



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.

About the Notice

When you receive treatment or benefits from any Department of State Health Services (DSHS) facility, we will obtain and/or create information about your health and treatment. Protected Health Information (PHI) includes any information that relates to:

- Your past, present, or future physical or mental health or condition;
- Health care provided to you; and,
- Past, present, or future payment for your health care.

The following notice tells you about DSHS' duty to protect your PHI, your privacy rights, and how we may use or disclose your health information.

DSHS Duties and Responsibilities

The law requires us to protect the privacy of your PHI. This means that we will:

- Not use or let other people see your PHI without your permission except in the ways we tell you in this notice; and,
- Safeguard your PHI and keep it private. (This protection applies to all PHI we have about you, regardless of when or where you received or requested services.)

If you receive direct health care or dental care from DSHS, DSHS will:

- Not allow any unauthorized person to interview, photograph, film, or record you without your written permission;
- Ask you for your written permission (authorization or consent) to use or disclose your PHI (with the exception of uses and disclosures for treatment, payment and/or health care operations.)
- If you give such authorization, you may revoke it at any time, but DSHS will not be liable for uses or disclosures made before you revoked your authorization.
- Not tell anyone if you requested, are receiving, or have ever received services from DSHS, unless the law allows us to disclose that information.

We are required to give you this notice of our legal duties and privacy practices, and we must do what this notice says. We will also provide you with a copy of this notice upon request. We can change the contents of this notice and, if we do, we will have copies of the new notice at our facilities and on the DSHS website - www.dshs.state.tx.us/hipaa. The new notice will apply to all PHI we have, regardless of when we received or created the information.

Our employees must protect the privacy of your PHI as part of their jobs. We do not let our employees see your PHI unless they need it as part of their jobs. Employees who do not protect the privacy of your PHI will be disciplined.

We will not disclose information about you related to testing for Human Immunodeficiency Virus or Acquired Immune Deficiency Syndrome without your specific written permission, unless the law allows us to disclose the information.

Your Privacy Rights at DSHS

You can read or get a copy of your PHI. There are some reasons why we may not let you see or get a copy of your PHI, and if we deny your request we will tell you why. You can appeal our decision in some situations. You can choose to get a summary of your PHI instead of a copy. If you want a summary or a copy of your PHI, you may have to pay a reasonable fee for it.

You can request that we correct information in your records if you think the information is incorrect. We will not destroy or change our records, but we will add the correct information to your records and make a note in your records that you have provided the information. If DSHS denies your request, you can have your written disagreement placed in your record.

You can get a list of the disclosures of your PHI that we made to other people in the last six years. The list will not include disclosures for treatment, payment, health care operations, national security, law enforcement, or disclosures where you gave your permission.

You can ask us to limit some of the ways we use or share your PHI. We will consider your request, but the law does not require us to agree to it. If we do agree, we will put the agreement in writing and follow it, except in case of emergency. We cannot agree to limit the uses or sharing of information that are required by law.

You can ask us to contact you at a different place or in some other way, if you think that contacting you at your usual address could put you in danger. You must put this request in writing and be specific about how to contact you. We will agree to your request as long as it is reasonable.

You may exercise any of the rights described above by contacting the DSHS office or program that has PHI about you, or by contacting the DSHS Privacy Officer.

Treatment, Payment, and Health Care Operations

We may use or disclose your PHI to provide care to you, to obtain payment for that care, or for our own health care operations.

Health information about you may be exchanged between DSHS facilities and DSHS contractors, for purposes of treatment, payment, or health care operations, without your permission. If DSHS shares your PHI with a contractor, the contractor must agree to protect the privacy of the PHI.

Treatment

We can use or disclose your PHI to provide, coordinate, or manage health care or related services. This includes providing care to you, consulting with another health care provider about you, and referring you to another health care provider. For example, we can use your PHI to refer you to a community program for services. Unless you ask us not to, we may also contact you to remind you of an appointment or to offer treatment alternatives or other health-related information that may interest you.

Payment

We can use or disclose your PHI to obtain payment for providing health care to you or to provide benefits to you under a health plan such as the Medicaid program. For example, we can use your PHI to bill your insurance company for health care provided to you.

Health Care Operations

We can also use your PHI for:

- Activities to improve health care;
- Evaluating programs and developing procedures;
- Case management and care coordination;
- Reviewing the competence, qualifications, or performance of health care professionals and others;
- Conducting training programs;
- Resolving internal grievances;
- Conducting accreditation, quality assessment, certification, licensing, or credentialing activities;
- Providing medical review, legal services, or auditing functions;
- Carrying out activities related to the creation, renewal, or replacement of a contract for health insurance or health benefits; and
- Engaging in business planning and management or general administration.

For example, DSHS may use or disclose your PHI to make sure providers bill only for care you receive.

Unless you are receiving treatment for alcohol or drug abuse DSHS is permitted to use or disclose your PHI without your permission for the following purposes:

When required by law

We may use or disclose your PHI when a law requires the use or disclosure.

Serious threat to health or safety

We may use or disclose your PHI to medical or law enforcement personnel if you or others are in danger and the information is necessary to prevent physical harm.

Victims of abuse, neglect or violence

If DSHS believes you are the victim of abuse, neglect, or domestic violence, DSHS may disclose PHI about you to a person legally authorized to investigate a report that you have been abused, neglected, or have been denied your rights. If DSHS does this, DSHS will tell you or your legally authorized representative (LAR) about the report unless DSHS believes that doing so could harm you.

To a correctional institution

If you are in the custody of a correctional institution, we may disclose your PHI to the institution in order to provide health care to you, or for the health and safety of other inmates or employees of the institution.

