Parkland will implement administrative, physical and technical safeguards that reasonably and appropriately protect the confidentiality, integrity and availability of the PHI that it creates, receives, maintains, or transmits on behalf of the Plan.
- Parkland will require each of its subcontractors or agents to whom Parkland may provide a covered person's PHI to agree to the same restrictions and conditions imposed on Parkland with regard to a covered person's PHI.
- Parkland will ensure that each of its subcontractors or agents to whom Parkland may provide PHI to agree to implement reasonable and appropriate security measures to protect PHI;
- Parkland will not use or disclose PHI for employment-related actions and decisions or in connection with any other of Parkland's benefits or employee benefit plans.
- Parkland will promptly report to the Health Plan any breach or impermissible or improper use or disclosure of PHI not authorized by the Health Plan documents.
- Parkland will report to the Health Plan any breach or security incident with respect to PHI of which Parkland becomes aware.
- Parkland and the Health Plan will not use genetic information for underwriting purposes;
- Parkland will allow a covered person or the Health Plan to inspect and copy any PHI about the covered person contained in the designated record set that is in Parkland's custody or control to the extent provided in the HIPAA regulations.
- Parkland will amend or correct, or make available to the Health Plan to amend or correct, any

portion of the covered person's PHI contained in the designated record set to the extent required in the HIPAA regulations.

- Parkland will provide a covered person a list of the disclosures of PHI which relate to that covered person. The list will not include disclosures made for treatment, payment, or health care operations. It also will not include disclosures made pursuant to an authorization, made prior to six years before the date of the request, incidental disclosures, disclosures made for national security or intelligence, disclosures made for facility directory purposes, disclosures to persons involved in your care or payment for your care, disclosures to correctional institutions or for law enforcement purposes, or disclosures made as part of a limited data set. The list will include the date of any accountable disclosure, a brief description of the information disclosed (if available), and the purpose of the disclosure (provided this information is known to us). If you request the list more than once in a 12-month period, you may be charged a reasonable fee.
- Parkland will make its internal practices, books and records relating to the use and disclosure of a covered person's PHI available to the Health Plan and to the Department of Health and Human Services or its designee for the purpose of determining the Health Plan's compliance with HIPAA.
- Parkland must, if feasible, return to the Health Plan or destroy all of a covered person's PHI that Parkland receives from or on behalf of the Health Plan when Parkland no longer needs the covered person's PHI to administer the Health Plan. This includes all copies in any form, including any compilations derived from the PHI. If return or destruction is not feasible, Parkland agrees to restrict and limit further uses and disclosures to the purposes that make the return or destruction infeasible.
- Parkland will provide that adequate separation exists between the Health Plan and Parkland so that a covered person's PHI will be used only for the purpose of plan administration.
- Parkland will adopt safeguards as needed to limit unnecessary or inappropriate requests for, access to and disclosure of PHI. Parkland will use reasonable efforts to request, disclose and use only the minimum necessary type and amount of a covered person's PHI to carry out functions for which the information is requested.

Employees who are working on behalf of Parkland in its plan administration role or on behalf of the Health Plan may receive PHI, and then only the minimum necessary amount will be disclosed. Any Parkland employee accessing or using PHI may do so only in carrying out the plan administration functions that Parkland performs for the Health Plan. This includes those Parkland units, affiliates and employees who perform services for the Health Plan as internal business associates. If there is any non-compliance with the required commitments to the Health Plan, the issue of noncompliance will immediately be brought to the attention of the Health Plan's Privacy Officer. Violations will be handled in accord with Parkland's discipline policy for HIPAA infractions.

Uses or Disclosures Permitted or Required by State or Federal Law. The Health Plan may use or disclose your PHI for other important activities permitted or required by state or federal law, with or without your authorization. These include, for example:

- To the U.S. Department of Health and Human Services to audit Plan records.
- As authorized by state workers' compensation laws.
- To comply with legal proceedings, such as a court or administrative order or subpoena.
- To law enforcement officials for limited law enforcement purposes.
- To a governmental agency authorized to oversee the health care system or government

programs.

- To public officials for lawful intelligence, counterintelligence, and other national security purposes.
- To public health authorities for public health purposes.

