



## NOTICE OF PRIVACY PRACTICES

### **Your Information. Your Rights. Our Responsibilities.**

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.**

We may share information that we obtain or create about you with other health care providers or other health care entities, such as your health care plan or health insurer, as permitted by law, including through Health Information Exchanges (HIEs) in which we participate. For example, if you are admitted to a hospital on an emergency basis and cannot provide important information about your health condition, the HIEs we participate in will help facilitate us making your health information available to other providers who participate in the HIEs to treat you at the hospital. Exchange of health information can provide faster access, better coordination of care and assist providers and public health officials in making more informed decisions. You have the right to **opt-out** of an HIE in which Texana Center participates in and disable access to your health information that would otherwise be available through the HIE by informing Texana Center of your decision not to have your information shared. If your decision is to opt-out, you can opt back in by revoking the Health Information Exchange (HIE) Request to Opt-out form.

Texana Center participates with the Greater Houston Healthconnect (GHH) and may become involved with other Health Information Exchanges. You have the right to ask what HIEs that Texana Center participates in and can, at any time, opt-out.

### **Your Rights**

You have the right to:

- Get a copy of your paper or electronic medical record
- Correct your paper or electronic medical record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- File a complaint if you believe your privacy rights have been violated

### **Your Choices**

You have some choices in the way that we use and share information as we:

- Tell family and friends about your condition
- Provide disaster relief
- Provide mental health care
- Market our services
- Raise funds

### **Our Uses and Disclosures**

We may use and share your information as we:

- Treat you
- Run our organization
- Bill for your services
- Help with public health and safety issues
- Do research
- Comply with the law
- Work with a medical examiner or funeral director
- Address workers' compensation, law enforcement and other government requests
- Respond to lawsuits and legal actions



## NOTICE OF PRIVACY PRACTICES

### Your Rights

**When it comes to your health information, you have certain rights.** This section explains your rights and some of our responsibilities to help you.

#### Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or summary of your health information, usually within 15 days of your request. We may charge a reasonable, cost-based fee.

#### Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- You will be given a form to complete. Your request will be forwarded to the Privacy Officer.
- We may say “no” to your request, but we will tell you why in writing within 60 days.

#### Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say “yes” to all reasonable requests.

#### Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

#### Get a list of those with whom we’ve shared information

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting per year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

#### Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly. You can also view the privacy practices on our website: [www.texascenter.com](http://www.texascenter.com)

#### File a complaint if you feel that your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information on page 5.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue SW, Washington D.C. 20201, by calling 1-877-696-6775, or by visiting <https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf>
- We will not retaliate against you for filing a complaint.

### Your Choices

**For certain health information, you can tell us your choices about what we share.** If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want to do, and we will follow your instructions.

**In these cases, you have both the right and the choice to tell us to:**

- Share information with your family, close friends, or others involved in your care



## NOTICE OF PRIVACY PRACTICES

- Share information in a disaster relief situation

*If you are not able to tell us your preference (for example, if you are unconscious), we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*

**In these cases, we never share your information unless you give us written permission:**

- Marketing purposes
- Most sharing of psychotherapy notes

**In the case of fundraising:**

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

### **Our Uses and Disclosures**

#### **How do we typically use or share your health information?**

We typically use or share your health information in the following ways:

##### **Treat You**

- We can use your health information and share it with other professionals who are treating you.
  - *Example: A doctor treating you for an injury asks another doctor about your overall health condition.*

##### **Run our organization**

- We can use and share your health information to run our practice, improve your care, and contact you when necessary.
  - *Example: We use health information about you to manage your treatment and services.*

##### **Bill for your services**

- We can use and share your health information to bill and get payment from health plans or other entities.
  - *Example: We give information about you to your health insurance plan so it will pay for your services.*

#### **How else can we use or share your health information?**

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information, see: <https://www.hhs.gov/hipaa/for-individuals/guidance-materials-for-consumers/index.html>

##### **Help with public health and safety issues**

We can share health information about you for certain situations, such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

##### **Do research**

We can use or share your health information for health research.



## NOTICE OF PRIVACY PRACTICES

### **Comply with the law**

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we are complying with federal privacy law. Texana Center, as a part of the HHSC service delivery system, may disclose information between HHSC facilities, local mental health or intellectual/ developmental disabilities authorities, community centers, and their respective contract provider for the purpose of treatment, payment or health care operations.

### **Work with a medical examiner or funeral director**

We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

### **Address workers' compensation, law enforcement, and other government requests**

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

### **Respond to lawsuits and legal actions**

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

### **Appointment reminders**

Unless you provide Texana Center with alternative instructions in writing, we may use your identifiable information to contact you and remind you of your appointments.

### **To Disability Rights Texas**

We may disclose your confidential information to Disability Rights Texas, in accordance with federal law, to investigate a complaint by you or on your behalf.

### **To comply with legal requirements**

We may disclose your confidential information to an employee or agent of a doctor or other professional who is treating you, to comply with statutory, licensing, or accreditation requirements, as long as your information is protected and is not disclosed for any other reasons.

### **If you are receiving services for intellectual/developmental disabilities**

We give confidential information about your current physical and mental condition to your parents, guardian, relative or friend.

### **To a correctional institution**

If you are in the custody of a correctional institution, we may disclose your confidential information to the institution in order to provide health care to you.

## **Our Responsibilities**

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.



## NOTICE OF PRIVACY PRACTICES

- We will ask you for your written permission (authorization) to use or disclose your information. There are times when we are allowed to use or disclose your information without your permission, as explained in this notice. If you give us your permission to use or disclose your information, you make take it back (revoke it) at any time. If you revoke your permission, we will not be liable for using or disclosing your information before we knew you revoked your permission. To revoke your permission, send a written statement, signed by you to Texana's Privacy Officer, providing the date and purpose of the permission and saying that you want to revoke it.
- We will not disclose information about you related to HIV/AIDS without your specific written permission, unless the law allows us to disclose the information.
- 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. Violation of these laws that protect alcohol or drug abuse treatment records is a crime, and suspected violations may be reported to appropriate authorities in accordance with federal regulations. Federal law will not protect any information about a crime committed by you either at Texana or against any person who works for Texana or about any threat to commit such a crime. Federal law and regulations do not protect any information about suspected child abuse or neglect from being reported under state law to appropriate state or local authorities.
- If you are being treated for alcohol or drug abuse, Texana will not tell any unauthorized person outside of Texana that you are being treated for alcohol or drug abuse without your written permission. We will not disclose any information identifying you as an alcohol, drug or substance user, except as allowed by law.

For more information, see: <https://www.hhs.gov/hipaa/for-professionals/regulatory-initiatives/hipaa-part-2/index.html>

### Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our website, [www.texanacenter.com](http://www.texanacenter.com).

### Complaints about Privacy Practices

If you believe your privacy rights have been violated, or you disagree with a decision we made about access to your confidential information, you make file a complaint with:

Rights Protection Officer  
Texana Center  
2330 Graeber Road  
Rosenberg, Texas 77471  
832-947-5630

You may also file a complaint with Office of the Ombudsman by calling 800-252-8154 or writing to:

P.O. Box 12668  
Austin TX 78711

You may also file a written complaint with the Secretary of the U.S. Department of Health and Human Services by calling 877-696-6775 or writing to:

200 Independence Ave SW  
Washington D.C. 20201

**We will take no retaliatory action against you if you make such complaints.**

**Effective Date of this Notice: January 1, 2024**