

**TEXAS PANHANDLE CENTERS BEHAVIORAL & DEVELOPMENTAL
HEALTH
NOTICE OF PRIVACY PRACTICES
Effective August 5, 2013**

Health Insurance Portability and Accountability Act of 1996 (HIPAA) and Drug Abuse Prevention, Treatment, and Rehabilitation Act. This notice describes how medical information about you may be used and shared and how you can get access to this information. Please review it carefully.

Texas Panhandle Center's Duties

- The law requires us to protect the privacy of your health information. This means that we will not use or let other people see your health information without your consent or unless allowed by law. We will keep your health information safe and private.
- We will ask you for your written consent to use or share your health information. There are times when we can use or share your health information without your consent, as explained in this notice. The explanations in this notice are only examples, they do not cover every situation. If you give us your consent to use or share your health information, you may take it back at any time. If you take back your consent, we will not be responsible for using or sharing your health information before we knew you took back consent. To take back consent, send a written statement, signed by you, to **Texas Panhandle Centers Behavioral & Developmental Health, P.O. Box 3250, Amarillo, TX 79116**, providing the date and purpose of the consent and stating that you changed your mind and want to take back the consent.
- 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 ask you to sign to show that you have received this notice. We can change this notice and, if we do, we will have copies of the new notice at our offices and on our website, **www.texaspanhandlecenters.org**. The new notice will apply to all health information we have.
- Our employees must protect the privacy of your health information as part of their jobs. We do not let our employees see your health information unless they need it as part of their jobs. We will take disciplinary action for those employees who do not protect the privacy of your health information.
- We will not share information about you related to HIV/AIDS without your specific written consent, unless the law tells us to do so.
- If you are being treated for alcohol or drug abuse, your records are protected by federal law and regulations found in the Code of Federal Regulations at Title 42, Part 2. Breaking these laws that protect alcohol or drug abuse treatment records is a crime. If a break is suspected, it may be reported to the proper authorities based on federal rules. Federal law will not protect any information about a crime committed by you, either at Texas Panhandle Centers, against any person who works for Texas Panhandle Centers, or about any threat to commit such a crime.

Texas Panhandle Centers may share information about your treatment for alcohol or drug abuse without your consent in the following circumstances:

- Following 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;
- To Advocacy, Inc. and/or the Texas Department of Protective and Regulatory Services, as allowed by law, to investigate a report that you have been abused or have been denied your rights.

Federal and State laws stop us from sharing information about your alcohol or drug treatment without your consent.

Unless you are receiving treatment for alcohol or drug abuse and otherwise outlined in federal law or regulations, Texas Panhandle Centers is allowed to use or share your health information without your consent for the following purposes:

When required by law:

We may use or share your health information as required by local, state, or federal law.

To Business Partners:

We may share your PHI with our business partners. We do this when they need the information they must have to do their job or service for us. For example, we may use another company to perform billing services for us. All of our business partners are tasked with protecting your information and are not allowed to use or share any information other than as specified in our contract.

Organ and Tissue Donation:

If you are an organ donor, we can use or share your PHI with groups that manage organ donation. This helps them with finding, storing, or moving organs and tissues for transplant.

To a government authority if we think that you are a victim of abuse:

We may share your health information to a government investigator who has received a report that you have been abused or have been denied your rights.

Military and Veterans:

If you are a member of the armed forces we may share PHI as required by military command authorities. We also may share PHI to the appropriate foreign military authority if you are a member of a foreign military.

Worker's Compensation:

We may share PHI for workers' compensation or similar programs. These programs provide help for work-related injuries or illnesses.

To Advocacy, Inc.:

We may share your health information to Advocacy, Inc., as allowed by federal law, to investigate a complaint by you or for you.

For public health and health oversight activities:

We will share your health information when we must to help public health efforts or to report key events. This is generally needed to prevent or control sickness, injury, or disability.

We share information to:

- report births and deaths;
- report child abuse or neglect;
- report reactions to medications or problems with products they may be using;
- report diseases or injuries to public health investigators;
- report a person who may have been exposed to a disease or may be at risk of getting or spreading a disease;

Abuse, neglect, or domestic violence:

if we think a person has been the victim of abuse, neglect, or domestic violence, we must report it to the proper government authorities.

We will only share this information if you agree or when required by law.

