We may disclose protected health information for law enforcement purposes, including the following:

- Violent crimes
- Crimes occurring at a US Family Health Plan site
- Situations pertaining to victims of a crime
- Information requests for identification and location of individuals
- Response to legal proceedings
- Deaths suspected from criminal conduct

We also disclose protected health information to law enforcement purposes, including the following:

- Criminal activity
- Military activity
- Circumstances pertaining to victims of a crime
- Information requests for identification and location of individuals
- Response to legal proceedings
- Deaths suspected from criminal conduct

In any other situation not covered by this notice, we will ask for your written authorization before using or disclosing your protected health information. If you choose to authorize our use or disclosure of your protected health information, you can later revoke that authorization by notifying us in writing of your decision.

Your Rights Regarding Your Health Information

You may exercise the following rights by submitting a written request to the US Family Health Plan Privacy Officer. Depending on your request, you may also have rights under the Privacy Act of 1974. US Family Health Plan customer service representatives can guide you in pursuing these options. Please be aware that the US Family Health Plan may decline your request, you may seek a review of the denial.

- Right to Request Amendment
- Right to Request Confidential Communications
- Right to Request Access
- Right to Request a Copy of a Restricted Use or Disclosure
- Right to Request to Limit Use or Disclosure
- Right to Request to restrict the use or disclosure of protected health information about you for treatment, payment or healthcare operations or to persons involved in your care except when specifically authorized by you, when required by law, or in an emergency.
- Right to Request to limit the disclosure of health information to a certain person or facility.
- Right to Request to restrict the disclosure to a certain person or facility.
- Right to Request to limit the disclosure to a certain person or facility.
- Right to Request to restrict the disclosure to a certain person or facility.

In most cases, you have the right to look at or get a copy of medical information that we use to make decisions about your care, when you submit a written request. If you request copies, we may charge a fee for the cost of copying, mailing or other related supplies. If we deny your request to review or obtain a copy, you may submit a written request for a review of that decision.

This right does not include inspection and copying of the following records: psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding; and protected health information that is subject to law that prohibits access to protected health information.

You have the right to request that protected health information about you be communicated to you in a confidential manner, such as sending mail to an address other than your home, by notifying us in writing of the specific way or location for us to use to communicate with you.

You have the right to request that we correct the records if you believe that information in our record is incorrect or if important information is missing. You have the right to request that we correct the records. Your request may be submitted in writing. A request for amendment must provide a reasonable amount of time for us to review the request and make a decision. We will inform you of our decision on your request.

If you are concerned that your privacy rights have been violated, or you disagree with a decision, you may request access to your records, you may contact your Privacy Officer (listed below). You may also contact our CHRISTUS Health Integrity Line, available 24-hours, at 1-888-728-8383.

Finally, you may send a written complaint to the U.S. Department of Health and Human Services Office of Civil Rights. Our Privacy Officer can provide you the address. Under no circumstance will you be penalized or retaliated against for filing a complaint.

Contact Information

You may contact your US Family Health Plan Privacy Officer for further information about the complaint process or for further explanation of this document.

Privacy Officer Contact Information:
US Family Health Plan
2027 North Loop West
Houston, Texas 77008
1-800-67U-SFHP
www.usfamilyhealthplan.org

This notice is effective in its entirety as of March 26, 2013.
We may use or disclose your protected health information, as described in this notice of privacy practices. This notice applies to all of the US Family Health Plan’s health care operations. We may change our practices and make new decisions about how we use or disclose your health information, so we will make the new notice of privacy practices available upon request. An updated notice of privacy practices is available on our website (www.usfamilyhealthplan.org) or by contacting customer service at 1-800-67U-SFHP and requesting that a copy be mailed to you.

HOW WE MAY USE OR DISCLOSE YOUR PROTECTED HEALTH INFORMATION

Following are examples for permitted uses and disclosures of your protected health information. These examples are not exhaustive.

By law, we must disclose your health information to you unless it has been determined by a competent medical authority that it would be harmful to you. We may also disclose health information to the Secretary of the Department of Health and Human Services (DHHS) for activities authorized by law, such as audits, investigations, and inspections. These health oversight agencies might include government agencies that oversee the health care system, government health benefit programs, other government regulatory programs, and civil rights laws.