Other Permitted Uses and Disclosures. The Health Plan may also use and disclose your PHI as follows:

- To a family member, friend or other person, to help with your health care or payment for health care, if you are in a situation such as a medical emergency and cannot give your agreement to the Health Plan to do this.
- To your personal representatives appointed by you or designated by applicable law. We may require your personal representative to provide us with a written notice/authorization and any supporting documents (*i.e.*, a power of attorney) prior to making any disclosure.
- To consider claims and appeals regarding coverage, exclusion, cost, and privacy issues.
- For research purposes: In certain circumstances, we may use PHI to conduct research. Where permitted under federal law, institutional policy and approved by an institutional review board or a privacy board or when an authorization is not required by such a board, PHI may be further used or disclosed. In addition, PHI may be used or disclosed for research as "limited data sets" or "deidentified data" which do not include your name, address or certain other direct identifiers.
- To a coroner, medical examiner, or funeral director about a deceased person.
- To an organ procurement organization in limited circumstances.
- To avert a serious threat to your life, health or safety or the life, health or safety of others.

Other Applicable Laws. The Health Plan's use and disclosure of your PHI must comply with applicable Texas law and other federal laws besides HIPAA. Texas law and federal regulations place certain additional restrictions on the use and disclosure of PHI. Under no circumstances will genetic testing information be used for underwriting purposes.

Uses and disclosures With Your Permission. The Health Plan will not use or disclose your PHI for other purposes not described in this Notice unless you give the Health Plan your written authorization. If you give the Health Plan written authorization to use or disclose your PHI for a purpose that is not described in this Notice, then, in most cases, you may revoke it in writing at any time. Your revocation will be effective for all your PHI the Health Plan maintains, unless the Health Plan has acted in reliance on your authorization.

Your Rights Regarding PHI

You have certain rights regarding your PHI. To exercise the rights described below, you must send a written request to Parkland's Office of Talent Management at the email address or mailing address listed at the end of this Notice.

- **Access.** You have the right to inspect and receive a copy of your PHI. You have the right to request a readily producible form in which your PHI may be delivered. You may obtain a copy in electronic format if the PHI is held in that format, and, if you choose, direct the Health Plan to transmit a copy to a party you designate. The Health Plan may charge you a fee to copy and mail the information to you or to prepare a summary or explanation. HIPAA provides a legal

exception to the Health Plan's duty to disclose your PHI to you. If that exception applies, the Health Plan may deny your request to see your PHI. You may be entitled to have a licensed health care professional review that denial.

- **Disclosure Accounting.** You have the right to request an accounting of certain disclosures made by the Health Plan during the six years prior to your request. You are not entitled to an accounting of disclosures made for payment, treatment, or health care operations, disclosures you authorized in writing or other disclosures for which federal law does not require the Health Plan to provide an accounting.
- **Restrictions on Certain Uses and Disclosures.** You have the right to ask the Health Plan to restrict how your PHI is used and disclosed for treatment, payment and health care operations. You may also ask the Health Plan to restrict disclosures to your family members, relatives, friends, or other persons you identify who are involved in your care or payment for your care. While the Health Plan may honor your request, the Health Plan is not required to agree to such requests in most cases.
- **Confidential Communications.** You have the right to request that you receive your PHI by alternative means or at an alternative location if you reasonably believe that other disclosure could pose a danger to you. For example, you may only want to have information sent by mail or to a work address.
- **Amendment Request.** You have the right to request amendment or correction of inaccurate PHI. A request for amendment may be denied in certain circumstances (e.g., if the PHI is accurate and correct as it is). If the request is denied, you have the right to add a statement of your disagreement to your PHI.
- **Right to a Paper Copy of this Notice.** You have the right to request and obtain a paper copy from the Health Plan at any time.
- **Right to Notice of Breach of Unsecured PHI.** You have the right to receive notice in the event that unsecured PHI identifying you has been, or is reasonably believed to have been used, accessed, acquired or disclosed in an unauthorized manner.
- **Disclosure of Genetic Information.** The Health Plan is generally prohibited from using or disclosing your PHI that is considered genetic information for underwriting purposes.

Complaints

If you believe that your privacy rights have been violated, you may file a complaint with the Health Plan or with the Office for Civil Rights of the United States Department of Health and Human Services. To file a complaint with the Health Plan, contact Parkland's Office of Talent Management at the address at the end of this Notice. All complaints must be submitted in writing.

You will not be penalized, or in any other way retaliated against, for filing a complaint with the Office for Civil Rights or with us.

Contacting the Health Plan

You may exercise the rights described in this Notice by contacting Parkland's Office of Talent Management, which will provide you with additional information. The contact is:

Parkland Health & Hospital System
Attn: Office of Talent Management, Benefits Department
5200 Harry Hines Boulevard
Support Building B

Dallas, Texas 75235
469.419.3000 (ext. 7-3000)

A copy of this Notice is also posted on *MyParkland* on the PeopleSoft self-service system.

Effective Date

This Notice is effective June 7, 2021.