BlueCross BlueShield of Texas

HIPAA Notice of Privacy Practices

Effective 02/01/2026

PLEASE REVIEW THIS NOTICE CAREFULLY.

IT DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

Blue Cross and Blue Shield of Texas (BCBSTX) is committed to protecting your privacy and understands the importance of safeguarding medical information. We are required by the Health Insurance Portability and Accountability Act (HIPAA) to maintain the privacy of your protected health information (PHI) that identifies you or could be used to identify you. HIPAA also requires that we provide you this Notice of Privacy Practices which explains our legal duties, our privacy practices and your rights about the PHI that BCBSTX collects and maintains about you. State law requires we provide you a state notice that explains how BCBSTX can use or disclose your nonpublic, personal, financial information and describes your rights about this information.

To receive this notice electronically, go to the Blue Access for Members℠ (BAM℠) portal at **www.BCBSTX.com** and sign up.

This section explains the RIGHTS you have about your PHI and our obligations for these rights.

You can exercise these rights by submitting a written request to us. The contact information is at the end of this notice.

Right to request a copy of your PHI

- You can request to see or get a copy of your PHI contained in a designated record set.
- We have 30 days to fulfill your request. However, we can receive an additional 30 days if needed. We can charge a reasonable, cost-based fee to cover the costs of fulfilling your request.
- We can deny your request in some situations. We will explain the reason for the denial in the response we send you, and you have a right to have this decision reviewed.

Right to request an amendment to your PHI

- You can request an amendment to your PHI in a designated record if you believe it is incorrect or incomplete.
- We have 60 days to respond to your request. However, we can receive an additional 30 days if needed.
- We can deny your request if we determine your PHI is correct or that we did not create the PHI. We will explain the reason for the denial in the response we send you, and you have a right to submit a statement of disagreement.

Right to request confidential communications

- You can request we contact you in a specific way or at an alternative address.
- We are required to accommodate reasonable requests. However, we have the right to ask you about how your payment will be handled and for specifics about your communication alternatives.

Right to request we limit what we use or share

- You can request that we do not share or use some of your PHI for purposes of treatment, payment and our operations.
- You can also request that we do not share some of your PHI to family members or friends who may be involved in your care or for purposes of notification as described in this notice. The request must be specific and state the reason for the restriction and to whom you want the restriction to apply. We can deny your restriction request. However, we must honor your request if the release of your PHI is related to (1) payment or health care operations and is not otherwise required by law, and/or (2) a health care item or service which you paid for in full yourself.
- If we agree to the restriction request, we can not disclose your PHI unless the PHI needs to be disclosed for emergency treatment.

Right to request a list of individuals or entities who received your PHI

- You can request an accounting of disclosures, which is a list of all the disclosures we made during the six years prior to your request date. The list will not contain all disclosures made for treatment, payment, health care operations and some other situations. Details about these situations are described later in the notice.
- You can request one accounting in any 12-month period. If you request additional accountings in this time frame, we may charge a reasonable, cost-based fee. We will notify you before charging you. You can then withdraw or modify your request to avoid a fee.
- We have 60 days to respond to your request. However, we have an additional 30 days if needed.

Right to request a copy of the notice

- You can request a paper copy of this notice at any time. To request a copy, submit your written request using the contact information at the end of this notice.

Right to choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, this person can act on your behalf and make choices for you.
- We will confirm this individual has the right to act on your behalf before we release any of your PHI.

Right to file a complaint

- If you believe we have violated your privacy rights, you can file a complaint directly with us by using the contact information at the end of this notice.
- You can also file a complaint with the Secretary of U.S. Department of Health and Human Services Office for Civil Rights by either calling **1-877-696-6775**, visiting **www.hhs.gov/ocr/privacy/hipaa/complaints/** or sending a letter to:
  200 Independence Ave., SW
  Washington, D.C. 20201.
- We will not retaliate against you in any way for filing a complaint.

This section explains when we must receive your consent before sharing your PHI.

We can share your PHI with your verbal or written consent for:

- The relative, close friend or other person you identify to help you with your care decisions. We will disclose limited PHI to that person to assist you. If you are unable to give your consent and we determine in our professional judgement that it is in your best interest, we can use or disclose your PHI to assist in notifying a family member, personal representative or other person who can help you.
- Fundraising efforts.