Health Oversight Activities:

We may share PHI to a health oversight agency for activities authorized by law. This can include audits, investigations, inspection, and licensure. These activities are needed for the government to monitor the health care system, government programs, and to make sure we are following civil rights laws.

Data Breach Notification Purposes:

We may use or share your PHI to provide legal notices if your information was accessed or shared without your consent.

To comply with legal requirements:

We may share your health information with a member of your doctor's staff. We do this so the doctor can follow licensing and official rules. We will protect your information and not share it for any other reason.

For purposes relating to death:

If you die, we may share health information about you to your personal representative and to coroners or medical examiners to identify you or determine the cause of death.

To a correctional institution:

If you are in jail or prison, we may share your health information with the correctional facility. We do this when they need the information to:

- Provide your healthcare.
- Protect your health and safety.
- Protect the health and safety of others.
- Keep the facility safe and secure.

Lawsuits and Disputes:

If you are involved in a lawsuit or a dispute, we may share PHI in response to a court or administrative order. We also may share PHI in response to a subpoena, discovery request, or other legal request involved in the dispute. We do require that they ask or notify you of the request before we share the information.

Law Enforcement:

We may share your health information (PHI) if a law enforcement official asks for it and we are required to help.

When We Share PHI

We share information in response to official legal papers, such as a court order, subpoena, or warrant.

We may also share information to:

- Identify or locate someone like a suspect, fugitive, witness, or missing person (limited information only).
- Share information about the victim of a crime (even without the victim's agreement in rare cases).
- Share information about a death we believe resulted from a crime.
- Share information about criminal activity that happened at our location.

Sharing in an Emergency

In an emergency, we may share information with police to report:

- A crime.
- The location of a crime or the victims.
- The identity or location of the person who committed the crime.

For government benefit programs:

We may use or share your health information as needed for government benefit programs, such as Medicaid.

To your legally authorized representative (LAR):

We may share your health information with a person appointed by a court to legally represent you.

National Security and Intelligence Activities:

We may share PHI to federal officials for intelligence, counter-intelligence, and other national security activities allowed by law.

Protective Services for the President and Others:

We may share PHI to federal officials so they can protect:

- The President;
- Other authorized people;
- Foreign leaders
- To conduct special investigations.

In judicial and administrative proceedings:

We may share your health information if a court or administrative judge has issued an order or subpoena. Some types of court or administrative hearings where we may share your health information are:

- **Commitment hearings** for involuntary commitment for court-ordered treatment or services.
- **Court-ordered examinations** for a mental or emotional condition or disorder.
- **Hearings regarding abuse** or neglect of a resident of an institution.
- **License revocation hearings** against a doctor or other professional.
- **To the Secretary of Health and Human Services:** We have to share your health information to the United States Department of Health and Human Services when requested according to the privacy law.

For Treatment, Payment, and Health Care Operations:

- We may use or share your health information to provide care to you, to get payment for that care, or for our own health care operations.
- Your information may be shared between state and local health offices in Texas (like the Department of State Health Services). This sharing is done so they can treat you, pay for your services, or run their healthcare network.

Treatment –

We can use or share your health information to provide, coordinate, or manage health care or related services. This includes providing care to you, sharing with another health care provider about you for your care, and referring you to another health care provider. Example: Northwest Texas Health Care.

Payment –

We may use and share Health Information so that we or others may bill and receive payment from you, an insurance company, or a third party for the treatment and services you received (e.g. Medicaid).

Health Care Operations –

We can also use your health information for the health care operations:

- Activities to improve health care, evaluating programs, and developing procedures;
- Case management and care coordination;
- Reviewing the competence, qualifications, performance of health care professionals and others;
- Conducting training programs and resolving internal grievances;
- Conducting accreditation, certification, licensing, or credentialing activities;
- Providing medical review, legal services, or auditing functions; and
- Engaging in business planning and management or general administration (e.g. DSHS/DADS).

Other Uses and Sharing of Information Research –

We may use and share your health information (PHI) for research in certain situations. Before we do this, the research plan must go through a special approval process.

We may let researchers look at your records without this approval to find patients for their study. However, they are not allowed to remove or copy any of your health information.

Appointment Reminders, Treatment Alternatives, and Health Related Benefits and Services –

Unless you ask us not to, we may also contact you to remind you of an appointment or to offer treatment options, or other health-related information that may interest you.

