



## Notice of Privacy Practices

This notice describes how health information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Each time you visit any hospital, physician, or other healthcare provider, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, a plan for future care or treatment, and billing-related information. This notice applies to all of the records of your care generated by this facility, whether made by the clerical or the clinical staff. Other facilities and clinicians may have different policies or notices regarding the use and disclosure of your health information created in that office or clinic.

### OUR RESPONSIBILITIES

We are required by law to maintain the privacy of your health information and provide you a description of our privacy practices. We will abide by the terms of this notice.

The following categories describe examples of the way we use and disclose health information:

**For Treatment:** We may use health information about you to provide you treatment or services. We may disclose health information about you to doctors, nurses, or other clinical personnel who are involved in taking care of your health. Different situations may also necessitate that we share health information about you regarding coordination of your care. We may also provide your physician or a subsequent healthcare provider with copies of various reports that should assist him or her in treating you once you have discontinued your treatment in this facility.

**For Payment:** We may use and disclose health information about your treatment and services to bill and collect payment from you, or a third party payer.

**For Health Care Operations:** Members of the clinical staff and/or quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it. The results will then be used to continually improve the quality of care for all patients we serve. For example, we may combine health information about many patients to evaluate the need for new services or treatment. We may remove information that identifies you from this set of health information to protect your privacy.

We may also use and disclose health information:

- To business associates we have contracted with to perform the agreed upon service and billing for it;
- To remind you that you have an appointment for medical care;
- To assess your satisfaction with our services;
- To tell you about possible treatment alternatives;
- To tell you about health-related benefits or services;
- For conducting training programs or reviewing competence of health care professionals.

When disclosing information, primarily appointment reminders and billing/collections efforts, we may leave messages on your answering machine/voice mail.

**Business Associates:** There are some services provided in our organization through contracts with business associates. Examples include answering service, cleaning service, etc. To protect your health information, however, we require the business associate to appropriately safeguard your information.

**Individuals Involved in Your Care or Payment for Your Care:** We may release health information about you to a friend or family member who is involved in your medical care or who helps pay for your care. In addition, we may disclose health information about you to an entity assisting in an emergency situation or disaster relief effort so that your family can be notified about your condition, status, and location.



**Research:** We may disclose information to researchers when an institutional review board (that has reviewed the research proposal and established protocols to ensure the privacy of your health information) has approved their research and granted a waiver of the authorization requirement

**Future Communications:** We may communicate to you via newsletters, mail outs, e-mails, or other means regarding treatment options, health related information, educational opportunities, wellness programs, or other activities our facility is offering.

**Organized Health Care Arrangement:** This facility and its clinical staff members have organized and are presenting you this document as a joint notice. Information will be shared as necessary to carry out treatment, payment, and health care operations. Clinicians and other facility staff members may have access to protected health information to assist in reviewing past treatment as it may affect treatment at the time.

**As Required by Law:** We may also use and disclose health information for the following types of entities, including but not limited to:

- The Food and Drug Administration;
- Public Health or Legal Authorities charged with preventing or controlling disease, injury, or disability;
- Correctional Institutions;
- Workers Compensation Agents;
- Military Command Authorities;
- Health Oversight Agencies;
- National Security and Intelligence Agencies;
- Protective Services for the President and Others

**Law Enforcement/Legal Proceedings:** We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena.

**State-Specific Requirements:** Many states have requirements for reporting including population-based activities relating to improving health or reducing health care costs. Some states have separate privacy laws that may apply additional legal requirements. If the state privacy laws are more stringent than federal privacy laws, the state law preempts the federal law.

## OTHER USES OF HEALTH INFORMATION

Other uses and disclosures of health information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose health information about you, you may revoke that permission, in writing, at any time. Please understand that we may not be able to provide treatment for you or obtain payment for your treatment without your permission to use and disclose your health information. However if you choose to revoke your permission, we will no longer use or disclose health information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

## YOUR HEALTH INFORMATION RIGHTS

Although your health record is the physical property of the healthcare practitioner or facility that compiled it, you have the right to:

- **Inspect and Copy:** In most medical situations you have the right to inspect and obtain a copy of the health information that may be used to make decisions about your care. Usually, this includes medical and billing records, but it does not include psychotherapy notes. By law we do not have to provide these records and we do not believe that it is in the client's best interest to inspect and copy psychotherapy notes therefore we do not grant that request
- **Amend:** If you feel that health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the



information is kept by or for the practice. We may deny your request for an amendment and if this occurs, you will be notified of the reason for the denial.

- **Request Restrictions:** You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment or protection or the protection of others. Our medical records may be subpoenaed by a court but psychotherapy notes are treated differently from a medical record and have special protections. If your therapy involves other parties such as family members, etc. all parties have to sign a release for the medical record to be released.
- **An Accounting of Disclosures:** You have the right to request an accounting of disclosures. This is a list of certain disclosures we make of your health information for purposes other than treatment, payment, or health care operations where an authorization was not required.
- **Request Confidential Communications:** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you may ask that we contact you at work instead of your home. The facility will grant reasonable requests for confidential communications at alternative locations and/or via alternative means only if the request is submitted in writing and the written request includes a mailing address where the individual will receive bills for services rendered by the facility and related correspondence regarding payment for services. Please realize, we reserve the right to contact you by other means and at other locations if you fail to respond to any communication from us that requires a response. We will notify you in accordance with your original request prior to attempting to contact you by other means or at another location.
- **A Paper Copy of this Notice:** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. You may print or view a copy of the notice by clicking on the Notice of Privacy Practices link on our website.

To exercise any of your rights, please obtain the required forms from the Privacy Official and submit your request in writing.

## CHANGES TO THIS NOTICE

We reserve the right to change this notice and the revised or changed notice will be effective for information we already have about you as well as any information we receive in the future. The current notice will be posted in the practice and include the effective date. In addition, each time you visit the practice a copy of the current notice will be available to you.

## COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the Facility Privacy Practices Officer. You may also file a complaint with:

Texas Behavioral Health Executive Council  
Attn: Enforcement Division  
1801 Congress Ave., Ste. 7.300  
Austin, Texas 78701  
Email: [Enforcement@bhec.texas.gov](mailto:Enforcement@bhec.texas.gov)  
Telephone: 1-800-821-3205

All complaints must be submitted in writing. **You will not be penalized for filing a complaint.**