

Notice of Privacy Practices (HIPAA)

FAIRFAX COUNTY GOVERNMENT

HEALTH PLANS AND ITS AFFILIATED ENTITIES

Effective 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.

THE PRIVACY OF YOUR MEDICAL INFORMATION IS IMPORTANT TO US.

The following entities, affiliated with

FAIRFAX COUNTY GOVERNMENT, are covered by this Notice:

This Notice applies to the privacy practices of the health plans listed below. As affiliated (related) entities, we may share your protected health information (PHI), and the PHI of others on your insurance policy as needed for payment or health care operations.

- CIGNA OAP 90% Coinsurance Plan
- CIGNA OAP 80% Coinsurance Plan
- CIGNA OAP MyChoice CDHP Plan
- Kaiser Permanente HMO Plan
- HealthSpring RX Part D Prescription Plan
- Delta Dental PPO Plan
- EyeMed Vision Care Program
- TASC (Flexible Spending Accounts)
- CIGNA (Employee Assistance Program)
- United Healthcare Group Medicare Advantage Plan

Our Legal Duty

This Notice describes our privacy practices, which include how we might use, disclose (share or give out), collect, handle, and protect our members' PHI. We are required by certain federal and state laws to maintain the privacy of your PHI. We must follow the privacy practices that are described in this Notice while it is in effect. This Notice takes effect February 16, 2026, required by law to maintain the privacy of protected health information, to provide individuals with notice of its legal duties and privacy practices, and to notify affected individuals following a breach of unsecured protected health information.

We reserve the right to change our privacy practices and the terms of this Notice at any time, as long as law permits these changes. We reserve the right to make the changes in our privacy practices and the new terms of our Notice effective for all PHI that we maintain, including PHI we created or received before we made the changes. If we make a significant change in our privacy practices, we will change this Notice

and send the new Notice to our health plan subscribers within sixty days of the effective date of the change.

You may request a copy of our Notice at any time. For more information about our privacy practices, or for additional copies of this Notice, please contact us using the information listed at the end of this Notice.

Uses and Disclosures of Medical Information

Primary Uses and Disclosures of Protected Health Information

We use and disclose PHI about you for payment and health care operations. HIPAA (Health Insurance Portability and Accountability Act) the federal health care privacy regulations, generally do not “preempt” (or take precedence over) state privacy or other applicable laws that provide individuals greater privacy protections, such as Virginia Code § 32.1-127.1:03 and 42 U.S.C. § 290dd-2. As a result, to the extent state law applies, state privacy laws, or other federal laws, rather than HIPAA might impose a privacy standard under which we will be required to operate., We will follow more stringent state privacy laws that relate to uses and disclosures of the PHI concerning HIV or AIDS, mental health, substance abuse/chemical dependency, genetic testing, and reproductive rights. For example, substance use information protected by 42 U.S.C. §290dd-2 generally cannot be used in a civil, criminal, administrative, or legislative proceeding against you without your authorization or a court order. In addition to these state and federal requirements, HIPAA allows us to use or disclose PHI in the following situations:

Payment: We may use and disclose your PHI for all activities that are included within HIPAA’s definition of “payment”. For example, we might use and disclose your PHI to pay claims for services provided to you by doctors, hospitals, pharmacies and others for services delivered to you that are covered by your health plan. We might also use your information to determine your eligibility for benefits, to coordinate benefits, to examine medical necessity, to obtain premiums, and to issue explanations of benefits to the person who subscribes to the health plan in which you participate.

Health Care Operations: We may use and disclose your PHI for all activities that are included within the definition of “health care operations” as defined in the federal privacy regulations. For example, we might use and disclose your PHI to determine our premiums for your health plan, to conduct quality assessment and improvement activities, to engage in care coordination or case management, and to manage our business.

Business Associates: In connection with our payment and health care operations activities, we contract with individuals, entities, and other County agencies (called “business associates”) to perform various functions on our behalf or to provide certain types of services (such as member service support, utilization management, subrogation, or pharmacy benefit management). To perform these functions or to provide the services, our business associates will receive, create, maintain, use, or disclose PHI, but only after we require the business associates to agree in writing to contract terms designed to appropriately safeguard your information.

Other Covered Entities. In addition, we may use or disclose your PHI to assist health care providers in connection with *their* treatment or payment activities, or to assist other covered entities in connection with certain of *their* health care operations. For example, we may disclose your PHI to a health care provider when needed by the provider to render treatment to you, and we may disclose PHI to another covered entity to conduct health care operations in the area of quality assurance and improvement activities or accreditation, certification, licensing or credentialing.

Other Possible Uses and Disclosures of Protected Health Information

The following is a description of other possible ways in which we might (and are permitted to) use and/or disclose your PHI.