You may agree or object to the following sharing of information:

- With your consent, we may share your Protected Health Information (PHI) to other people you have involved your care or payment of your care.
- If there is a disaster, we may share your PHI to disaster relief organizations that see your PHI to coordinate your care or notify family and friends of your location or condition in a disaster. If possible, you will have the chance to agree or object to us sharing this information.

Your written consent is required for:

The use or sharing of your PHI for marketing purposes or selling your PHI will require your written consent.

Your Privacy Rights at Texas Panhandle Centers

If you have questions or need help with the rights listed below, contact the Director of Medical Records, the Privacy Officer, or the Rights Protection Officer. Their addresses and phone numbers are listed at the bottom of this notice.

You have the following rights regarding Health Information we have about you:

Right to Access Records

You can look at, or get a copy of, the health information that we have about you. This includes medical and billing records.

Getting your records:

- We have up to 30 days to get your requested PHI to you.
- We may charge you a small fee for the costs of copying, mailing, or other supplies related to your request.

When we don't charge a fee:

- We may not charge a fee if you need the information to apply for benefits under the Social Security Act or any other state or federal needs-based benefit program.

You can choose to get a summary of your health information instead of a copy. There are some reasons why we will not be able to get you a copy of your health information:

- If we deny your request, we will tell you why in writing.
- In some cases, you can appeal our decision (ask us to look again).
- If we do deny your request, you have the right to have our decision reviewed by a licensed healthcare professional who did not make the first decision to deny your request.
- We must follow the result of the review.

How to request records:

- Requests must be made in writing to the Medical Records Department
- You may request your records be in paper or electronic format.
- If we are unable to provide the PHI in the format you choose, we will talk you and come to an agreement.

Right to Amend

You can ask us to correct information in your records if you think the information is wrong. We will not destroy or change our records, but we will add the information to your records and make a note of your request.

Right to an Accounting of Disclosures

You have the right to ask for a list of people or groups we have shared your health information with. This list can go back six years from the date of the request, and you can get one free list per year.

This list does not include the following:

- Treatment, payment, or healthcare operations (running our programs)
- National Security or Law enforcement
- Any sharing that you consented to

Right to Ask for Limits on Sharing

You have the right to ask us to limit how we use or share your health information for Treatment, Payment, or Healthcare Operations.

General Restrictions

- You can ask us to limit how we share information with someone involved in your care or payment.
- Example: You could ask us not to share details about a treatment with your spouse.
- We do not have to agree to all your requests, but will do what we can to meet them.

Special Rule for Cash Payers

- If you pay for a specific service in full yourself (out of pocket) and ask us not to bill your health plan, we must agree to this limit.
- This means we will not share that service information with your health plan for payment or running our programs.

Limits on Restrictions

- If we agree to a limit, we will put the agreement in writing and follow it (unless there is an emergency).
- We cannot agree to limit the use or sharing of information that is required by law.

Right to Request Confidential Communications

You have the right to request that we tell you about medical matters in a certain way or at a certain place. For example, you can ask that we only contact you by mail or at work. Your request must be submitted in writing to Medical Records and specify how, or where, you wish to be contacted. We will agree to your request as long as it is reasonable.

Right to a Paper Copy of This Notice

You can get a copy of this notice any time that you ask for it. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. You can obtain a copy of this notice at our web site, <https://www.texaspanhandlecenters.org/> To get a paper copy of the notice, contact the Director of Medical Records or the TPC Privacy Officer.

Right to Get Notice of a Breach

You have the right, to and will receive a notice, if someone has accessed your information without your consent through TPC or one of its business partners.

Complaint Process

If you believe that Texas Panhandle Centers has broken your privacy rights, you have the right to file a complaint. You may complain by contacting the Rights Protection Officer at the information listed below.

Texas Panhandle Centers will not hold it against you or punish you for filing a complaint.

**To file a complaint, or for questions about this notice, please call:
Texas Panhandle Centers Rights Protection Officer or Privacy Officer
P.O. Box 3250
Amarillo, Texas 79116
(806) 351-3400**

**Texas Panhandle Centers Director of Medical Records
P.O. Box 3250
Amarillo, TX 79116
(806) 351-5618**

You may also file a complaint with:

**Client Services and Rights
Protection/Ombudsman Office
P.O. Box 13247
Austin, TX 78711
1-800-252-8154**

**HHSC Civil Rights Office
P.O. Box 13247
MC1560
Austin, TX 78711
toll free (800) 388-6332**