

**UT SELECT, UT DENTAL SELECT AND UT FLEX  
Notice of Privacy Practices**

**REVISION EFFECTIVE AS OF March 23, 2009**

**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.**

**I. PURPOSE OF THIS NOTICE.** This Notice of Privacy Practices (this “Notice”) describes the privacy practices of the UT SELECT, UT DENTAL SELECT and UT FLEX Self-funded Group Health Plans (“the Plans”) which are funded by The University of Texas System and administered by the Office of Employee Benefits (“OEB”) of the University of Texas System Administration. Federal law requires OEB to ensure that any medical information that it collects, creates or holds on behalf of the Plans which identifies you remains private. Federal law also requires OEB to provide this Notice of OEB’s legal duties and privacy practices with respect to your medical information. Specifically, this Notice describes how OEB may use or disclose your medical information (*see* Section II), your rights concerning your medical information (*see* Section III), how you may contact OEB regarding OEB’s privacy policies (*see* Section IV), and OEB’s right to revise this Notice (*see* Section V).

OEB will abide by the terms of this Notice as long as it is in effect. This Notice applies to any use or disclosure of your medical information occurring on or after the effective date written at the top of this page, even if OEB created or received the information before the effective date. This Notice will no longer apply once a revised version of this Notice becomes effective.

**II. HOW OEB MAY USE OR DISCLOSE YOUR MEDICAL INFORMATION.** OEB may use or disclose your medical information only as described in this Section II.

**A. Treatment.** OEB may disclose your medical information to a health care provider for your medical treatment.

**B. Payment.** OEB may use or disclose your medical information in order to determine premiums, determine whether OEB is responsible for payment of your health care, and make payments for your health care. For example, before paying a doctor’s bill, OEB may use your medical information to determine whether the terms of your Plan cover the medical care you received. OEB may also disclose your medical information to a health

care provider or other person as needed for that person’s payment activities.

**C. Health Care Operations.** OEB may use or disclose your medical information in order to conduct “health care operations.” Health care operations are activities that federal law considers important to OEB’s successful operation. As examples, OEB may use your medical information to evaluate the performance of participating providers in a Plans’ networks, and OEB may disclose your medical information to an auditor who will make sure that a third party administrator of a Plan is complying with contracts and applicable laws. In addition, third party administrators of the plan may contact you to give you information about treatment alternatives or other health-related services that may interest you. OEB may also disclose your medical information to a health care provider or other health plan that is involved with your health care, as needed for that person’s quality-related health care operations.

**D. Required by Law.** OEB will use or disclose your medical information if a federal, state, or local law requires it to do so.

**E. Required by Military Authority.** If you are a member of the Armed Forces or a foreign military, OEB may use or disclose your medical information if the appropriate military authorities require it to do so.

**F. Serious Threat to Health or Safety.** OEB may use or disclose your medical information if necessary because of a serious threat to someone’s health or safety.

**G. Limited Data Set.** OEB may use or disclose your medical information for purposes of health care operations, research, or public health activities if the information is stripped of direct identifiers and the recipient agrees to keep the information confidential.

**H. Disclosure to You.** OEB may disclose your medical information to you.

**I. Disclosures to Individuals Involved with Your Health Care.** OEB may use or disclose your medical information in order to tell someone responsible for your care about your location or condition. OEB may disclose your medical information to your relative, friend, or other person you identify, if the information relates to that person’s involvement with your health care or payment for your health care.

**J. Disclosures to Business Associates.** OEB may contract with an entity to perform services on behalf of OEB. OEB may then disclose your medical information to such “business associate,” and the business associate will use

or disclose your medical information only to the extent OEB would be able to do so under the terms of this Section II.

**K. Other Disclosures.** OEB may disclose your medical information to:

- Authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law;
- Law enforcement officials if they need the information to investigate a crime or to identify or locate a suspect, fugitive, material witness, or missing person;
- Health oversight agencies, if authorized by law, in order to monitor the health care system, government benefit programs, or compliance with civil rights laws;
- Persons authorized by law to receive public health information, including reports of disease, injury, birth, death, child abuse or neglect, food problems, or product defects;
- Persons authorized by law to receive the information under a court order, subpoena, discovery request, warrant, summons, or similar process;
- Persons who need the information to comply with workers’ compensation laws or similar programs providing benefits for work-related injuries or illnesses;
- Governmental agencies authorized to receive reports of abuse if you are a victim of abuse, neglect, or domestic violence;
- Coroners or medical examiners, after your death, to identify you, to determine your cause of death, or as otherwise authorized by law;
- Funeral directors, after your death, who need the information;
- The Secretary of Health and Human Services, a federal agency that investigates compliance with federal privacy law.

**L. Incidental Uses and Disclosures.** Uses and disclosures that occur incidentally with a use or disclosure described in this Section II are acceptable if they occur notwithstanding OEB’s reasonable safeguards to limit such incidental uses and disclosures.

**M. Written Authorization.** OEB may use or disclose your medical information under circumstances that are not described above only if you provide permission by “written authorization.” After you provide written

authorization, you may revoke that authorization, in writing, at any time by sending notice of the revocation to the Contact Person identified in Section IV of this Notice. If you revoke an authorization, OEB will no longer use or disclose your medical information under the circumstances permitted by that authorization. However, OEB cannot take back any disclosures already made under that authorization.

