

## **BELL COUNTY PUBLIC HEALTH DISTRICT PRIVACY NOTICE**

THIS NOTICE DESCRIBES HOW YOUR MEDICAL INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

### **ABOUT THE NOTICE**

This notice tells you about your privacy rights, the Health District's duty to protect health information that identifies you, and how the Health District may use or disclose health information that identifies you without your written permission.

This notice does not apply to health information that does not identify you or anyone else.

In this Privacy Notice, "medical information" means the same as "health information."

Health information includes any information that relates to:

- 1) your past, present, or future physical or mental health or condition;
- 2) providing health care to you; or
- 3) the past, present, or future payment for your health care.

### **YOUR PRIVACY RIGHTS**

The law gives you the right to:

- Look at or get a copy of the health information that the Health District has about you, in most situations. the Health District may require that your request for information be in writing;
- Ask the Health District to correct certain information, including certain health information, about you if you believe the information is wrong or incomplete. You must submit your request in writing to the administrative office or program that has the information. If the Health District denies your request to change the information, you can have your written disagreement placed in your record;
- Ask for a list of the times the Health District has disclosed health information about you for reasons other than treatment, payment, health care operations, and certain other reasons as provided by law, except when you have authorized or asked that the Health District disclose the information. You must put this request in writing and must include the name(s) of the program, office, or facility from which a list of disclosures is requested;
- Ask the Health District to limit the use or disclosure of health information about you more than the law requires. However, the law does not require the Health District to agree to limit uses and disclosures;
- Tell the Health District where and how to send you messages that include health information about you, if you think sending the information to your usual address could put you in danger. You must put this request in writing, and you must be specific about where and how to contact you;
- Ask for and get a paper copy of this notice from the Health District; and
- Withdraw permission you have given the Health District to use or disclose health information that identifies you, unless the Health District has already taken action based on your permission. You must withdraw your permission in writing.

You may exercise any of the rights described above by contacting the administrative office or program that has health information about you, or by contacting the Health District's Privacy Officer as described at the end of this notice.

### **CLIENT RIGHTS AND RESPONSIBILITIES**

**At Bell County Public Health District, we respect your rights as a patient. We want you to know these rights as well as responsibilities to yourself, your providers, other patients and the Health District.**

#### **As a patient, you have the right:**

- To be treated with respect, including recognition of personal beliefs and values.
- To receive care in a setting and environment committed to patient safety.
- To have a chaperone present during an examination.
- To privacy and confidentiality.
- To coordination and continuity of your health care.
- To know the identity of those involved in your care.
- To information presented in terms and language you can understand, including care and treatment options.
- To be involved in decisions regarding your health care plan.
- To reasonable access to health care.
- To access health care records according to Health District policy.
- To be heard if problems, complaints or grievances arise.
- To be informed of charges for services as well as payment options.

### **As a patient, you have a responsibility:**

- To provide complete medical information to your health care providers.
- To ask questions so that you have a clear understanding.
- To make informed decisions.
- To report any changes in your health.
- To understand your health problems and to follow agreed upon plans and instructions for your care.
- To recognize the impact of your lifestyle choices on your personal health.
- To keep scheduled appointments, or to reschedule in a timely manner.
- To respect the rights, privacy and confidentiality of other patients and clinic personnel.
- To not bring weapons into Health District facilities.
- To accept financial obligations and understand your health benefits.

### **THE HEALTH DISTRICT'S DUTY TO PROTECT HEALTH INFORMATION THAT IDENTIFIES YOU**

- The Health District is required by law to protect the privacy of your health information. This means that the Health District will not use or disclose your health information without your authorization except in the ways we tell you in this notice. The Health District will safeguard your health information and keep it private.
- The Health District will ask you for your written authorization to use or disclose your health information in ways other than those stated in this notice. If you give such an authorization, you may revoke it at any time, but the Health District will not be liable for uses or disclosures made before you revoked your authorization.
- If you receive direct health care from the Health District, the Health District is required to provide you with this notice of its legal duties and privacy practices, and to ask you to sign a form saying that you have received this notice. Otherwise, the Health District is required to provide you with this notice upon your request. If the Health District changes the contents of this notice, it will make the new notice available at its facilities within 30 days of the effective date of the changed notice. The new notice will apply to all health information maintained by the Health District, no matter when the Health District got or created the information.
- Health District employees must protect the privacy of your health information as part of their jobs with the Health District. The Health District does not give employees access to your health information unless they need it as part of their jobs. The Health District will punish employees who do not protect the privacy of your health information.

### **HOW THE HEALTH DISTRICT USES AND DISCLOSES HEALTH INFORMATION THAT IDENTIFIES YOU**

#### **1. Treatment**

The Health District may use or disclose your health information 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, the Health District can use or disclose your health information to refer you to a community program for services. The Health District may also contact you to remind you of an appointment or to tell you about treatment alternatives, additional benefits, or other health-related information that may be of interest to you.

#### **2. Payment**

The Health District may use or disclose health information about you to pay or collect payment for your health care. For example, the Health District can use or disclose your health information to bill your insurance company for health care provided to you. **You have the right to restrict disclosure of PHI if you pay out of pocket for treatment (meaning we will not share your information with your insurance company) (9/15).**

#### **3. Health care operations**

The Health District may use or disclose health information about you for health care operations. Health care operations include:

- Conducting quality assessment and improvement activities;
- Reviewing the competence, qualifications, and performance of health care professionals or health plans;
- Training health-care professionals and others;
- Conducting accreditation, certification, licensing, or credentialing activities;
- Carrying out activities related to the creation, renewal, or replacement of a contract for health insurance or health benefits;
- Providing medical review, legal services, or auditing functions; and
- Engaging in business management or the general administrative activities of the Health District.