We cannot use or disclose PHI for these purposes without your written consent:

- To conduct marketing or for our financial benefit
- Release psychotherapy notes

There may be other uses and disclosures of your PHI beyond those listed that may require your authorization if the use or disclosure is not allowed or required by law.

You have the right to revoke your authorization in writing at any time except to the extent that we have already used or disclosed your PHI based on that initial authorization.

This section describes the situations where we are allowed by federal laws to use or share your PHI.

This will give you a good idea of the types of routine uses and disclosures we make.

Manage and support

- We can use your PHI and share it with the health professionals who are treating you. For example, when your provider sends us information about your diagnosis and treatment plan so we can arrange for additional services.

Run our organization

- We can use and disclose your PHI to help us manage our business operations and fulfill our obligations to our customers and members. For example, we use PHI for enrollment, health care programs, activities related to the creation, renewal or replacement of a health plan and development of better high quality health care services. We cannot use genetic information to deny or refuse an individual health plan coverage.

Pay for your health services

- We can use and disclose your health information to process your claims and pay your provider. For example, we share information about you to coordinate benefits between your dental plan and our medical plan.

Administer your plan

- We may disclose your health information to your health plan sponsor for plan administration purposes. For example, if your company contracts with us to provide their group health plan, we may need to provide them certain statistics to explain the premiums we charge.

The following are examples of when we are allowed to use or disclose your PHI without authorization and without your ability to object to its use or disclosure.

Public health activities

- We are permitted to disclose PHI for public health purposes. This includes disclosures to a public health authority or other government agency that has the authority to collect and receive such information (e.g., the Food and Drug Administration).

Health oversight activities

- We can use or disclose your PHI to the extent that it is required by federal, state or local laws for health oversight.

Abuse, neglect or serious threat to health or safety

- We can disclose PHI to a government agency or public health authority authorized by law to receive information about adults and children who are victims of abuse, neglect or domestic violence.
- We also can disclose PHI if, in our professional opinion, it is necessary to prevent a serious and imminent threat to the public health or safety. However, the PHI can only be disclosed to someone who we reasonably believe can prevent or lessen the threat.

Research initiatives

- In certain situations, we are permitted to disclose a limited data set for research purposes.

Required by the Secretary of Health and Human Services

- We may be required to disclose PHI to the Secretary of Health and Human Services so they can determine our compliance with the requirements of the final rule related to the Standards for Privacy of Individually Identifiable Health Information.

Comply with the law

- In some situations, we may be required by applicable federal, state or local law to disclose your PHI.

Organ donors, coroners and funeral directors

- If you are an organ donor, we may disclose your PHI to an organ procurement organization if needed to facilitate organ donation or transplantation.
- We may disclose your PHI if it is needed by a medical examiner, coroner or funeral director to perform legally authorized duties.

Workers' Compensation

- We may be required to share PHI to comply with workers' compensation laws and other similar programs.

Specialized Government Functions; National Security and Intelligence Activities

- We may be asked to disclose PHI in certain situations such as determining eligibility for benefits offered by the Department of Veterans Affairs.
- We may also be required by law to disclose PHI to authorized federal officials for national security concerns, intelligence or counterintelligence activities, the protection of the president and other authorized persons or foreign heads of state as may be required by law.

Respond to lawsuits and legal actions

- We may disclose your PHI in response to an administrative or court order but only if the disclosure is expressly authorized.
- We may also be required to disclose PHI to respond to a subpoena, discovery request or other similar request.

Law enforcement

- We may disclose PHI, if the applicable legal requirements are met, to law enforcement for the purposes of responding to a crime.

Inmates

- We may use or disclose the PHI we created or received in the course of paying for the health care services of inmates in a correctional facility.

Business Associates

- We may disclose PHI to a Business Associate, which is an entity or person that performs activities or services on our behalf that involve the use, disclosure, access, creation or storage of PHI. We require a business Associate to execute appropriate agreements before they initiate these activities or services.

Additional health information

- Some federal or state laws include additional requirements for the use or disclosure of certain health condition-related information. We follow the applicable requirements of these laws.

