

**Baylor Scott & White Health  
Medical Plan**  
**Dental Plan (Preferred Dental Provider)**  
**Health Care Flexible Spending Account Plan**  
**Employee Assistance Program**  
**Wellness Program**  
**Notice of Privacy Practices**

**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.**

*For all other Plans included in the Baylor Scott & White Health Medical and Welfare Benefits Plan, please review the Privacy Notice issued by each Insurance Company*

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This Notice of Privacy Practices describes how the Baylor Scott & White Health Medical Plan, the Dental Plan, the Health Care Flexible Spending Account Plan, the Employee Assistance Program, and the Wellness Program (referred together in this Notice as “the Plans”) may use and disclose your protected health information. This Notice also sets out the Plans’ legal obligations concerning your protected health information and describes your rights to access and control your protected health information. This Notice has been drafted in accordance with the HIPAA Privacy Rule, contained in the Code of Federal Regulations at 45 CFR Parts 160 and 164. Terms not defined in this Notice have the same meaning as they have in the HIPAA Privacy Rule.

**Claims Administrator/Plan Administrator.** For purposes of this notice, the “Claims Administrator” is the service provider, person(s) or other vendor responsible for the day to day payment of claims and administration of the Plans. The Claims Administrator for each of the Medical Plan options, the Dental Plan, the Health Care Flexible Spending Account, the Employee Assistance Program, and the Wellness Program are shown at the end of this Notice. The “Plan Administrator” is the Baylor Scott & White Employee Benefits Administrative Committee or its delegated representative.

**Questions and Further Information.** If you have any questions or want additional information about this Notice or the policies and procedures described in this Notice, please contact the appropriate Claims Administrator or the Plan Administrator using the Contact Information provided at the end of this notice.

**THE PLANS’ RESPONSIBILITIES**

The Plans are required by law to maintain the privacy of your protected health information. The Plans are obligated to provide you with a copy of this Notice setting forth the Plans’ legal duties and privacy practices with respect to your protected health information. The Plans must abide by the terms of this Notice.

## **USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION**

The following is a description of when the Plans are permitted or required to use or disclose your protected health information.

**Treatment, Payment and Health Care Operations.** The Plans have the right to use and disclose your protected health information for all activities that are included within the definitions of “treatment,” “payment” and “health care operations” as defined in the HIPAA Privacy Rule.

*Treatment.* The Plans will use or disclose your protected health information to facilitate treatment activities of a health care provider. For example, the Plans may disclose your protected health information when a provider requests information regarding your existing health conditions that might impact their choice of treatment options.

*Payment.* The Plans will use or disclose your protected health information to fulfill the Plans’ responsibilities for coverage and providing benefits as established under the plan documents. For example, the Plans may disclose your protected health information when a provider requests information regarding your eligibility for benefits under one of the Plans, or may use your information to determine if a treatment that you received was medically necessary.

*Health Care Operations.* The Plans will use or disclose your protected health information to support the business functions. These functions include, but are not limited to: quality assessment and improvement, reviewing provider performance, licensing, business planning, and business development. For example, the Plans may use or disclose your protected health information: (i) to provide you with information about a disease management program; (ii) to respond to a customer service inquiry from you; (iii) in connection with fraud and abuse detection and compliance programs, or (iv) to survey you concerning how effectively the Plans are providing services, among other issues. The Plans will not use or disclose protected health information for underwriting purposes.

**Business Associates.** The Plans contract with service providers – called business associates – to perform various functions on the Plans’ behalf. For example, the Plans contract with the Claims Administrators, listed at the end of this Notice, to perform the administrative functions necessary to process and pay your medical claims. To perform these functions or to provide the services, business associates will receive, create, maintain, use, or disclose protected health information, but only after the Plans and the business associate agree in writing to contract terms requiring the business associate to appropriately safeguard your information.