### III. YOUR RIGHTS CONCERNING YOUR MEDICAL INFORMATION.

You have the following rights associated with your medical information:

- A. Right To Request Restrictions.** Although OEB is generally permitted to use or disclose your medical information for treatment, payment, health care operations, and notification to individuals involved with your health care, you have the right to request that OEB limit those uses and disclosures of medical information. You must make your request in writing to OEB's Contact Person identified in Section IV of this Notice. Your request must state (1) the information you want to limit, (2) to whom you want the limit to apply, (3) the special circumstances that support your request for a restriction on Plan disclosures, and (4) if your request would impact payment, how payment will be handled. OEB will consider your request but does not have to agree to it. If OEB does agree, OEB will comply with your request (unless the disclosure is for your emergency treatment or is required by law) until you or OEB cancels the restriction. There is a form you can use to make this request which is available on the OEB website or by contacting OEB or the Office of Human Resources at the component institution of The University of Texas System where you are employed.
- B. Right To Confidential Communications.** You have the right to request that OEB communicate your medical information to you by a certain method (for example, by e-mail) or at a certain location (for example, at a post office box). You must make your request in writing to OEB's contact person. Your request must include the method or location desired. If your request would impact payment, you must describe how payment will be handled. Your request must indicate why disclosure of your medical information by another method or to another location could endanger you.
- C. Right To Inspect and Copy.** You have the right, in most cases, to inspect and copy your medical information maintained by or for OEB. You must make your request in writing to OEB's Contact Person identified in Section IV of this Notice. If OEB denies your request, you may have the right to have the denial reviewed by a licensed health care professional selected by OEB. If OEB (or a licensed health care professional performing the review on behalf of OEB) grants your request to inspect your

information, OEB will provide you with the requested access. If OEB (or the licensed health care professional on review) grants your request to copy your information, OEB will provide you with the requested documents, but OEB may charge you a fee.

**D. Right To Amend.** If you feel that medical information OEB has about you is incorrect or incomplete, you may ask OEB to amend the information. You have the right to request an amendment for as long as the information is kept by or for OEB. You must make your request in writing to the Contact Person identified in Section IV of this Notice, and you must give a reason that supports your request. If OEB denies your request for an amendment, OEB will explain to you its reasons for denial and your appeal rights following denial.

**E. Right To an Accounting of Disclosures.** You have the right to request a list of disclosures of your medical information that have been made by OEB and its business associates. OEB does not have to list the following disclosures:

- Disclosures for treatment;
- Disclosures for payment;
- Disclosures for health care operations;
- Disclosures of a limited data set for health care operations, research, or public health activities;
- Disclosures to you;
- Disclosures to individuals involved with your health care;
- Disclosures to authorized federal officials for national security activities;
- Disclosures that occur incidentally with other permissible uses and disclosures;
- Disclosures made under your written authorization; and
- In certain circumstances, disclosures to law enforcement officials or health oversight agencies.

You must make your request in writing to the Contact Person identified in Section IV of this Notice. Your request must state the time period during which the disclosures were made, which may not include dates more than six years prior to the request or before April 14, 2003. OEB may charge you a fee for the list of disclosures if you request more than one list within 12 months.

**F. Right To Make a Complaint.** If you believe your privacy rights have been violated, you may file a written complaint with OEB's contact person or with the federal government's Department of Health and Human Services. OEB will not penalize you or retaliate against you in any way if you file a complaint.

**G. Right to a Paper Copy of This Notice.** You have the right to request a paper copy of this Notice, even if you have received this Notice electronically. You may make your request to the Contact Person identified in Section IV of this Notice at any time.

### IV. WHOM TO CONTACT REGARDING OEB'S PRIVACY POLICIES.

**A. OEB's Contact Person.** To obtain a copy of the most current Notice, to exercise any of your rights described in this Notice, or to receive further information about the privacy of your medical information, you may contact OEB's Contact Person at:

**Manager of Insurance Benefits  
Office of Employee Benefits  
702 Colorado Street, Suite 2.100  
Austin, Texas 78701  
(512) 499-4616**

**B. Department of Health and Human Services.** To obtain further information about the federal privacy rules or to submit a complaint to the Department of Health and Human Services, consult the Department's website at [www.dhhs.gov/ocd/privacy/hipaa/complaints/index.html](http://www.dhhs.gov/ocd/privacy/hipaa/complaints/index.html). You can also contact the Department's Regional Office via regular mail, phone or fax:

**Ralph Rouse, Regional Manager, Region IV  
Office of Civil Rights  
U.S. Department of Health and Human Services  
1301 Young Street, Suite 1169  
Dallas, TX 75202**

**Voice Phone (214) 767-4056, FAX (214) 767-0432, TDD (214) 767-8940**

**C. Electronic Copy of This Notice.** You may obtain an electronic copy of the most current version of this Notice at the following website:  
<http://www.utsystem.edu/benefits/hipaa>.

**V. OEB'S RIGHT TO REVISE THIS NOTICE.** OEB reserves the right to change the terms of this Notice at any time. OEB also reserves the right to make the revised notice effective for medical information OEB already has about you as well as any information OEB receives while such notice is in effect. Within 60 days of a material revision to this Notice, OEB will provide the revised notice to all individuals then covered by a Plan. If you want to make sure that you have the latest version of this Notice, you may contact OEB's Contact Person.