

Notice of Electronic Disclosure of Protected Health Information

If the Department of State Health Services (DSHS) obtains or creates information about your health, DSHS is required by law to protect the privacy of your information. 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.

DSHS may not disclose your PHI electronically without your authorization unless allowed by law. For example, DSHS may share your PHI through approved, secure electronic methods for the purpose of treatment, payment for health care services, or health care operations such as case management or care coordination. DSHS may also need to share your PHI electronically for public health purposes such as preventing and controlling the spread of infectious diseases or for certain disaster relief efforts. For a complete list of reasons that DSHS is allowed by law to share your PHI, please refer to the DSHS Privacy Notice www.dshs.state.tx.us/hipaa/privacynotices.shtm.

If you believe that DSHS has violated the obligations described in this notice, you have the right to file a complaint with the DSHS Privacy Officer by mail at Mail Code 1915 P.O. Box 149347, Austin, TX 78714-9347; or by telephone at 512-776-7111; or by e-mail at: hipaa.privacy@dshs.state.tx.us.