

## Notice Of Privacy Practices

Effective: April 14, 2003

Revised: February 16, 2026

THIS NOTICE DESCRIBES HOW YOUR MEDICAL INFORMATION MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

### **ABOUT THIS NOTICE**

This Notice of Privacy Practices (“Notice”) is being provided to you as required by the Health Insurance Portability and Accountability Act (HIPAA) and 42 CFR (Code of Federal Regulations) Part 2. As your health care provider, Texas Tech University Health Sciences Center (TTUHSC) is legally required to protect the privacy of your health information, and to give you this Notice about our legal duties, privacy practices, and your rights with respect to your health information. TTUHSC provides health care services and items through the Schools of Medicine, Nursing, Pharmacy, and Health Professions. TTUHSC provides services at its main community hospitals, ambulatory care clinics, ambulatory surgical centers, pharmacies, research units, and several community service outreach centers throughout West Texas. This Notice applies to TTUHSC’s workforce, students, trainees, and all departments and clinics of TTUHSC. The terms of this Notice shall apply to TTUHSC’s privacy practices until they are changed by TTUHSC.

### **YOUR PROTECTED HEALTH INFORMATION**

Throughout this Notice, we will refer to your protected health information as PHI. Your PHI includes data that identifies you and reports about the care and services you get at TTUHSC. Examples of PHI include information about your diagnosis, medications, insurance status and policy number, payment information, social security number, address, and other demographic information. TTUHSC at Lubbock, University Medical Center and UMC Health & Wellness Hospital (collectively “UMC”) and its medical staff, and UMC Physicians and its medical staff, participate in a clinically integrated health care setting and constitute an organized health care arrangement under HIPAA. This arrangement involves the participation of legally separate entities in the delivery of health care services, in which no entity will be responsible for the medical judgment or patient care provided by the other entities in the arrangement. Each entity within this arrangement will be able to access and use your PHI to carry out treatment, payment, or health care operations.

### **HOW DO WE USE AND RELEASE YOUR HEALTH INFORMATION?**

#### **A. Use and release of your health information without your authorization:**

The following section explains some of the ways we are permitted to use and release health information without authorization from you, except where required by Texas law:

- **Treatment Purposes:** While we are providing you with health care services, we may need to share your health information with other health care providers or other individuals who are involved in your treatment. Examples include doctors, hospitals, pharmacists, therapists, nurses, and labs that are involved in your care. We may provide proof of immunizations to schools for admission purposes with your agreement.
- **Payment Purposes:** TTUHSC may need to share a limited amount of your health information to obtain or provide payment for the health care services provided to you. Examples include:
  - Eligibility – TTUHSC may contact the company or government program that will be paying for your health care. This helps us determine if you are eligible for benefits and if you are responsible for paying a co-payment or deductible.
  - Claims – TTUHSC and businesses we work with share health information for billing and payment purposes. For example, your doctor must submit a claim form to be paid, and the claim form must contain certain health information.
- **Health Care Operations Purposes:** TTUHSC may need to share your health information in the course of conducting health care business activities that are related to providing health care to you. Examples include:
  - **Quality Improvement Activities:** TTUHSC may use and release health information to improve the quality or the cost of care, including population health activities. This may include reviewing the treatment and services provided to you. This information may be shared with those who pay for your care or with other agencies that review this data.

