

### **Your Rights and 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.

### **Our Commitment to Protecting Health Information About You**

The HIPAA Privacy Rule requires that we protect the privacy of health information that identifies an individual or where there is a reasonable basis to believe the information can be used to identify an individual. This information is called “Protected Health Information” (PHI).

We are required by law to:

- Maintain the privacy of PHI about you;
- Give you this notice of our legal duties and privacy practices with respect to PHI; and
- Comply with the terms of our notice of privacy practices that is currently in effect.

### **Your Rights**

You have the right to:

- Get a copy of your health and claims records and correct your health and claims records
- 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
- Choose someone to act for you
- 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 answer coverage questions from your family and friends and provide emergency disaster relief.

### **Our Uses and Disclosures**

We may use and share your information as we:

- Pay for your health services
- Administer your health plan
- Help manage the health care treatment you receive
- Help with public health and safety issues
- Provide data for research purposes under certain limited circumstances
- Comply with the law
- Respond to organ and tissue-related information requests from the Medical Examiner or Funeral Director as they relate to communicable disease
- Address workers’ compensation, law enforcement, and other government inquiries
- Respond to lawsuits and legal actions

These are explained further on the following pages.

### **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 a copy of health and claims records or ask for corrections to health or claim records.**

- It is anticipated that this will take place between you and your health provider or the plan administrator, not through our office.

#### **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 consider all reasonable requests, and must say “yes” if you tell us you would be in danger if we do not.

#### **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.

### **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 a year for free but a charge will be assessed for additional requests 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.

### **Choose someone to act for you**

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will confirm that person has this authority and can act for you before we take any action.

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

- You can complain if you feel we have violated your rights by contacting us using the information on page 1.
- 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, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).
- 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, tell us what you want us to do, and we will follow your instructions.

You have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in payment for your care
- 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.*

We do not share, sell, nor do we use, your information for marketing purposes.

## **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.

#### **Coordinate your care and treatment**

We may disclose your health information to another health care provider who will provide treatment or services to you.

Example: We may share lab results with your health care provider so that he/she can treat you appropriately.

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

We can use and disclose your health information as we bill for your health services.

Example: We may share information about you with Medicaid or your health plan to coordinate payment for your child’s immunizations.



### **Learn new ways to prevent illness and injury**

We may disclose your health information to our quality improvement analysts to discover new ways to approach disease prevention.

Example: Performing eye examinations each year improves the chances of detecting vision changes early, reducing the incidence of blindness in diabetic patients.

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

We are allowed or required to share your information in other ways – ways that contribute to the public good, such as public health and research. We must meet many conditions in the law before we can share your information for these purposes. For information, see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/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 information for health research under certain limited circumstances.

### **Comply with the law**

- We will share information about you if state or federal laws require it, including with the Department of State Health Services if it wants to see that we're complying with federal requirements.

### **Act in response to 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.

### **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.
- 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.

For more information: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html)

### **Changes to this Notice**

We reserve the right to make changes to this notice and to make such changes effective for all PHI we may already have about you. If this notice is changed, we will post this information on our website and provide you with a copy of the revised notice upon your request.

### **Privacy Official**

You can contact the plan's Privacy Official at:

Shannon Geistman, RN  
Victoria County Public Health Department  
2805 N. Navarro Street  
Victoria, Texas 77901 361.578-6281