

NOTICE OF PRIVACY PRACTICES

This notice describes how medical information about you may be used and disclosed and how you can gain access to this information. Please read it carefully.

Protected health information, (PHI) about you, is maintained as an electronic record of your contacts or visits for healthcare services with our practice. Specifically, PHI is information about you, including demographic information (i.e., name, address, phone, etc.), that may identify you and relates to your past, present or future physical or mental health condition and related health care services.

Our practice is required to follow specific rules on maintaining the confidentiality of your PHI, using your information, and disclosing or sharing this information with other healthcare professionals involved in your care and treatment. This Notice describes your rights to access and control your PHI. It also describes how we follow applicable rules and use and disclose your PHI to provide your treatment, obtain payment for services you receive, manage our health care operations and for other purposes that are permitted or required by law.

We are required to abide by the terms of this Notice of Privacy Practices. We reserve the right to change the terms of our notice, at any time. The new notice will be effective for all protected health information that we maintain at that time. A revised Notice of Privacy Practices may be obtained by calling the office and requesting that a copy be mailed to you or by asking for one at the time of your next appointment. A copy of the Notice will be posted in a conspicuous location in our waiting areas and on our website.

Your Rights Under The Privacy Rule

The following is a statement of your rights, under the Privacy Rule, in reference to your protected health information. Please feel free to discuss any questions with our staff.

- **A Paper Copy of this Notice** – You have the right to receive, and we are required to provide you with, a copy of this Notice of Privacy Practices.
- **Authorization of Use and Disclosure** – If we receive a request for or intend the use of your PHI for any reason that is not specified in this Notice, you have the right to authorize or refuse such use or disclosure. You may revoke such authorization at any time, in writing, except to the extent that your provider or our practice has already taken action, relying on your prior authorization.
- **Confidential Communications** – You have the right to request that we communicate with you about your health information in a specific way or at a specific location (i.e. cell phone, email, alternative address). Reasonable requests will be accommodated.
- **Inspect & Copy** – You have the right to request, by written authorization, to inspect and obtain a copy of your protected health information as provided by law. Usually, this includes medical and billing records, but does not include psychotherapy notes. As our records are maintained electronically, you have the right to request an electronic copy. We have the right to charge a reasonable fee for copies as established by professional, state, or federal guidelines.
- **Request Restrictions** – You have the right to request, in writing, that we not use or disclose any part of your PHI for the purposes of treatment, payment, or healthcare operations, except in emergency situations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. In certain cases, we may deny your request for a restriction. You have the right to request, in writing, that we restrict communication to your health plan (insurance company) regarding specific treatment that you or someone acting on your behalf has paid for in full out-of-pocket. We are not permitted to deny this specific type of requested restriction.
- **Amend** – You may have the right to request, in writing, that your health record be amended as provided by law, if you feel the health information we have about you is incorrect or incomplete. You will be notified if the request cannot be granted.
- **Accounting of Disclosures** – You have the right to request, in writing, a list of disclosures that we have made of your PHI outside our office.
- **Notice of Breach** – You have the right to receive written notification if the practice discovers a breach of your unsecured PHI, and determines through a risk assessment that such notification is required.

How We May Use or Disclose Protected Health Information

Following are examples of uses and disclosures of your protected health care information that we are permitted to make. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures that may be made by our office.

- **Treatment** - We may use and disclose your protected health information to provide, coordinate, or manage your healthcare and any related services. This includes the coordination or management of your healthcare with a third party that is involved in your care and treatment. For example, we would disclose your protected health information, as necessary, to a pharmacy that would fill your prescriptions. We will also disclose protected health information to other Healthcare Providers who may be involved in your care and treatment.
- **Payment** - We may use and disclose health information about your treatment and services to bill and collect payment from you, your insurance company or a third party payer. Information may be provided to your health plan about treatment you are going to receive in order to obtain prior approval or to determine if your health plan will cover the treatment.
- **Healthcare Operations** - We may use or disclose, as-needed, your protected health information in order to support the professional and business activities of our practice. This includes, but is not limited to business planning and development, quality assessment and improvement, medical review, legal services, auditing functions and patient safety activities.
- **Business Associates** - 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

