

# GOOSE CREEK CONSOLIDATED INDEPENDENT SCHOOL DISTRICT

## BENEFITS DEPARTMENT

### NOTICE OF PRIVACY PRACTICES FOR GOOSE CREEK CISD

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.

Goose Creek CISD is committed to protecting the privacy and security of all private health information created or received in relation to our employees and their families under our group health plans. This Notice covers the privacy practices of the following group health plans sponsored and/or maintained by the District:

- Goose Creek CISD Self-funded Group Medical Plan
- Health Care Reimbursement Plan portion of the Goose Creek CISD Flexible Spending Plan

Federal law requires Goose Creek CISD to protect the privacy of your health information. Your protected health information is information that identifies:

- you;
- your past, present or future health condition;
- the health care you receive; or
- the payment for this health care.

Texas law already makes your health information confidential. Therefore, Goose Creek CISD is not changing the way that it protects your information.

Goose Creek's permitted uses of personal health information that do not require your written permission include:

- provision, coordination, or management of health care and related services by one or more health care providers, including the coordination or management of health care by a health care provider with a third party;
- consultation between health care providers relating to a patient;
- the referral of a patient for health care from one health care provider to another;

- determinations of eligibility or coverage;
- determinations of benefits coordination;
- billing, claims management;
- review of health care services with respect to medical necessity, coverage under a health plan, appropriateness of care, or justification of charges;
- utilization review activities, including precertification and preauthorization of services, concurrent and retrospective review of services;
- release protected health information to you, a person representing or authorized by you, or any person that you tell Goose Creek CISD in writing is acting on your behalf;
- disclosure of name, address, date of birth, social security number, name/address of the health care provider and/or health plan;
- when federal, state or local law, judicial or administrative proceedings, or law enforcement requires a disclosure; and
- general administration.

Goose Creek CISD has contracts with companies (business associates) that help provide health care coverage. Goose Creek may disclose your protected health information to its business associates so that they can perform required services. To protect your health information, however, Goose Creek requires that these companies follow the same rules that are set out in this notice.

All other uses and disclosures require your prior written authorization. For any other use or disclosure of your protected health information, Goose Creek must have your written permission (an authorization). You may cancel (revoke) your written permission at any time. Revoking your written permission will not affect a use or disclosure of your protected health information that Goose Creek made based on your written permission.

You can ask that Goose Creek limit how it uses and discloses your protected health information. Goose Creek will consider your request but is not required to agree to it. If Goose Creek agrees to your request, Goose Creek will put the agreement in writing and will follow the agreement. You cannot limit the uses and disclosures that Goose Creek is legally required to make.

You can ask that Goose Creek send information to you to an alternate address or by alternate means only if not changing the address or the way Goose Creek communicates with you could put you in physical danger. You must be specific about where and how to contact you.

You can look at or get copies of your protected health information that Goose Creek has or that a business associate maintains on Goose Creek's behalf. You must make this request in writing.

You have the right to correct or update your protected health information. You must request the correction or addition in writing. You also have the right to request a paper copy of this notice.

You have the right to file a complaint if you think that Goose Creek has violated your privacy rights concerning your protected health information. You can file a written complaint with the Goose Creek Privacy Officer by mailing your complaint to:

Benefits Department  
Goose Creek CISD  
4544 I-10 East  
Baytown, TX 77521

All complaints must be in writing. You can also send a written complaint to the Secretary of the Department of Health and Human Services, U.S. Department of Health and Human Services, 200 Independence Avenue, SW, Washington, D.C. 20201. Finally, you can send a written complaint to the Texas Office of the Attorney General by mail to P.O. Box 12548, Austin, TX 78711-2548, or by telephone at (800) 806-2092. Goose Creek will not retaliate against you if you file a complaint. ·

If you want more information about this notice, how to exercise your rights, or how to file a complaint, please contact the Benefits Office a 281-707-3601, 281-707-3886, or 281-707-3599 or email [benefits@gccisd.net](mailto:benefits@gccisd.net).