#### **4. Family member, other relative, or close personal friend**

The Health District may disclose health information about you to a family member, other relative, or close personal friend when:

- The health information is related to that person's involvement with your care or payment for your care; and
- You have had an opportunity to stop or limit the disclosure before it happens.

## **5. Government programs providing public benefits**

The Health District may disclose health information about you as needed for the administration of a government benefit program, such as Medicaid.

## **6. Health oversight activities**

The Health District may sometimes use or disclose health information about you for health oversight activities. Health oversight activities include:

- Audits or inspections;
- Investigations of possible fraud;
- Investigations of whether someone licensed by the Health District is providing good care; and
- Other activities necessary for oversight of the health care system, government benefit programs, or to enforce civil rights laws.

## **7. Public health**

The Health District may disclose health information about you to:

- A public health authority for purposes of preventing or controlling disease, injury, or disability, or to report vital statistics;
- An official of a foreign government agency who is acting with the public health authority;
- A government agency allowed to receive reports of child abuse or neglect;
- The Food and Drug Administration (FDA) to report problems with FDA-regulated medications, products, or activities;
- A person who may have been exposed to a communicable 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.

## **8. Victims of abuse, neglect, or domestic violence**

If the Health District believes you are the victim of abuse, neglect, or domestic violence, the Health District may sometimes disclose health information about you to a government agency that receives reports of abuse, neglect, or domestic violence if:

- A law requires the disclosure;
- You agree to the disclosure;
- A law allows the disclosure and the disclosure is needed to prevent serious harm to you or someone else; or
- A law allows the disclosure, you are unable to agree or disagree, the information is needed for immediate action, and the information will not be used against you.

If the Health District makes a report under this section, the Health District will tell you or your representative about the report unless it believes that telling you would place you at risk of harm.

## **9. Serious threat to health or safety**

The Health District may use or disclose health information about you if it believes the use or disclosure is needed:

- To prevent or lessen a serious and immediate threat to the health and safety of a person or the public;
- For law enforcement authorities to identify or catch an individual who has admitted participating in a violent crime that resulted in serious physical harm to the victim, unless the information was learned while initiating or in the course of counseling or therapy; or
- For law enforcement authorities to catch an individual who has escaped from lawful custody.

## **10. For other law enforcement purposes**

The Health District may disclose health information about you to a law enforcement official for the following law enforcement purposes:

- 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 the Health District suspects is the result of criminal conduct;

To report evidence of a crime on the Health District's property;

- To provide information learned while providing emergency treatment to an individual regarding criminal activity; or
- As necessary for a correctional institution or other entity having lawful custody of an individual to provide health care to the individual or for the health and safety of other inmates or its employees.

## **11. For judicial or administrative proceedings**

The Health District may disclose health information about you in response to an order or subpoena issued by a regular or administrative court.

## 12. As required by law

The Health District may use or disclose health information about you when a law requires the use or disclosure.

## 13. Contractors

The Health District may disclose health information about you to a Health District contractor if the contractor:

- Needs the information to perform services for the Health District; and
- Agrees to protect the privacy of the information.

## 14. Secretary of Health and Human Services

The Health District must disclose health information about you to the Secretary of Health and Human Services when the Secretary wants it to enforce privacy protections.

## 15. Purposes relating to death

The Health District may disclose health information about you to:

- Coroners or medical examiners for the purpose of identifying a deceased person or determining the cause of death;
- Funeral directors for the purpose of preparing a deceased person for burial or cremation; or
- Organ procurement organizations for the purpose of organ, eye, or tissue donation.

## 16. Research

The Health District may use or disclose health information about you for research if a research board approves the use.

The board will ensure that your privacy is protected when your health information is used in research. Your health information may also be used:

- To allow a researcher to prepare for research, as long as the researcher agrees to keep the information confidential; or
- After you die, for research that involves information about people who have died.

## 17. Other uses and disclosures

The Health District may use or disclose health information about you:

- To create health information that does not identify any specific individual;
- To the U.S. or a foreign military for military purposes, if you are or have been a member of the group asking for the information;
- For purposes of lawful national security activities;
- To federal officials to protect the President and others;
- For security clearances and medical suitability determinations required by the U.S. government;
- To a prison or jail, if you are an inmate of that prison or jail, or to law enforcement personnel if you are in custody;
- To comply with workers' compensation laws or similar laws; and
- To tell or help in telling a family member or another person involved in your care about your location, general condition, or death.

**The Health District does not use or disclose PHI for marketing and fundraising, and we do not sell your PHI. (9/13).**

**Breach Notification Requirement:** A breach is the unauthorized acquisition, access, use, or disclosure of PHI, including electronic PHI. All cases of impermissible acquisition, access, use, or disclosure of PHI are presumed to cause harm and be reportable unless the covered entity or business associate can demonstrate that there was a low probability that PHI was compromised.

## Complaint Process

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

- The Health District's Privacy Officer by mail at 201 North 8<sup>th</sup>, Temple, Texas 76502; or by telephone at 1-254-773-4457;
  - U.S. Secretary of Health and Human Services at 200 Independence Ave. S.W., Washington, D.C. 20201, or by telephone at (800) 368-1019; or
  - Texas Attorney General's Office by mail at P.O. Box 12548, Austin, Texas, 78711-2548, or by telephone at (800) 806-2092.
- There will be no retaliation for filing a complaint.

For further information, contact the Health District's administrative office or program from which you received services. You may also contact the Health District's Privacy Officer by mail at 201 North 8<sup>th</sup>, Temple, Texas 76502; or by phone at 1-254-773-4457.