

HIPAA NOTICE OF PRIVACY PRACTICES

Effective Date: February 16, 2026

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.

WHO THIS NOTICE APPLIES TO

This Notice applies to the self-insured group health plan (the "Plan") sponsored by **the City of Anson** (the "Plan Sponsor"), which provides health care benefits to eligible employees and their dependents. The Plan is administered by a third-party administrator (TPA), Gravie Administrative Services LLC ("Gravie"), on behalf of the Plan.

OUR COMMITMENT TO YOUR PRIVACY

The Plan is required by law to maintain the privacy of your protected health information ("PHI") and to provide you with this Notice of our legal duties and privacy practices. This includes compliance with:

- The Health Insurance Portability and Accountability Act of 1996 (HIPAA)
- The Health Information Technology for Economic and Clinical Health Act (HITECH)
- The Confidentiality of Substance Use Disorder Patient Records regulations (42 CFR Part 2, as amended effective 2026)
- Applicable state privacy laws, if more stringent

We are committed to protecting the confidentiality of your health information and to informing you of your rights.

We take reasonable steps to protect your PHI. This includes using administrative, technical, and physical safeguards to help prevent unauthorized access, use, or disclosures of your information.

When we use or share your health information, or request it from others, we limit the information to what is reasonably necessary to carry out the purpose of the use or disclosure, unless HIPAA allows or requires us to share more.

HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

The Plan may use and disclose your PHI without your written authorization for the following purposes, as permitted or required by law:

1. For Treatment

The Plan does not provide treatment but may use or disclose your PHI to help coordinate care. For example, we may share your information with a doctor or hospital so they have the information they need to provide you with care.

2. For Payment

We may use or disclose your PHI for activities such as eligibility verification, claims processing, utilization review, and billing.

3. For Health Care Operations

We may use or disclose your PHI for Plan operations, including quality assessment, auditing, legal review, and fraud detection.

The Plan will never use your genetic information for "Underwriting Purposes" as that term is defined by the Privacy Rule.

4. To the Plan Sponsor

The Plan may disclose your PHI to the Plan Sponsor only for purposes of plan administration, provided the Plan Sponsor has amended its plan documents as required under HIPAA and has certified its compliance with HIPAA's privacy rules. The Plan Sponsor may not use your PHI for employment-related actions or decisions or in connection with any other benefit or employee benefit plan.

5. As Required by Law & Special Protections for SUD Records

We may disclose your PHI when required to do so by federal, state, or local law, including in response to court orders, subpoenas, or law enforcement requests, subject to specific legal requirements.

Special Protections for Substance Use Disorder (SUD) Records (42 CFR Part 2) If the Plan receives or maintains substance use disorder treatment records protected by 42 CFR Part 2, such records are afforded additional protections under federal law:

- **Use and Disclosure:** These records may be used or disclosed for treatment, payment, and health care operations in accordance with HIPAA, provided you have signed a single, HIPAA-compliant consent. You may revoke this consent at any time.
- **Redisclosure:** Once disclosed under a valid consent for treatment, payment, or health care operations, these records may be re-disclosed by recipients in accordance with HIPAA, subject to certain limitations.
- **Legal Proceedings:** Records that are protected under Part 2 **may not** be used or disclosed for civil, criminal, administrative, or legislative proceedings against you without your specific written consent or a court order that complies with the strict requirements of 42 CFR Part 2.
- **Accounting:** You have the right to request a list of disclosures of your Part 2 information for up to three years prior.
- **Fundraising:** The Plan will not use records protected under Part 2 for any fundraising purposes.

OTHER USES AND DISCLOSURES THAT REQUIRE YOUR WRITTEN AUTHORIZATION

The Plan will obtain your written authorization before using or disclosing your PHI for the following purposes:

- Marketing
- Sale of PHI
- Use of psychotherapy notes (if maintained by the Plan)
- Any other uses not described in this Notice

You may revoke your authorization at any time in writing, except to the extent the Plan has already relied on it.

Once your health information is disclosed to a third party based on your written authorization, it may be redisclosed by the recipient and may no longer be protected by federal privacy laws

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

You have the following rights under HIPAA:

- **Right to Inspect and Copy your PHI**
- **Right to Request Amendment of your PHI**
- **Right to an Accounting of Disclosures** (including disclosures of Part 2 records as required under applicable rules)
- **Right to Request Restrictions** on certain uses or disclosures
- **Right to Request Confidential Communications** (e.g., asking to be contacted via an alternative address or phone number)
- **Right to Receive a Paper Copy** of this Notice upon request
- **Right to Receive Notification of a Breach** of unsecured PHI

To exercise these rights, contact the Privacy Officer listed below.

OUR DUTIES

We are required by law to:

- Maintain the privacy of your PHI
- Provide this Notice to you
- Abide by the terms of this Notice
- Notify you of any material changes to this Notice

We reserve the right to change the terms of this Notice and make the new Notice effective for all PHI we maintain. If the Notice is revised, we will provide an updated copy.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with:

1. The Plan's Privacy Officer (contact below), or
2. The U.S. Department of Health and Human Services:
<https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf>

You will not be penalized or retaliated against for filing a complaint.

CONTACT INFORMATION

Gravie, as our TPA, is responsible for handling privacy-related matters on behalf of the Plan, including requests to access, amend, or restrict your protected health information (PHI), as well as any questions or complaints about how your health information is used or disclosed.

Please contact Gravie directly for any HIPAA-related inquiries: Phone: 866.863.6232 Hours: Weekdays, 8 a.m. to 5 p.m. CST.

If you have concerns that are not resolved by the TPA or involve the employer's handling of health information in connection with plan administration, you may also contact the Plan Sponsor's designated Privacy Officer at: **LeeAnn Blankenship, City Secretary, 1301 Commercial Ave, Anson TX 79501, citymgr@anson-tx.us, 325-823-2411**

QUESTIONS?

If you have any questions about this Notice or how your information is handled, please contact Gravie.