We also have the following responsibilities and legal obligation to:

- Maintain the privacy and security of your PHI
- Notify you in the event you are affected by a breach of unsecured PHI
- Provide you a paper copy of this notice upon request
- Abide by the terms of this current notice
- Refrain from using or disclosing PHI in any manner not described in this notice unless you authorize us to do so in writing.

STATE PRIVACY NOTICE

Effective 02/01/2026

BCBSTX collects nonpublic, personal information about you from your insurance application, health care claims, payment information and consumer-reporting agencies. BCBSTX will:

- **Not disclose this information** to any non-affiliated third parties except with your consent or as permitted by law, even if your customer relationship with us ends
- **Restrict access to this information** to only those employees who perform functions necessary to administer our business and provide services to our customers
- **Maintain security and privacy practices** that include physical, technical and administrative safeguards to protect this information from unauthorized access
- **Use this information** for the sole purpose of administering your insurance plan, processing your claims, billing, providing you with customer service and complying with the law
- **Only share this information as required or permitted by law** and if needed with the following third parties:
  - Company affiliates
  - Business partners that provide services on our behalf (i.e., claims management, marketing, clinical support)
  - Insurance brokers or agents, financial services firms, stop-loss carriers
  - Regulatory, governmental and law enforcement agencies
  - Your employer group health plan

You also have the right to ask what nonpublic, financial information we have about you and to request a copy of it.

CHANGES TO THESE NOTICES

We reserve the right to change the privacy practices described in these notices and make the new practices apply to all the PHI we maintain about you. Should we make a change, we will post the revised notices on our website. You can request a paper copy using the contact information below. Depending on the changes made to the Notice, we may be required by applicable law to mail you a copy.

CONTACT INFORMATION FOR THESE NOTICES

If you would like general information about your privacy rights or would like a copy of these notices, go to: **https://www.bcbstx.com/legal-and-privacy/privacy-notice-and-forms**. If you have any questions about this Notice or want to exercise a right described in the Notice, call or write us.

Call: The toll-free number located on your member identification card or **1-877-361-7594**.

Write: Executive Director,
Privacy Office
Blue Cross and Blue Shield of Texas
PO Box 804836
Chicago, IL 60680-4110

REVIEWED: February 2026

To get auxiliary aids and services, or to get written or oral interpretation to understand the information given to you, including materials in alternative formats such as large print, braille or other languages, please call the BCBSTX Customer Advocate Department at the number on the back of your member ID card.

Non-Discrimination Notice

Health Care Coverage Is Important For Everyone

We do not discriminate on the basis of race, color, national origin (including limited English knowledge and first language), age, disability, or sex (as understood in the applicable regulation). We provide people with disabilities with reasonable modifications and free communication aids to allow for effective communication with us. We also provide free language assistance services to people whose first language is not English.

To receive reasonable modifications, communication aids or language assistance free of charge, please call us at **1-855-710-6984**.

If you believe we have failed to provide a service, or think we have discriminated in another way, you can file a grievance with:

Office of Civil Rights Coordinator
Attn: Office of Civil Rights Coordinator
300 E. Randolph St., 35th Floor
Chicago, IL 60601

Phone: **1-855-664-7270** (voicemail)
TTY/TDD: **1-855-661-6965**
Fax: **1-855-661-6960**
Email: civilrightscoordinator@bcbsil.com

You can file a grievance by mail, fax or email. If you need help filing a grievance, please call the toll-free phone number listed on the back of your ID card (TTY: 711).

You may file a civil rights complaint with the US Department of Health and Human Services, Office for Civil Rights, at:

US Dept of Health & Human Services
200 Independence Avenue SW
Room 509F, HHH Building
Washington, DC 20201

Phone: **1-800-368-1019**
TTY/TDD: **1-800-537-7697**
Complaint Portal: https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf
Complaint Forms: https://www.hhs.gov/civil-rights/filing-a-complaint/index.html

This notice is available on our website at
https://www.bcbstx.com/medicaid/pdf/medicaid-non-discrimination-tx.pdf

ATTENTION: If you speak another language, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call **1-855-710-6984** (TTY: **711**) or speak to your provider.