Food and Drug Administration

We may disclose your protected health information to a person or company required by the Food and Drug Administration to do the following:

• Report adverse events, product defects, or problems and biologic product deviations.

• Track products.

• Enable product recalls.

• Make repairs or replacements.

• Conduct post-marketing surveillance as required.

Legal Proceedings

We may disclose protected health information during any judicial or administrative proceeding, in response to a court order or administrative tribunal (if such a disclosure is expressly authorized) and in certain conditions in response to a subpoena, discovery request, or other lawful process.

Law Enforcement

We may disclose protected health information about a person who has been the victim of abuse, neglect, or domestic violence.

Communicable Diseases

We may disclose your protected health information, if authorized by law, to a person to whom you might have been exposed to a communicable disease or might otherwise be at risk of contracting or spreading the disease.

Health Oversight

We may disclose protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. These health oversight agencies might include government agencies that oversee the health care system, government health benefit programs, other government regulatory programs, and civil rights laws.

Our Pledge to You

“Protected health information” is individually identifiable health information. This information includes demographics, (for example, age, gender, address, e-mail address) and relates to your past, present, or future physical or mental health or condition and related health care services. The US Family Health Plan is required by law to do the following:

• Make sure that your protected health information is kept private.

• Give you this notice of your legal duties and privacy practices related to the use and disclosure of your protected health information.

• Follow the terms of the notice currently in effect.

• Communicate any changes in the notice to you.

We reserve the right to change this notice. If an effective date is included in this notice at the bottom of the last page, we will give you written notice of the change. If no date is included, a change will be effective for health information we already have about you as well as any information we receive in the future. You may obtain a copy of our current notice of privacy practices by accessing your local US Family Health Plan website (www.usfamilyhealthplan.org) or calling customer service at 1-800-67U-SFHP and requesting that a copy be mailed to you.

HOW YOU MAY USE OR DISCLOSE YOUR PROTECTED HEALTH INFORMATION

Treatment

We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party. We may disclose your protected health information from time-to-time to a hospital, physician, or health care provider (for example, a specialist, pharmacist, or laboratory) who, at the request of your physician, becomes involved in your care by providing assistance with your health care diagnosis or treatment. This includes pharmacists who may be provided information on other drugs you have been prescribed to identify potential interactions. In emergencies, we will use and disclose your protected health information to provide the treatment you require.

Payment

Your protected health information will be used, as needed, to obtain payment for your health care services. This may include certain activities the US Family Health Plan might undertake before it approves or pays for the health care services recommended for you such as authorizing or reimbursing for the services. We may disclose certain health information with your health care provider (for example, a specialist, pharmacist, or laboratory) or with a health plan as necessary for you to obtain payment.

Health Care Operations

We may use or disclose, as needed, your protected health information with the following purposes:

• Make repairs or replacements.

• Conduct post-marketing surveillance as required.

• Notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.

• Notify the appropriate government authority if we believe a member has been the victim of abuse, neglect, or domestic violence.

• Communicable Diseases

We may disclose your protected health information, if authorized by law, to a person to whom you might have been exposed to a communicable disease or might otherwise be at risk of contracting or spreading the disease or condition.

Health Oversight

We may disclose protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. These health oversight agencies might include government agencies that oversee the health care system, government health benefit programs, other government regulatory programs, and civil rights laws.

Food and Drug Administration

We may disclose your protected health information to a person or company required by the Food and Drug Administration to do the following:

• Report adverse events, product defects, or problems and biologic product deviations.

• Track products.

• Enable product recalls.

• Make repairs or replacements.

• Conduct post-marketing surveillance as required.

Legal Proceedings

We may disclose protected health information during any judicial or administrative proceeding, in response to a court order or administrative tribunal (if such a disclosure is expressly authorized) and in certain conditions in response to a subpoena, discovery request, or other lawful process.

Law Enforcement

We may disclose protected health information about a person who has been the victim of abuse, neglect, or domestic violence.