- **Special Notices** – We may use your PHI, if necessary, to remind you that you have an appointment for medical care; to assess your satisfaction with our services; to tell you about health-related benefits or services; for population based activities relating to improving health or reducing health care costs. When disclosing information, primarily appointment reminders and billing & collections efforts, we may leave messages on your answering machine or voice mail. You will have the right to opt out of special notices, by providing written notice to our practice.
- **Health Information Exchange** - The practice may elect to use a regional information organization or other such organization to facilitate the electronic exchange of information for the purposes of treatment, payment, or healthcare operations.
- **Others Involved in Your Healthcare** - Unless you give notice of an objection, and in accordance with your agreement, medical information may be released to a family member or other person who is involved in your medical care or who helps pay for your care. Information about you may be disclosed to notify a family member, legally authorized representative or other person responsible for your care about your location and general condition. This may include disclosures of information about you to an organization assisting in a disaster relief effort, such as the American Red Cross, so that your family can be notified about your condition. You have the opportunity to agree or object to the use or disclosure of all or part of your protected health information. If you are not present or able to agree or object to the use or disclosure of the protected health information, then your Healthcare Provider may, using professional judgment, determine whether the disclosure is in your best interest.

Disclosures Required by Law or otherwise Allowed without Authorization or Notification

- **Required by Law** - We may use or disclose your protected health information to the extent that is required by federal, state or local law, judicial or administrative proceedings, or for law enforcement. Examples would be reporting gunshot wounds, child abuse, domestic violence, or responding to court orders.
- **Public Health** - We may disclose your protected health information for public health activities and purposes such as reporting information about births, deaths, and various diseases, or disclosures to the FDA regarding adverse events related to food, medications or devices.
- **Health Oversight** - We may disclose protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections.
- **Coroners and Funeral Directors** - We may disclose protected health information to a coroners and funeral directors for identification purposes, determining cause of death, or to perform their duties authorized by law.
- **Organ Donation** – To organ procurement organizations for the purpose of tissue donation and transplant.
- **Research** - We may disclose your protected health information to researchers when an institutional review board has reviewed and approved the research proposal and established protocols to ensure the privacy of your protected health information; or the disclosure is that of a limited data set, where personal identifiers have been removed..
- **Military Activity and National Security** - To military command authorities as required for members of the armed forces. To authorized federal officials for national security and intelligence activities as authorized by law.
- **Workers' Compensation** - As authorized to comply with workers' compensation laws and other similar legally established programs.
- **Inmate** - We may use or disclose your protected health information to correctional institutions or law enforcement officials, as authorized by law.
- **Required Uses and Disclosures** - Under the law, we must make disclosures about you when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of the Privacy Rule.

Special Categories of Health Information

In some circumstances, your medical information may be subject to restrictions that may limit or prevent some uses or disclosures described in this notice or in privacy practices. There are special restrictions on the use and / or disclosure of certain categories of health information, such as (a) information on the treatment of AIDS and HIV test results, (b) the treatment of mental conditions and psychotherapy notes; (c) alcohol, drug abuse and treatment of chemical dependency on information, and / or (d) genetic information. In addition, government health benefit programs, such as Medicare or Medicaid, may also limit the release of patient information for purposes unrelated to the program.

COMPLAINTS

If you have a question or complaint about your privacy rights, you may file a complaint form with the front office, or contact the Quality and Compliance Officer:

North Texas Area Community Health Centers, Inc.
 2332 Beverly Hills Drive
 Fort Worth, TX 76114
 817-740-1318 (Compliance Hotline)

Should the Quality and Compliance Officer be unable to resolve your complaint to your satisfaction, you may send a written complaint to the Office of Civil Rights, U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Room 509F, HHH Building, Washington, D.C. 20201. We will not retaliate against you for filing a complaint.

This notice became effective on April 9, 2013.

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