Español Spanish	ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al **1-855-710-6984** (TTY: **711**) o hable con su proveedor.
العربية Arabic	تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. اتصل على الرقم **1-855-710-6984** (TTY: **711**) أو تحدث إلى مقدم الخدمة الخاص بك.

中文 Chinese	注意：如果您说中文，我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务，以无障碍格式提供信息。致电 **1-855-710-6984** (TTY: **711**) 或咨询您的服务提供商。
Français French	ATTENTION: Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le **1-855-710-6984** (TTY: **711**) ou parlez à votre fournisseur.
Deutsch German	ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistenzdienste zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie **1-855-710-6984** (TTY: **711**) an oder sprechen Sie mit Ihrem Provider.
ગુજરાતી Gujarati	ધ્યાન આપો: જો તમે બીજી ભાષા બોલો છો, તો તમારા માટે મફત ભાષા સહાય સેવાઓ ઉપલબ્ધ છે. સુલભ ફોર્મેટમાં માહિતી પ્રદાન કરવા માટે યોગ્ય સહાયક મદદ અને સેવાઓ પણ વિના મૂલ્યે ઉપલબ્ધ છે. **1-855-710-6984** (TTY: **711**) પર કૉલ કરો અથવા તમારા પ્રદાતા સાથે વાત કરો.
हिंदी Hindi	ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएँ भी निःशुल्क उपलब्ध हैं। **1-855-710-6984** (TTY: **711**) पर कॉल करें या अपने प्रदाता से बात करें।
Italiano Italian	ATTENZIONE: Se parli italiano, puoi usufruire gratuitamente di servizi di assistenza linguistica. Sono inoltre disponibili, senza costi, strumenti e servizi ausiliari per ricevere informazioni in formati accessibili. Chiama il numero **1-855-710-6984** (TTY: **711**) o rivolgiti a un assistente.
한국어 Korean	주의: [한국어]를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. **1-855-710-6984** (TTY: **711**)번으로 전화하거나 서비스 제공업체에 문의하십시오.
Diné Navajo	SHÓÓ: Diné Bizaad k'ehjí éí dinits'á'go, t'áá nizaad k'ehjí níká a'doo wołgo bohónéedzą. Łahgo bee ata' hodoonigo áádóó éí doodago ałtaa át'éego níka a'doowołgo t'áá jiik'e nábee ahoot'i'. **1-855-710-6984** (TTY: **711**) jį' hodíílni éí doodago nits'íís náyaa áhályánii bich'į' hadíídzi.
فارسي Farsi	توجه: اگر فارسی صحبت می‌کنید، خدمات پشتیبانی زبانی رایگان در دسترس شما قرار دارد. همچنین کمک‌ها و تماس خدمات پشتیبانی مناسب برای ارائه اطلاعات در قالب‌های قابل دسترس، به‌طور رایگان موجود می‌باشند. با **1-855-710-6984** (TTY: **711**) تماس بگیرید یا با ارائه‌دهنده خود صحبت کنید.
Polski Polish	UWAGA: Osoby mówiące po polsku mogą skorzystać z bezpłatnej pomocy językowej. Dodatkowe pomoce i usługi zapewniające informacje w dostępnych formatach są również dostępne bezpłatnie. Zadzwoń pod numer **1-855-710-6984** (TTY: **711**) lub porozmawiaj ze swoim dostawcą.
РУССКИЙ Russian	ВНИМАНИЕ: Если вы говорите по-русски, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону **1-855-710-6984** (TTY: **711**) или обратитесь к своему поставщику услуг.
Tagalog Tagalog	PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa **1-855-710-6984** (TTY: **711**) o makipag-usap sa iyong provider.
اردو Urdu	توجہ دیں: اگر آپ اردو بولتے ہیں، تو آپ کے لیے مفت زبان کی مدد کی خدمات دستیاب ہیں۔ قابل رسائی فارمیٹس میں معلومات فراہم کرنے کے لیے مناسب معاونامداد اور خدمات بھی مفت دستیاب ہیں۔ **1-855-710-6984** (TTY: **711**) پر کال کریں یا اپنے فراہم کنندہ سے بات کریں.
Tiếng Việt Vietnamese	LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ và dịch vụ phụ trợ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số **1-855-710-6984** (TTY: **711**) hoặc trao đổi với người cung cấp dịch vụ của bạn.