

HIPAA POLICY AND PROCEDURES

NOTICE OF PRIVACY PRACTICES

EFFECTIVE DATE: SEPTEMBER 23, 2013

THIS NOTICE DESCRIBES HOW PROTECTED HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

This Notice describes how the Fire and Police Retiree Health Care Fund (the “Covered Entity”), will use and disclose your Protected Health Information (“PHI”), whether recorded in your medical record, invoices, payment forms, videotapes or other ways.

Texas law prohibits the sale of protected health information (except to another covered entity for treatment, payment, health care operations, performance of an insurance or health maintenance organization function, or as required by law) and requires notice to individuals whose PHI is subject to electronic disclosure. An authorization for each disclosure of PHI is required, except as discussed below.

I. USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION

In certain circumstances, the Covered Entity is permitted or required to use or disclose your PHI without obtaining your prior authorization and without offering you the opportunity to object, including:

1. Permitted Uses and Disclosures

a. Uses or disclosures for purposes relating to treatment, payment and health care operations:

(1) Treatment. The Covered Entity may use or disclose your PHI for the purpose of providing, or allowing others to provide, treatment to you. An example would be if your primary care physician discloses your PHI to another doctor for the purposes of a consultation. Also, the Covered Entity may contact you with appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

(2) Payment. The Covered Entity may use or disclose your PHI for the purpose of allowing the Covered Entity, as well as other entities, to secure payment for the health care services provided to you. For example, the Covered Entity may inform your health insurance company of your diagnosis and treatment in order to

assist the insurer in processing the Covered Entity's claim for the health care services provided to you.

- (3) Health Care Operations. The Covered Entity may use or disclose your information for the purposes of the Covered Entity's day-to-day operations and functions. For example, the Covered Entity may compile your PHI, along with that of other participants, in order to allow a team of the Covered Entity's health care professionals to review that information and make suggestions concerning how to improve the quality of care provided by the Covered Entity. However, the Covered Entity may not use your genetic information for underwriting purposes.
- b. When required to do so by federal, state or local law;
 - c. For public health purposes, such as any required or permitted disclosure to report diseases, injuries, or vital statistics, or reactions to medications or problems with products or to notify people of recalls of products they may be using, or who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition ;
 - d. To disclose information about victims of abuse, neglect, or domestic violence;
 - e. To disclose to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.
 - f. For judicial or administrative proceedings, such as any lawsuit in which your PHI is relevant to the proceedings;
 - g. To a law enforcement official as part of law enforcement activities; in investigations of criminal conduct or of victims of crime; in response to court orders; in emergency circumstances; or when required to do so by law;
 - h. If you are an inmate of a correctional institution or under the custody of a law enforcement official, to the correctional institution or law enforcement official if necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution;
 - i. To assist coroners, medical examiners or funeral directors with their official duties;
 - j. To facilitate organ, eye or tissue donation;

- k. When instances of imminent and serious threat exists as to your health or safety or that of the public or another person;
- l. For specialized governmental functions, such as military, national security, criminal corrections, or public benefit purposes;
- m. For workers' compensation purposes, as permitted by Texas law;
- n. To individuals or entities with whom we may contract who provide certain functions, activities, or services for or to the Covered Entity, known as Business Associates. In order to perform these functions, Business Associates will receive, create, maintain, use and/or disclose your PHI, but only after they agree in writing with us to implement appropriate safeguards regarding your medical information. For example, we may disclose your PHI to a Business Associate to administer claims or to provide support services such as utilization management, but only after the Business Associate enters into a Business Associate Agreement or an Addendum to its current contract with us;
- o. To researchers, when the individual identifiers have been removed, or when an institutional review board or privacy board has reviewed the research proposal, established protocols to ensure the privacy of the requested information, and approved the research;

2. Other Permitted Uses and Disclosures.

To the extent authorized by law, we may disclose your PHI to your family or other individuals identified by you when they are involved in your care or the payment for your care. We will only disclose the PHI directly relevant to their involvement in your care or payment. We may also use or disclose your PHI to notify a family member or another person responsible for your care of your location, general condition or death. We will determine whether a disclosure to your family or friends is in your best interest, and then, to the extent allowed by law, we will disclose only the PHI that is directly relevant to their involvement in your care.

3. Required Uses and Disclosures.

- a. We are required to disclose your PHI to the Secretary of the United States Department of Health and Human Services when the Secretary is investigating or determining our compliance with the HIPAA privacy rule.
- b. When you request, we are required to disclose to you the portion of your PHI that contains medical records, billing records, and any other records used to make decisions regarding your health care benefits. We are also required, when requested, to provide you with an accounting of most disclosures of your PHI where the disclosure was for reasons other than for payment, treatment or health care operations, and where the PHI was not disclosed pursuant to your individual authorization.

Other uses or disclosures of your protected health information not described above will only be made with your written authorization. For example, in general and subject to specific conditions, the Covered Entity will not use or disclose your psychiatric notes, will not use or disclose your protected health information for marketing, and will not sell your protected health information, unless you give the Covered Entity a written authorization. You may revoke written authorizations at any time, so long as the revocation is in writing. Once the Covered Entity receives your written revocation, it will only be effective for future uses and disclosures. It will not be effective for any information that may have been used or disclosed in reliance upon the written authorization and prior to receiving your written revocation.

