

Your Information. Your Rights. Our Responsibilities.

THIS PRIVACY 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.

Your Rights

You have the right to:

- Get a copy of your paper or electronic medical and billing records
- Ask us to correct your paper or electronic medical record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this Notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

Your Choices

You have some choices in the way that we use and share information as we:

- Tell family and friends about your condition
- Provide disaster relief
- Include you in a hospital directory
- Provide mental health care
- Market our services
- Raise funds

Our Uses and Disclosures

We may use and share your information as we:

- Treat you
- Run our organization
- Bill for your services
- Help with public health and safety issues
- Do research
- Improve Healthcare
- Comply with the law
- Respond to organ and tissue donation requests

- Work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions
- Participate in Health Information Exchanges (HIEs)

We may use artificial intelligence ("AI") tools for purposes described in this Notice in accordance with the HIPAA Rules and other applicable laws.

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical and billing records

- You can ask to see or get an electronic or paper copy of your medical and billing records, and other health information we have about you, excluding psychotherapy notes. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 15 days of your request. We may charge a reasonable, cost-based fee.
- There may be times when we may not allow access to some records, or we may not be able to provide them in the way you want. We will inform you if this is the case.

Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say "no" to your request, but we will tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say "yes" to all reasonable requests.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say "no" if it would affect your care or safety.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We

will say “yes” unless a law requires us to share that information.

Get a list of those with whom we have shared information

- You can ask for a list (accounting) of the times we have shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We will provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this Notice

You can ask for a paper copy of this Notice at any time, even if you have agreed to receive the Notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information on page 1.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases, we never share your information unless you give us written permission first:

- Marketing purposes
- Sale of your information (we do not sell your information but are required to tell you your permission would be required first)
- Most sharing of psychotherapy notes

In the case of fundraising:

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

Limits on use and disclosure of Substance Use Disorder (SUD) Records:

Although we do not operate Part 2 programs, we may receive and maintain SUD records from Part 2 programs.

- You may be asked to sign one consent allowing future use or sharing of your Part 2 records for treatment, payment, and health care operations. If you consent, your Part 2 records may be redisclosed by the recipient as permitted by HIPAA without your additional consent.
- We will not use or share Part 2 records for any civil, criminal, administrative, or legislative proceedings against you without your written consent or court order. We can only share records pursuant to a court order after you and we receive a notice and an opportunity to be heard. Any court order authorizing such use or disclosure must be accompanied by a subpoena or other lawful mandate requiring the release of the records prior to their use or dissemination.
- Your Part 2 records will be de-identified prior to use for public health purposes if we do not obtain your consent.
- We will only use or share your Part 2 records for fundraising if we have first given you the option to opt out of receiving fundraising communications.
- In a medical emergency, we may disclose your Part 2 records to medical personnel without your consent.
- You can request an accounting of when and why we shared your Part 2 information for a period of up to three years prior to the date of your request. Disclosures related to treatment, payment, or health care operations will be included only if made through an electronic health record.
- You can request a list of disclosures made by an intermediary during the same three-year period; they will provide details regarding the parties with whom the records have been shared.
- You can revoke your consent at any time by contacting us.

Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways.

Treat you

We can use your health information and share it with other professionals who are treating you.

Example: A doctor treating you for an injury asks another doctor about your overall health condition.

Run our organization

We can use and share your health information to run our practice, improve your care, and contact you when necessary.

Example: We use health information about you to manage your treatment and services.

Bill for your services

We can use and share your health information to bill and get payment from health plans or other entities.

Example: We give information about you to your health insurance plan so it will pay for your services.

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Do research

We may use or disclose your information for research purposes, but only as allowed by federal and state law. For example, we may access your information to design a research project or contact you about participating in a research activity. Before your information is used, however, most research is approved by an oversight body known as an Institutional Review Board (IRB)

through a review process. We may also de-identify information about you or your care and use or disclose that information in research.

Improve Healthcare

We may collect and use your biometric data for purposes of improving healthcare (such as to develop patient care and treatment). We will not collect, retain, or disseminate the information without first asking your consent.

Your leftover blood or tissue may also be used, without being linked to you in any way, unless you opt out. Please let us know if you want to opt out.

Comply with the law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we are complying with federal privacy law.

Respond to organ and tissue donation requests

We can share health information about you with organ procurement organizations.

Work with a medical examiner or funeral director

We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Participate in Health Information Exchanges (HIEs)

We participate in Health Information Exchanges, in which we may electronically share your health information with other providers or health entities as permitted by law, which helps improve care coordination and other purposes allowed by the HIPAA rules or required by law. If

you prefer not to have your information shared through HIEs for purposes not mandated by law, you can opt out by contacting the UT Health Austin Privacy Office.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this Notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html

Changes to the Terms of this Notice

We can change the terms of this Notice, and the changes will apply to all information we have about you. The new Notice will be available upon request, in our office, and on our web site.

Effective Date

February, 2026

Please Contact

If you have any questions or concerns regarding this Notice, or want to exercise any of your rights under this Notice, please contact:

UTHealth Austin Privacy Officer

1501 Red River Street, Mail Code: Z0100, Austin, Texas 78712

dellmedcompliance@austin.utexas.edu

512-495-5146

Information Sharing for Low Income Residents

We are part of the Community Care Collaborative organized health care arrangement (CCC OHCA) and this section applies to and describes the CCC OHCA. The CCC OHCA is an organized system of healthcare in which the following separate health care providers and plans participate in joint activities, such as quality improvement or payment activities:

- The Community Care Collaborative;
- Travis County Healthcare District d/b/a Central Health;

- The Seton Healthcare Family;
- Lone Star Circle of Care;
- People's Community Clinic;
- Central Texas Community Health Centers d/b/a CommUnityCare;
- Austin Travis County Integral Care;
- El Buen Samaritano;
- Other physicians, community clinics, and health care providers providing treatment at the provider's clinical locations; and certain participating health plans paying for healthcare services to low income individuals including, but not limited to, Sendero Health Plans.

If you meet certain income thresholds, based on financial information you have provided and our financial guidelines, we, and the other healthcare providers and plans who participate in the CCC OHCA, will share medical, billing and other health information about you with one another as may be necessary to carry out treatment, payment, and certain healthcare operations activities and as otherwise permitted by law and this Notice.

You are receiving this Notice because we believe your information will be shared through the CCC OHCA. More information about the CCC OHCA can be found here: <https://www.ccc-ids.org/projects/health-it/organized-health-care-arrangement/>