- **Health Promotion and Disease Prevention:** We may use your health information to tell you about disease prevention and health care options. For instance, we may send you health care information on issues such as women’s health, cancer, or asthma.
- **Fundraising Purposes:** We may contact you for fundraising purposes to support TTUHSC in its mission to provide quality health care, research, and education. You may opt out of receiving fundraising communications. If you do not want TTUHSC to contact you about fundraising efforts, please contact the TTUHSC Office of Institutional Advancement to obtain and complete an Opt-Out form.
- **Marketing Purposes:** We may use your health information to provide prescription refill reminders, to communicate about your current prescriptions, to communicate about a health-related service or product which is covered by your health plan, or about treatment alternatives for your care coordination. No authorization is required if we have a face-to-face communication with you about a service or product, or if TTUHSC provides you with a promotional gift of small value.
- **Business Associates:** There are some services provided at TTUHSC through contracts with Business Associates, such as medical transcription services and record storage companies. Business Associates are required by Federal law to protect your health information.
- **Audits:** TTUHSC may use or release your health information to make sure that its business practices comply with the law and with our policies. Examples include audits involving quality of care, medical bills, or patient confidentiality.
- **Students and Trainees:** Students and other trainees may access your health information as part of their training and educational activities at TTUHSC.
- **Business Activities:** We may use or release your health information to perform internal business activities. Examples include business planning, computer systems maintenance, legal services, and customer service.
- **Other Purposes:**
  - **Health Information Exchange (HIE):** We participate in electronic health exchanges, where we may share information that we obtain or create about you with other health care providers or other health care entities, as permitted by law. Exchange of health information through HIEs can provide faster access, better coordination of care, and assist providers in making more informed decisions. You may opt out of sharing your information through the HIEs we participate in by contacting the TTUHSC Compliance Office to obtain and complete an Opt-Out form.
  - **Required By Law:** Sometimes we must report some of your health information to legal officials or authorities, such as law enforcement officials, court officials, governmental agencies, or attorneys. Examples include reporting suspected abuse or neglect, reporting domestic violence or certain physical injuries, or responding to a court order, subpoena, warrant, or lawsuit request.
  - **Public Health Activities:** We may be required to report your health information to authorities to help prevent or control disease, injury, or disability. Examples include reporting certain diseases, injuries, birth or death information, information of concern to the Food and Drug Administration, or information related to child abuse or neglect. In some cases, we may also have to report certain work-related illnesses and injuries so that your workplace can be monitored for safety.
  - **Health Oversight Agencies:** We may be required to release health information to authorities so they can monitor, investigate, inspect, discipline or license those who work in the health care system, or for governmental benefit programs.
  - **Activities Related to Death:** Privacy protections do not apply to the medical record 50 years after death. We may be required to release health information to coroners, medical examiners, and funeral directors so they can carry out their duties related to your death. We may release health information to family members and others who were involved in your care or payment for care after your death.
  - **Organ, Eye or Tissue Donation:** In the event of your death, we may release your health information to organizations involved with obtaining, storing, or transplanting organs, eyes, or tissue to determine your donor status.
  - **Research Purposes:** At times, we may use or release health information about you for research purposes. However, all research projects require a special approval process before they begin. This process may include asking for your authorization. In some instances, your health information may be used or released for a research purpose without your authorization in accordance with the law. Our researchers may use your health information to identify and contact you as a potential study participant.
  - **Artificial Intelligence:** We may use Artificial Intelligence (AI) tools to support clinical, educational, research, operational, and administrative activities. These AI tools may assist in documenting care, analyzing health data, supporting clinical decisions, coordinating care, communicating with patients, and other healthcare operations. These tools support, but do not replace, the professional judgment of our healthcare providers. In some cases, identified data may be shared with AI vendors or researchers to improve healthcare services.
  - **To Avoid a Serious Threat to Health or Safety:** As required by law and standards of ethical conduct, we may release your health information to the proper authorities if we believe, in good faith, that such release is necessary to prevent or

minimize a serious and/or approaching threat to someone's health or safety.

- **Military, National Security, or Incarceration/Law Enforcement Custody:** We may be required to release your health information to the proper authorities so they may carry out their duties under the law. This may involve the military, national security or intelligence activities, or if you are in the custody of law enforcement officials.
- **Workers' Compensation:** We may be required to release your health information to the appropriate persons to comply with the laws related to workers' compensation or other similar programs that provide benefits for work-related injuries or illness.
- **Persons Involved in Your Care:** In certain situations, we may release health information about you to persons involved in your care, such as friends or family members, or those who help pay for your care. You have the right to approve such releases, unless you are unable to function, or if there is an emergency.
- **Notification/Disaster Relief Purposes:** In certain situations, we may share your health information with the American Red Cross or another similar federal, state, or local disaster relief agency or authority, to help the agency locate persons affected by the disaster.
- **Directory Information:** Except when you object, the hospitals may share your location and general condition with persons who request information about you by name, and may share all of your directory information with members of the clergy.
- **Appointment reminders and health-related benefits and services:** We may contact you with a reminder that you have an appointment for check-up or treatment. We may also provide prescription refill reminders, communicate about your current prescriptions, communicate about a health-related service or product which is covered by your health plan, or about treatment alternatives for your care coordination.