**Other Covered Entities.** The Plans may use or disclose your protected health information to assist health care providers in connection with their treatment or payment activities, or to assist other covered entities in connection with certain health care operations. For example, the Plans may disclose your protected health information to a health care provider when needed by the provider to render treatment to you. This also means that the Plans may disclose or share your protected health information with other health care programs or insurance carriers (such as Medicare, other medical insurance, etc.) in order to coordinate benefits if you or your family members have other health insurance coverage.

**Wellness Program.** If you choose to participate in the Wellness Program, the Plans may use or disclose protected health information that you provide on your wellness questionnaire and the results from your biometric screening to provide you with information to help you understand your current health and potential risks, and to offer you services through the Wellness Program. The wellness questionnaire and biometric screening ask a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease). Your protected health information may be disclosed to members of the Thrive365 team or third parties it retains to provide you with services under the Wellness Program. Although the Wellness Program and Baylor Scott & White Health may use aggregate information, they collect to design a program based on identified health risks in the workplace, the Wellness Program will never disclose any of your personal information either publicly or to your employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the Wellness Program, or as expressly permitted by law. Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the Wellness Program. All medical information obtained through the Wellness Program will be maintained separate from your personnel records, information stored electronically will be encrypted, and appropriate precautions will be taken to avoid any data breach.

**Required by Law.** The Plans may use or disclose your protected health information to the extent required by federal, state, or local law.

### **Public Health Activities.**

*Public Health Authorities.* The Plans may disclose your protected health information to public health authorities that need the information to prevent or control disease, injury, or disability or handle situations where children are abused or neglected.

*Food and Drug Administration (FDA).* The Plans may disclose protected health information when there are problems with a product that is regulated by the FDA. For instance, when the product has harmed someone, is defective, or needs to be recalled, the Plans may disclose certain information.

*Communicable Diseases.* The Plans may disclose protected health information to a person who has been exposed to a communicable disease or may be at risk of spreading or contracting a disease or condition.

*Employment-Related Situations.* The Plans may disclose protected health information to an employer when the employer is allowed by law to have that information for work-related reasons.

**Victims of Abuse, Neglect, or Domestic Violence.** The Plans may disclose protected health information to appropriate authorities if they have reason to believe that a person has been a victim of abuse, neglect, or domestic violence.

**Health Care Oversight.** The Plans may disclose protected health information so that government agencies can monitor or oversee the health care system and government benefit programs and be sure that certain health care entities are following regulatory programs or civil rights laws like they should.

**Lawsuits and Other Legal Proceedings.** The Plans may disclose your protected health information in the course of any judicial or administrative proceeding or in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized). If certain conditions are met, the Plans may also disclose your personal health information in response to a subpoena, a discovery request, or other lawful process.

**Law Enforcement Purposes.** The Plans may disclose protected health information to law enforcement if it is required by law; if needed to help identify or locate a suspect, fugitive, material witness, or missing person; if it is about an individual who is or is suspected to be the victim of a crime; if the Plans think that a death may have resulted from criminal conduct; if the Plans think the information is evidence that criminal conduct occurred on our premises; or in an emergency to report a crime.

**Situations Involving Decedents.** The Plans may use or disclose protected health information to coroners, medical examiners, or funeral directors so that they can carry out their responsibilities.

**Organ Donation.** The Plans may use or disclose protected health information to organizations involved in organ donation or organ transplants.

**Research.** The Plans may use or disclose protected health information for research purposes if the privacy of the information will be protected in the research.

**Serious Threat to Health or Safety.** The Plans may use or disclose your protected health information to appropriate persons or authorities if they have reason to believe it is needed to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.

**Military.** Under certain conditions, the Plans may disclose your protected health information if you are, or were, an Armed Forces personnel for activities deemed necessary by appropriate military command authorities. If you are a member of foreign military service, the Plans may disclose, in certain circumstances, your information to the foreign military authority.

**Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, the Plans may disclose your protected health information to the correctional institution or to a law enforcement official for: (1) the institution to provide health care to you; (2) your health and safety, and the health and safety of others; or (3) the safety and security of the correctional institution.

**Workers' Compensation.** The Plans may disclose your protected health information to comply with workers' compensation laws and other similar programs that provide benefits for work-related injuries or illnesses.

**Plan Sponsor.** The Plans may disclose protected health information to Baylor Scott & White Holdings as the Plan Sponsor of the Plans.

**Others Involved in Your Health Care.** The Plans may disclose your protected health information to a friend or family member that is involved in your health care, unless you object or request a restriction (in accordance with the process described below under "Right to Request Restrictions"). The Plans also may disclose your information to an entity assisting in a disaster

relief effort so that your family can be notified about your condition, status, and location. If you are not present or able to agree to these disclosures of your protected health information, then, using professional judgment, the Plans may determine whether the disclosure is in your best interest.

**Disclosures to the Secretary of the U.S. Department of Health and Human Services.** The Plans are required to disclose your protected health information to the Secretary of the U.S. Department of Health and Human Services when the Secretary is investigating or determining the Plans' compliance with the HIPAA Privacy Rule.

**Disclosures to You.** The Plans are required to disclose to you or your personal representative most of your protected health information when you request access to this information. The Plans will disclose your protected health information to an individual who has been designated by you as your personal representative and who has qualified for such designation in accordance with relevant law. Prior to such a disclosure, however, the Plans must be given written documentation that supports and establishes the basis for the personal representation. The Plans may elect not to treat the person as your personal representative if the Plans have a reasonable belief that you have been, or may be, subjected to domestic violence, abuse, or neglect by such person; treating such person as your personal representative could endanger you; or the Plans determine, in the exercise of professional judgment, that it is not in your best interest to treat the person as your personal representative.

**Contacting You.** The Plans may contact you about treatment alternatives or other health benefits or services that might be of interest to you.

### **OTHER USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION**

Certain uses and disclosures of your protected health information require your written authorization. These include most uses and disclosures of psychotherapy notes, uses and disclosures of protected health information for marketing purposes, and disclosures that constitute a sale of protected health information.

Other uses and disclosures of your protected health information that are not described in this Notice will be made only with your written authorization. Written authorizations are required for each Plan. If you provide a Plan with an authorization, you may revoke the authorization in writing, and this revocation will be effective for future uses and disclosures of protected health information. However, the revocation will not be effective for information that the Plan has used or disclosed in reliance on the authorization.

### **YOUR RIGHTS**

The following is a description of your rights with respect to your protected health information.

**Right to Request Access.** You have the right to inspect and copy protected health information that may be used to make decisions about your benefits. You must submit your request in writing. For your convenience, you may request a form using the Contact Information for the Claims Administrator located at the end of this Notice. If you request copies, the Claims Administrator

may charge you a nominal fee per page and per hour for labor to copy your protected health information, as well as postage if you request copies be mailed to you.

Note that under federal law, you may not inspect or copy 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. Depending on the circumstances, a decision to deny access may be reviewable. In some, but not all, circumstances, you may have the right to have this decision reviewed.

**Right to Request a Restriction.** You have the right to request a restriction on the protected health information the Plans use or disclose about you for treatment, payment or health care operations. You also have a right to request a limit on disclosures of your protected health information to family members or friends who are involved in your care or the payment for your care. You may request such a restriction using the Contact Information for the Claims Administrator located at the end of this Notice. Your request must include the protected health information you wish to limit, whether you want to limit the Plans' use, disclosure, or both, and (if applicable), to whom you want the limitations to apply (for example, disclosures to your spouse).