To You or with Your Authorization: We must disclose your PHI to you, as described in the Individual Rights section of this Notice. You may give us written authorization to use your PHI or to disclose it to anyone for any purpose not listed on this Notice. If you give us an authorization to use or disclose your PHI, you may revoke that authorization in writing at any time. Your revocation will not affect any use or disclosures that we made as permitted by your authorization while it was in effect. Without your written authorization, we may not use or disclose your PHI for any reason except those described in this Notice.

Disclosures to the Secretary of the U.S. Department of Health and Human Services: We are required to disclose your PHI to the Secretary of the U.S. Department of Health and Human Services when the Secretary is investigating or determining our compliance with the federal privacy regulations.

To Plan Sponsors: Where permitted by law, we may disclose your PHI to the plan sponsor of your group health plan to permit the plan sponsor to perform plan administration functions. For example, a plan sponsor may contact us seeking information to evaluate future changes to your benefit plan. We also may disclose summary health information (this type of information is defined in the federal privacy regulations) about the enrollees in your group health plan to the plan sponsor to obtain premium bids for the health insurance coverage offered through your group health plan or to decide whether to modify, amend or terminate your group health plan.

To Family and Friends: If you agree (or, if you are unavailable to agree, such as in a medical emergency situation), we may disclose your PHI to a family member, friend or other person to the extent necessary to help with your health care or with payment for your health care.

Underwriting: We may receive your PHI for underwriting, premium rating or other activities relating to the creation, renewal or replacement of a contract of health insurance or health benefits. We will not use or further disclose this PHI received under these circumstances for any other purpose, except as required by law, unless and until you enter into a contract of health insurance or health benefits with us. Nor will we use your genetic information for underwriting purposes.

Health Oversight Activities: We may disclose your PHI to a health oversight agency for activities authorized by law, such as audits; investigations; inspections; licensure; monitoring the healthcare system, government programs, and compliance with civil rights laws.

Abuse or Neglect: We may disclose your PHI to appropriate authorities if we reasonably believe that you may be a possible victim of abuse, neglect, domestic violence or other crimes.

To Prevent a Serious Threat to Health or Safety: Consistent with certain federal or state laws, we may disclose your PHI if we believe that the disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.

Coroners, Medical Examiners, Funeral Directors, and Organ Donation: We may disclose PHI to coroners, medical examiners, or funeral to determine the cause of death for the performance of other duties. PHI may be used and disclosed for tissue or organ donations.

Research: We may disclose your PHI to researchers when an institutional review board or privacy board has: (1) reviewed the research proposal and established protocols to ensure the privacy; and (2) approved the research.

Inmates: If you are an inmate of a correctional institution, we may disclose your PHI to the correctional institution or to a law enforcement official for: (1) the institution to provide health care to you; (2) your health or safety or the health or safety of others; or (3) the safety and security of the correctional institution.

Workers' Compensation: We may disclose your PHI to comply with workers' compensation laws and other similar programs that provide benefits for work-related injuries or illnesses.

Public Health Activities: We may disclose your PHI for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose of controlling disease, injury or disability. We may also disclose your PHI, if directed by the public health authority, to a foreign government agency that is collaborating with the public health authority.

Required by Law: We may use or disclose your PHI when we are required to do so by law. For example, we must disclose your PHI to the U.S. Department of Health and Human Services upon their request for purposes of determining whether we are in compliance with federal privacy laws. You will be notified, as required by law, of any such uses or disclosures.

Judicial and administrative proceedings: In response to a subpoena, order from a court or administrative tribunal, or other lawful process.

Law Enforcement: We may disclose to a law enforcement official limited PHI of a suspect, fugitive, material witness, crime victim, or missing person. We may disclose PHI where necessary to assist law enforcement officials to capture an individual who has admitted to participating in a crime or has escaped from lawful custody.

Military and National Security: We may disclose to military authorities the protected health information of Armed Forces personnel under certain circumstances. We may disclose to federal officials protected health information required for lawful intelligence, counterintelligence, and other national security activities.

Other Uses and Disclosures of Your Protected Health Information: Other uses and disclosures of your PHI that is not described above will be made only with your written authorization. For example, we will not use or disclose your psychiatric notes, we will not use or disclose your PHI for marketing purposes, and we will not sell your PHI unless you give us a written authorization. If you provide us with such authorization, you may revoke the authorization in writing, and this revocation will be effective for future uses and disclosures of PHI. However, the revocation will not be effective for information that we have already used or disclosed in reliance on your authorization.

Individual Rights

Access: You have the right to look at or get copies of your PHI contained in a designated record set, including your PHI maintained in an electronic format, with limited exceptions. You may request that we provide copies in a format other than photocopies, such as by electronic means. We will use the format you request unless we cannot reasonably do so. You must make a request in writing to obtain access to your PHI. You may obtain a form to request access by using the contact information listed at the end of this Notice. You also may request access by sending a letter to the address at the end of this Notice. If you request copies, we might charge you a reasonable fee for each page, and postage if you want the copies mailed to you. If you request an alternative format, we might charge a cost-based fee for providing your PHI in that format. If you prefer, we will prepare a summary or an explanation of your PHI, but we may charge a fee to do so.