#### **B. When is your written authorization required?**

Except for the types of situations listed above, we must obtain your written permission, known as an authorization, for any other types of releases of your health information. An authorization is required for the sale of your health information, for marketing purposes, and for most uses and disclosures of psychotherapy notes. If you provide us authorization to use or release health information about you, you may revoke (cancel) that authorization in writing at any time. Any authorization you sign may be revoked by following the instructions described on the authorization form. For questions, contact the TTUHSC Compliance Office.

If we disclose your health information pursuant to a valid HIPAA authorization to a person or organization that is not a "covered entity" under federal or Texas privacy laws, the information may no longer be protected by those laws and may be re-disclosed by the recipient.

#### **WHAT ARE YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION?**

**Although your health record is the physical property of TTUHSC, the information belongs to you, and you have the following rights regarding your health information:**

- **Right to Receive this Notice of Privacy Practices:** You have the right to receive a paper copy of this notice at any time. You may obtain a copy of the current notice in all clinical areas or by visiting the TTUHSC Compliance Office.
- **Right to Request Confidential Communications:** You have the right to ask that TTUHSC communicate your health information to you in different ways or places. For example, you can ask that we only contact you by telephone at work, or that we only contact you by mail at home or at a post office box. We will do this whenever it is reasonably possible. You can make a request in the clinic or hospital, or contact the TTUHSC Compliance Office.
- **Right to Request Restrictions:** You have the right to request restrictions or limitations on how your health information is used or released. We have the right to deny your request.
- **Paid In Full:** You may request that we not disclose your health information to your health plan if: you have paid for a health care item or service in full and paid for the item or service out of your own pocket. We must honor your request to restrict your health information from being disclosed to your health plan for purposes of payment or health care operations unless the disclosure is required by law. You may obtain information about how to ask for a restriction on the use or release of your health information to your health plan by contacting the TTUHSC Compliance Office.
- **Right to Access:** With a few exceptions, you have the right to review and receive a copy of your health information and claims records. Some of the exceptions include: Psychotherapy notes; information gathered for court proceedings; and any information your provider feels would cause you to commit serious harm to yourself or to others. You must submit your request in writing. If you request a copy of the information, we may charge a fee for copying, mailing, or other costs associated with your request. We may deny your request to inspect and receive a copy in certain very limited circumstances. If you are denied access to PHI, you may request that the denial be reviewed.
- **Right to Amend:** You have the right to ask that TTUHSC's information in your health record be changed if it is not correct or complete. You must provide the reason why you are asking for a change. You may request a change by sending a request in

writing to the TTUHSC Compliance Office. This office will provide you with the necessary forms and assistance. We may deny your request if:

- We did not create the information.
  - We do not keep the information.
  - You are not allowed to see or copy the information.
  - The information is already correct and complete.
- **Right to a Record of Releases (Accounting):** You have the right to ask for a list of releases of your health information by sending a request in writing to the TTUHSC Compliance Office. Your request may not include dates earlier than the six years prior to the date of your request. If you request a record of releases more than once per year, TTUHSC may charge a fee for providing the list. The list will contain only information that is required by law. This list will not include releases for treatment, payment, health care operations, or releases that you have authorized.
  - **Right to be Notified of Disclosure of Unsecured Health Information:** You have the right to be notified following a breach of your unsecured health information.
  - **Right to 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.
  - **Right to File a Complaint:** You can complain if you feel we have violated your rights by contacting us using the information on the last page of this Notice. 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/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/). We will not retaliate against you for filing a complaint.

### **SPECIAL PROTECTIONS FOR SUBSTANCE USE DISORDER (SUD) INFORMATION**

Federal law (42 CFR Part 2) provides special protections for the privacy of medical records related to SUD treatment. This notice describes how health information related to SUD treatment by TTUHSC may be used and disclosed, your rights with respect to your SUD treatment information, and how to file a complaint concerning a violation of the privacy or security of your SUD treatment information, or of your rights concerning your SUD treatment information.