The Plans are not required to agree to any restriction that you request. If the Plans agree to the restriction, they may still use or disclose the restricted information to appropriate persons if you need emergency care and the Plans can stop complying with the restriction upon providing notice to you. The Plans must agree to a requested restriction to a health plan if the disclosure is for the purpose of carrying out payment or health care operations and is not otherwise required by law and the protected health information pertains solely to a health care item or service for which the individual, or person other than the health plan on behalf of the individual, has paid the covered entity in full.

**Right to Request Confidential Communications.** If you believe that a disclosure of all or part of your protected health information may endanger you, you may request that the Plans communicate with you in an alternative manner or at an alternative location. For example, you may ask that all communications be sent to your work address. You may request a confidential communication using the Contact Information for the Claims Administrator located at the end of this Notice. Your request must specify the alternative means or location for communication with you. The Plans will accommodate a request for confidential communications that is reasonable and that states that the disclosure of all or part of your protected health information could endanger you.

**Right to Request an Amendment.** You have the right to request an amendment of your protected health information held by the Plans if you believe that information is incorrect or incomplete. If you request an amendment of your protected health information, your request must be submitted in writing using the Contact Information for the Claims Administrator located at the end of this Notice and must set forth a reason(s) in support of the proposed amendment.

In certain cases, the Plans may deny your request for an amendment. For example, the Plans may deny your request if the information you want to amend is accurate and complete or was not created by the Plans. If the Plans deny your request, you have the right to file a statement of disagreement. Your statement of disagreement will be linked with the disputed information and all future disclosures of the disputed information will include your statement.

**Right to Request an Accounting.** You have the right to request an accounting of certain disclosures the Plans have made of your protected health information. You may request an accounting using the Contact Information for the Claims Administrator located at the end of the Notice. You can request an accounting of disclosures made up to six years prior to the date of your request. You are entitled to one accounting free of charge during a twelve-month period. There will be a charge to cover the Plans' costs for additional requests within that twelve-month period. The Plans will notify you of the cost involved and you may choose to withdraw or modify your request before any costs are incurred.

**Right to a Paper Copy of this Notice.** You have the right to a paper copy of this Notice, even if you have agreed to accept this Notice electronically. To obtain such a copy, please contact the Plans using the Plan Administrator Contact Information at the end of this Notice.

**Right to Notification of a Breach.** You have the right to receive notification from the Plans in the event there is a breach of unsecured protected health information.

### **COMPLAINTS**

If you believe any Plan has violated your privacy rights, you may complain to the Plan or to the Secretary of the U.S. Department of Health and Human Services. You may file a complaint with the Plan using the Plan Administrator Contact Information at the end of this Notice. The Plans will not penalize you for filing a complaint.

### **CHANGES TO THIS NOTICE**

The Plans reserve the right to change the provisions of this Notice and make the new provisions effective for all protected health information that is maintained. If the Plans make a material change to this Notice, the Plans will provide a revised Notice to you at the address that the Plan Administrator has on record for the participant enrolled in the Plans.

### **EFFECTIVE DATE**

This Notice of Privacy Practices is effective on January 1, 2018.

## **CONTACT INFORMATION**

If you wish to file a complaint, or for general questions or more information regarding this Notice, please contact the Plan Administrator at:

Baylor Scott & White Benefits Operations Committee  
c/o Baylor Scott & White Holdings  
Attn: Stacye Furmanek, Privacy Contact  
301 N. Washington Avenue  
Dallas, TX 75246  
844-417-5223 (office) | 972-785-5814 (Fax)

To exercise any of the rights described, or for more information, in this Notice please contact the Claims Administrator at:

***Medical Plans***

Baylor Scott & White Health Plan  
1-844-843-3229

***Health Care Flexible Spending Account***

Optum  
1-800-243-5543

***Prescription Drugs***

Baylor Scott & White Health Plan  
1- 800-728-7947

***Dental Plan***

MetLife (PDP)  
1-800-942-0854

***Employee Assistance Program***

Cigna  
1-877-622-4327

***Wellness Program***

Thrive365  
844-417-5223