II. YOUR RIGHTS

1. To Request Restrictions. You have the right to request restrictions on the use and disclosure of your PHI for treatment, payment or health care operations purposes or notification purposes. The Covered Entity is not required to agree to your request, except in the case of a disclosure to a health plan for payment or health care operations (and is not for the purposes of carrying out treatment) and the PHI pertains solely to a health care item or service for which the health care provider involved has been paid out of pocket in full. If the Covered Entity does agree to a restriction, it will abide by that restriction unless you are in need of emergency treatment and the restricted information is needed to provide that emergency treatment. To request a restriction, obtain a Covered Entity form and submit that form to the Contact Person listed on the final page of this Notice.
2. To Confidential Communications. You have the right to receive confidential communications about your own PHI. This means that you may, for example, designate that we contact you only via e-mail, or at work rather than home. To request communications via alternative means or at alternative locations, obtain a Covered Entity form and submit that form to the Contact Person listed on the final page of this Notice.
3. To Access and Copy Protected Health Information. You have the right to inspect and copy most PHI about you, including PHI contained in an Electronic Health Record. If the information you request is maintained electronically, and you request an electronic copy, we will provide a copy in the electronic form and format you request, if the information can be readily produced in that form and format; if the information cannot be readily produced in that form and format, we will work with you to come to an agreement on form and format. If we cannot agree on an electronic form and format, we will provide you with a paper copy. To arrange for access to your records, or to receive a copy of your records, obtain a Covered Entity form and submit that form to the Contact Person listed on the final page of this Notice. If you request copies, you will be charged the Covered Entity's regular fee for copying and mailing the requested information.
4. To Request Amendment. You may request that your PHI be amended. Your request may be denied under certain circumstances. If your request to amend

your PHI is denied, you may submit a written statement disagreeing with the denial, which the Covered Entity will keep on file and distribute with all future disclosures of the information to which it relates. To amend any information, obtain a Covered Entity form and submit that form to the Contact Person listed on the final page of this Notice.

5. To an Accounting of Disclosures. You have the right to an accounting of any disclosures of your PHI made during the six-year period preceding the date of your request, except for disclosures made on or after January 1, 2011 for the purpose of carrying out treatment, payment, or health care operations of PHI contained in an Electronic Health Record where your right is limited to the three-year period preceding the date of your request. However, the following disclosures will not be accounted for: (i) disclosures made for the purpose of carrying out treatment, payment or health care operations of PHI not contained in an Electronic Health Record, (ii) disclosures made to you, (iii) disclosures of information maintained in the Covered Entity's participant directory, or disclosures made to persons involved in your care, or for the purpose of notifying your family or friends about your whereabouts, (iv) disclosures for national security or intelligence purposes, (v) disclosures to correctional institutions or law enforcement officials who had you in custody at the time of disclosure, (vi) disclosures that occurred prior to the plan's adoption date, (vii) disclosures made pursuant to an authorization signed by you, (viii) disclosures that are incidental to another permissible use or disclosure, or (ix) disclosures made to a health oversight agency or law enforcement official, but only if the agency or official asks the Covered Entity not to account to you for such disclosures and only for the limited period of time covered by that request. The accounting will include the date of each disclosure, the name of the entity or person who received the information and that person's address (if known), and a brief description of the information disclosed and the purpose of the disclosure. To request an accounting of disclosures, obtain a Covered Entity form and submit that form to the Contact Person listed on the final page of this Notice.
6. To a Paper Copy of this Notice. You have the right to obtain a paper copy of this Notice upon request.

III. THE PLAN'S DUTIES

1. The Covered Entity is required by law to maintain the privacy of your PHI and to provide you with this Notice of its legal duties and privacy practices. The Covered Entity is also required by law to provide you with certain rights with respect to your PHI, as outlined above. The Covered Entity is required to notify you in the event you are affected by a breach of unsecured PHI.
2. The Covered Entity is required to abide by the terms of the Notice currently in effect. The Covered Entity reserves the right to change the terms of this Notice and to make those changes applicable to all PHI that the Covered Entity

maintains. Any changes to this Notice will be posted at the Covered Entity's website, and will be available upon request.

IV. COMPLAINTS

You can complain to the Covered Entity and to the Secretary of the Department of Health and Human Services if you believe your privacy rights have been violated. To make a complaint to the Covered Entity, please file a written complaint with the Contact Person set forth below. This Contact Person will also provide you with further information about the Covered Entity's privacy policies upon request. No action will be taken against you for filing a complaint.

A complaint to the Department of Health and Human Services should be sent to: Office for Civil Rights, U.S. Department of Health and Human Services, 1301 Young St., Ste. 1169, Dallas, TX 75202.

V. DESIGNATED CONTACT PERSON:

FIRE AND POLICE RETIREE HEALTH CARE FUND IS THE DESIGNATED CONTACT PERSON FOR THE COVERED ENTITY. YOU MAY CALL (210) 494-6500.