There are limited circumstances where we may disclose this information without your consent:

- **To Medical Personnel in a Medical Emergency:** If you are experiencing a medical emergency, we may share information with medical personnel to the extent necessary to address the emergency.
- **For Research:** We may disclose de-identified SUD information for research purposes, provided the researcher meets specific federal requirements to protect your privacy.
- **For Audit or Evaluation:** Your SUD information may be disclosed to qualified personnel for audit or program evaluation purposes, but strict confidentiality protections apply.
- **Under a Court Order:** We may disclose SUD information in response to a court order accompanied by a subpoena or other similar legal mandate that meets strict legal requirements under 42 CFR Part 2. Records, or testimony relating the content of such records, shall not be used or disclosed in any civil, administrative, criminal, or legislative proceedings against you unless based on specific written consent or a court order. If there is a court order, we will provide you with notice and an opportunity to object. A court order authorizing use or disclosure must be accompanied by a subpoena or other similar legal mandate compelling disclosure before the record is used or disclosed.
- **For Reporting Child Abuse or Neglect:** If we suspect child abuse or neglect, we are required by law to report it, which may include disclosing SUD information.
- **To Report Crime on Premises or Against Personnel:** If a crime is committed on our premises or against our personnel, we may disclose limited information to law enforcement.
- **For Qualified Service Organizations (QSO):** We may share information with organizations that provide services to us (like billing or record storage) if they sign an agreement to protect the confidentiality of your SUD information.

All other uses or disclosures of your SUD information require your specific written authorization:

- You may provide a single consent to allow us to share information about you outside of our program for all future treatment, payment, and healthcare operations purposes. You may revoke the consent at any time in writing. Organizations that would receive your information for these purposes are required by law or contract to protect your information as required by Federal law protecting SUD information or by HIPAA. Recipients who are required to protect your information as required by HIPAA may share your information only as allowed by HIPAA, except that they may not re-disclose information for civil, criminal, administrative, and legislative proceedings against you.

### **What are your rights regarding your health information under the SUD Program?**

You have certain additional rights to your information while in TTUHSC's SUD Program, which are as follows:

- Right to request restrictions of disclosures made with prior consent for purposes of treatment, payment, and health care operations. We will review your request, but are not required to agree unless the request relates to sharing information with

your insurance provider and your care has already been paid for by another source. If we agree to your request, we may still share your information where needed for emergency care or where required by law.

- Right to an accounting of disclosures of electronic records under this part for the past three years, and a right to an accounting of disclosures by an intermediary for the past three years.
- Right to obtain a paper or electronic copy of this notice from the SUD program upon request, and to discuss it with our Institutional Privacy Officer, whose contact information is listed below, if you have any questions.

#### **SUD Program Duties**

- We are required by law to maintain the privacy of your records, to provide you with notice of our legal duties and privacy practices with respect to records, and to notify affected individuals of a breach. We are required to follow the terms of the notice currently in effect. If we make changes to how we manage your records, we will change our notice and provide you with a new notice at your next visit if you are still receiving care. If you are no longer receiving care in this program, you may request an updated copy of our notice, or you may find the most recent notice in effect on our website.
- You have the right to revoke your authorization at any time, in writing. Revoking your authorization will not apply to information already disclosed based on your previous authorization.

#### **TTUHSC 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.

#### **CHANGE IN NOTICE OF PRIVACY PRACTICES:**

This notice became effective on April 14, 2003. TTUHSC reserves the right to change this notice after the effective date. We reserve the right to make the revised notice apply to all health information that we already have about you, as well as any information we receive in the future. This is the current notice. (Last revision: February 16, 2026)

#### **COMPLAINTS AND QUESTIONS**

If you believe that your privacy rights have been violated, you may file a complaint with TTUHSC or with the Secretary of the U.S. Department of Health and Human Services (mail, fax, email, or online). You will not be denied treatment or penalized in any way if you file a complaint.

To file a complaint about our privacy practices with TTUHSC, or if you have questions about this Notice, contact:

TTUHSC Compliance Office (Institutional Privacy Officer)

3601 4<sup>th</sup> Street, Stop 8165

Lubbock, TX 79430

(806) 743-2307

[Privacy@ttuhsc.edu](mailto:Privacy@ttuhsc.edu)

If you would like to file a complaint with the Secretary of the U.S. Department of Health and Human Services, please contact:

U.S. Department of Health and Human Services Office for Civil Rights

200 Independence Avenue, S.W.

Room 509F HHH Bldg.

Washington, D.C. 20201

1-800-368-1019

[ocrcomplaint@hhs.gov](mailto:ocrcomplaint@hhs.gov)