If you are in the criminal justice system

We may disclose your PHI to other state agencies involved in your treatment, rehabilitation, or supervision.

For other law enforcement purposes

DSHS may disclose PHI about you to a law enforcement official:

- To comply with a grand jury subpoena, summons, investigation, or similar lawful process;
- To identify and locate a suspect, fugitive, witness, or missing person;
- In response to a request for information about an actual or suspected crime victim;
- To alert a law enforcement official of a death that DSHS suspects is the result of criminal conduct;
- To report evidence of a crime on DSHS property; or
- To provide information learned while providing emergency treatment to an individual regarding criminal activity.

To locate you if you are missing from a facility

If you are a patient in a state hospital, we may disclose some information about you to law enforcement personnel so that they can find you and return you to the hospital if you are missing.

Public health activities

We will disclose your PHI to:

- A public health authority for purposes of preventing or controlling disease, injury, or disability, or to report vital statistics;
- A government agency allowed to receive reports of child abuse or neglect;
- The Food and Drug Administration (FDA) to report problems with medications, products, or activities regulated by the FDA;
- A person who may have been exposed to a contagious disease or who is at risk of contracting or spreading a disease or condition; or,
- A person or agency investigating work-related illness or injury or conducting workplace medical surveillance.

Health oversight activities

DSHS may use or disclose PHI about you for activities necessary for oversight of the health care system, government benefit programs, or to enforce civil rights laws. This may include:

- Audits or inspections;
- Investigations of possible fraud; or
- Investigations of whether someone licensed by DSHS is providing good care.

Government benefit programs

We may use or disclose your PHI as needed to comply with a government benefit program, such as Medicaid.

Research

We may use or disclose your PHI if a research board says it can be used for a research project, or if information identifying you is removed from the PHI. Your PHI may also be used to allow a researcher to prepare for research, as long as the researcher agrees to keep the PHI confidential. PHI about people who have died can also be used for research.

To your legally authorized representative (LAR)

We may share your PHI with a person the law allows to represent your interests, such as a guardian, unless DSHS thinks that it would harm you to do so.

Family member, other relative or close personal friend

Unless you are a patient in a state hospital, DSHS may disclose limited PHI about you to a family member, other relative, or close personal friend when the PHI is related to that person's involvement with your care or payment for your care and you have an opportunity to stop or limit the disclosure before it happens.

Purposes relating to death

If you die, we may disclose your PHI to your personal representative and to coroners or medical examiners to identify you or determine the cause of death. We may also disclose information about you for burial purposes, including grave marker inscription, unless you tell us not to.

Other uses and disclosures

We may disclose your PHI:

- In a criminal or civil proceeding if a court or administrative judge has issued an order or subpoena that requires us to disclose it;
- In commitment proceedings for involuntary commitment for court-ordered treatment or services;
- For court-ordered examinations for a mental or emotional condition or disorder;
- In proceedings regarding abuse or neglect of a resident of an institution;
- In license revocation proceedings against a doctor or other professional;
- To create health information that does not identify any specific individual;
- To the U.S. or a foreign military for military purposes;
- For national security purposes;
- To federal officials to protect the President and others;
- For security clearances and medical suitability determinations required by the U.S. government; and,
- To comply with workers' compensation or similar laws.

Secretary of Health and Human Services

We must disclose your PHI to the United States Department of Health and Human Services when requested in order to enforce the privacy laws.

DSHS may only disclose information about your treatment for alcohol or drug abuse without your permission in the following circumstances:

- Pursuant to a special court order that complies with 42 Code of Federal Regulations Part 2, Subpart E;
- To medical personnel in a medical emergency;
- To qualified personnel for research, audit, or program evaluation;
- To report suspected child abuse or neglect;
- In relation to a crime on the premises of the program or against personnel of the program, committed by you; or
- To Advocacy, Inc. and/or the Texas Department of Family and Protective Services, as allowed by law, to investigate a report that you have been abused or have been denied your rights.

Records about treatment for alcohol or drug abuse are protected by federal law and regulations found in the Code of Federal Regulations at Title 42, Part 2. Violation of the laws that protect these records is a crime, and suspected violations may be reported to appropriate authorities in accordance with federal regulations. Federal and state laws prohibit re-disclosure of information about alcohol or drug abuse treatment without your permission. Federal rules restrict any use of information about alcohol or drug abuse treatment to criminally investigate or prosecute any alcohol or drug abuse patient.

HOW TO FILE A COMPLAINT:

If you believe that DSHS has violated your privacy rights, you have the right to file a complaint with the:

DSHS Consumer Services and Rights Protection/Ombudsman Office by mail at Mail Code 2019, P.O. Box 149347 Austin, TX 78714-9347; or by telephone at (512) 206-5670 or (800) 252-8154 (toll free);

U.S. Secretary of Health and Human Services, Office for Civil Rights, Region VI – Dallas by mail at 1301 Young Street, Suite 1169, Dallas, TX 75202; or by telephone at (214) 767-4056 or (214) 767-8940 (TDD) or (800) 368-1019 (toll free OCR Hotline); by fax at (214) 767-0432;

DSHS HIPAA Privacy Officer by mail at Mail Code 1915 P.O. Box 149347, Austin, TX 78714-9347; or by telephone at 512--963-7111 or 888-963-7111 (toll free); or by e-mail at: privacy.hipaa@dshs.state.tx.us

For complaints regarding the violation of your right to confidentiality by an alcohol or drug abuse treatment program, contact the United States Attorney's Office for the judicial district in which the violation occurred.

There will be no retaliation for filing a complaint.