



The University of Texas System



NOTICE OF PRIVACY PRACTICES

FOR ALL UT BENEFITS MEMBERS

A PUBLICATION OF THE OFFICE OF EMPLOYEE BENEFITS

REV.
JUL 2026

University of Texas System Notice of Privacy Practices

Revised as of July, 2026

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU, INCLUDING CERTAIN SUBSTANCE USE DISORDER RECORDS, MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

I. PURPOSE AND SCOPE OF THIS NOTICE

This Notice of Privacy Practices (this “Notice”) describes the privacy practices of the **UT SELECT™**, **UT SELECT™** Dental and Dental Plus 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 the Employee Benefits (OEB) within the University of Texas System Administration (System). Federal law requires OEB to make sure that any medical information that it collects, creates or holds on behalf of the Plans that identifies you remains private. In this Notice, medical information includes information from the above listed programs, and any substance use disorder patient information. Federal law also requires OEB to maintain 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 IV), how you may contact System regarding OEB’s privacy policies, including how to file a complaint concerning a violation of privacy or security of your health information (see Section VI), and OEB’s right to revise this Notice (see Section VII). 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.

This notice applies to **UT SELECT™**, **UT SELECT™** Dental and Dental Plus and **UT FLEX** Self-funded Group Health Plan members and their dependents.

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 complying with contracts and applicable laws. In addition, OEB 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 medical information to evaluate the performance of participating providers in the 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.

- 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 or to a third party to whom you request us in writing to disclose your medical information.
- 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 or otherwise arrange with other entities or OEB offices to perform services on behalf of the Plans. OEB may then disclose your medical information to these "Business Associates," and these Business Associates 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. These Business Associates are also required to comply with federal law that regulates your medical information privacy.
- K. Other Disclosures.** OEB may also 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, to identify you, to determine your cause of death, or as otherwise authorized by law;
 - Funeral directors, 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 Privacy Officer

identified in Section VI 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. RESTRICTIONS

- A.** OEB will not use your medical information for fundraising purposes.
- B.** OEB will never use your genetic medical information about you for underwriting purposes. Using or disclosing your genetic information is prohibited by federal law.
- C.** OEB does not use your medical information for marketing purposes. "Marketing" does not include face to face communications with you, or any communications for which the Plan receives no remuneration such as refill reminders, treatment plans, alternatives to treatment, case management,

value added services provided in connection with a Plan, and other purposes related to treatment and health care operations. "Marketing" also excludes promotional gifts of nominal value provided by the Plan.

- D.** OEB does not sell your medical information.
- E.** OEB will not use or disclose substance use disorder records subject to 42 C.F.R. Part 2 (Part 2), or testimony relating to the content of such records in any legal proceeding against you, unless you give, or have given your written consent.

IV. 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 the Privacy Officer. 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 System website <https://www.utsystem.edu/documents/docs/publication/2013/hipaa-request-restriction-use-or-disclosure-of->

[protected-health-information](https://www.utsystem.edu/documents/docs/publication/2013/hipaa-request-restriction-use-or-disclosure-of-) or by contacting the Privacy Officer, information listed in Section VI, or the Benefits Office at The University of Texas System institution that you contact for assistance with your System insurance benefits.

- 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 the Privacy Officer. 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 the Privacy Officer. 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 OEB will provide you with the requested access. You may request copies of such information but OEB may charge you a reasonable 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 Privacy Officer, and you must give a reason that supports your request. If the Privacy Officer denies your request for an amendment, they will explain to you the 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. You must make your request in writing to the Privacy Officer. 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. OEB may charge you a fee for the list of disclosures if you request more than one list within 12 months. 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.

F. Right to Make a Complaint. If you believe your privacy rights have been violated, you may file a written complaint with the Privacy Officer 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.

Office of Civil Rights
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, DC 20201
(800) 368-1019
TDD (800) 537-7697

Online Complaint Portal:
www.hhs.gov/ocr/complaints

Email: OCRPrivacy@hhs.gov

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 Privacy Officer.

V. BREACH NOTIFICATIONS

OEB makes every effort to secure your health information, including the use of encryption and multi-factor authentication whenever possible. In the event that any of your medical information that has not been encrypted is the subject of a breach, System will provide you with a written or electronic notification about the breach as required by federal law.

VI. WHOM TO CONTACT REGARDING OEB'S PRIVACY POLICIES

- a. **System's Privacy Officer.** 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 System's Privacy Officer at:

Privacy Officer c/o
Systemwide Compliance Office
The University of Texas System
210 West 7th Street
Austin, Texas 78701-2902
(800) 888-6824
Email: Privacyofficer@utsystem.edu

- 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, you may contact the Department by telephone at (800) 368-1019 or through the complaint reporting tool at: www.hhs.gov/ocr/complaints.

Electronic Copy of This Notice. You may obtain an electronic copy of the most current version of this Notice at the following website: www.utsystem.edu/offices/employee-benefits/hipaa-and-privacy.

VII. 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 the Privacy Officer.



The University of Texas System

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