We may deny your request to inspect and copy your PHI in certain limited circumstances. Under certain conditions, our denial will not be reviewable. If this event occurs, we will inform you in our denial that the decision is not reviewable. If you are denied access to your information and the denial is subject to review, you may request that the denial be reviewed. A licensed health care professional chosen by us will review the request and the denial. The person performing this review will not be the same person who denied your initial request.

Disclosure Accounting: You have the right to receive a list of instances in which we or our business associates disclosed your PHI (including a disclosure involving an electronic health record) for purposes other than treatment, payment, health care operations and certain other activities. We will provide you with the date on which we made the disclosure, the name of the person or entity to which we disclosed your PHI, a description of the PHI we disclosed, the reason for the disclosure, and certain other information. If you request this list more than once in a 12-month period, we might charge you a reasonable, cost-based fee for responding to these additional requests.

You may request an accounting by submitting your request in writing using the information listed at the end of this Notice. Your request may be for disclosures made up to 6 years before the date of your request (3 years in the case of a disclosure involving an electronic health record).

Restriction Requests: You have the right to request that we place additional restrictions on our use or disclosure of your PHI. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency). Any agreement that we might make to a request for additional restrictions must be in writing and signed by a person authorized to make such an agreement on our behalf. We will not be liable for uses and disclosures made outside of the requested restriction unless our agreement to restrict is in writing. We are permitted to end our agreement to the requested restriction by notifying you in writing.

You may request a restriction by writing to us using the information listed at the end of this Notice. In your request tell us: (1) the information of which you want to limit our use and disclosure; and (2) how you want to limit our use and/or disclosure of the information.

Confidential Communication: If you believe that a disclosure of all or part of your PHI may endanger you, you have the right to request that we communicate with you in confidence about your PHI. This means that you may request that we send you information by alternative means, or to an alternate location. We must accommodate your request if: it is reasonable, specifies the alternative means or alternate location, and specifies how payment issues (premiums and claims) will be handled. You may request a Confidential Communication by writing to us using the information listed at the end of this Notice.

Amendment: You have the right to request that we amend your PHI. Your request must be in writing, and it must explain why the information should be amended. We may deny your request if we did not create the information you want amended or for certain other reasons. If we deny your request, we will provide you with a written explanation. You may respond with a statement of disagreement to be appended to the information you wanted amended. If we accept your request to amend the information, we will make reasonable efforts to inform others, including people you name, of the amendment and to include the changes in any future disclosures of that information.

Electronic Notice: Even if you agree to receive this Notice on our web site, or by electronic mail (e-mail), you are entitled to receive a paper copy as well. Please contact us using the information listed at the end of this Notice to obtain this Notice in written form. If the e-mail transmission has failed, and we are aware of the failure, then we will provide a paper copy of this Notice to you.

Breach of Unsecured Protected Health Information

You must be notified in the event of a breach of unsecured PHI. A “breach” is the acquisition, access, use or disclosure of PHI in a manner that compromises the security or privacy of the PHI. Your PHI is considered compromised when the breach poses a significant risk of financial harm, damage to your reputation, or other harm to you. This does not include good faith or inadvertent disclosures or when there is no reasonable way to retain the information. You must receive a Notice of the breach as soon as possible and no later than 60 days after discovery of the breach.

Information on Fairfax County Government's Health Plan's Privacy Practices: If you want more information about our privacy practices or have questions or concerns, you may call the member service number on the back of your insurance card or you may contact us at the address below.

Filing a Complaint: If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about your individual rights, you may use the contact information at the end of this Notice to complain to us. You may also submit a written complaint to the U.S. Department of Health and Human Services (DHHS) at the address below.

We support your right to protect the privacy of your protected health and financial information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

Contact Information

HIPAA Contact

Fairfax County Department of Human Resources, Benefits Division 12000
Government Center Parkway, Suite 270
Fairfax, VA 22035
703-324-3311
Email: DHRBenefitsDivision@fairfaxcounty.gov
fairfaxcounty.gov/hr/department-human-resources-employee-benefits

Fairfax County HIPAA Compliance Manager

Fairfax County Government Center
12000 Government Center Parkway, Suite 533
Fairfax, VA 22035
703-324-2164 — TTY 711 or www.fairfaxcounty.gov/hipaa

Office for Civil Rights Centralized

U.S. Department of Health and Human Services
Case Management Operations
200 Independence Avenue, S.W., Suite 515F HHH
Building
Washington, D.C. 20201
Customer Response Center: 800-368-1019
FAX: 202-619-3818 — TDD: 800-537-7697
Email: ocrmail@hhs.gov