

San Antonio Metropolitan Health District

Notice of Privacy Practices

Effective April 14, 2003

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

This Notice of Privacy Practice is provided to you as a requirement of the Health Insurance Portability and Accountability Act (HIPAA). It describes how we may disclose your protected health information, with whom that information may be shared, and the safeguards we have in place to protect it. This notice also describes your rights to access and amend your protected health information. You will be asked to acknowledge receipt of this notice. Our intent is to make you aware of the disclosures of your protected health information and privacy rights. If you decline to sign the acknowledgement, we will continue to provide services; however, we will disclose your protected health information when authorized by law.

Our Duty: We are required by law to maintain the privacy of protected health information, to provide you with notice of our legal duties and privacy practices with respect to your protected health information, and to notify you in the event that your protected health information is unsecure and subject to a breach. In the event that your protected health information is unsecured and disclosed without any authorization, you will be notified of the data breach by mail. It is your duty, or the duty of the legally authorized representative, to promptly inform us if you have a change in address. We are required to abide by the terms of this notice; however, we reserve the right to change this notice. Change to this notice will be effective on the date shown on the front cover and applies to health information we already have about you as well as any information we receive in the future. You may obtain a Notice of Privacy Practices from any San Antonio Metropolitan Health District (SAMHD) clinic or online at our website

<http://www.sanantonio.gov/Health/AboutUs/ClinicLocations/HIPPANotice.aspx>. In the event that this notice is revised, the revised notice will be posted on our website (at the above link), provided to you upon your next visit to a SAMHD clinic, or you may obtain a copy of the new notice from any SAMHD clinic at any time.

Your Rights: You may exercise the following rights by submitting a written request to the SAMHD Privacy Officer whose contact information is located on the last page of this notice:

Right to Inspect and Copy: You may inspect and obtain a copy of your protected health information that is in your medical record for as long as we maintain the record. Be aware that there is an established fee for making copies of your medical record. This right does not include inspection and copying information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding; and when access to protected health information is prohibited by law.

Right to Request Restrictions: You may ask us not to disclose any part of your protected health information. Requests should be noted on the Authorization for Release of Medical Records form. Restrictions are not transferable across SAMHD clinics and programs. We are not required to agree to requested restrictions if it will affect your care or the disclosure is required by law. We must obey your request if the disclosure is for the purpose of carrying out payment or solely to a healthcare item or service for which you, or a person, other than the health plan, on behalf of you, has paid in full.

Right to Request Confidential Communications: You may request that we communicate with you using alternate means or at an alternate location. We will accommodate your request if possible. The request must include a statement or explanation for the request and must be specific about where and how we can contact you.

Right to Request Amendment: If you believe the information we have about you is incorrect or incomplete, you may request an amendment to your protected health information as long as we maintain this information. In the event your information is stored in a state or agency owned system, SAMHD will forward any requests for amendments to the owner of the system for approval. If we must decline your request for amendment, we will provide you with written notice for the reasons for the declination and you may submit a written disagreement to be reviewed by the privacy office and placed in your record.

Right to Account for Disclosures: You may request in writing a list of disclosures we have made of your protected health information. The disclosures must have been made after April 14, 2003, and no more than 6 years from the date of request. This right applies to disclosures other than those listed below.

- We may use and disclose your protected health information to provide, coordinate or manage your treatment/services. This includes other clinics, hospitals, specialists, pharmacists, laboratories, or social workers, which become involved in your care or services you receive.
- We may use and disclose your protected health information to obtain payment for your treatment/services. This includes activities SAMHD performs before providing a service, such as determining eligibility or coverage for benefits, reviewing services provided for your medical necessity and utilization review activities. An example is determining eligibility for Medicaid/Medicare services.
- We may use or disclose your protected health information to support the daily activities related to health care operations, to include but not limited to, quality assessments, investigations, staff performance reviews, training, and arranging for other health care related activities. For example, we may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.
- We may use or disclose your protected health information as required by law; for example, in response to a court order or administrative tribunal, subpoena, or other lawful process. Also, we may disclose your information if we believe that it is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public, and if necessary, for law enforcement officials to identify or apprehend an individual.
- As the Public Health Authority, we are permitted by law to use your protected health information to collect information for the following: to prevent or control disease, injury, or disability; report births and deaths; report child abuse or neglect; report reactions to medications or problems with products; notify a person who may be exposed to a disease or may be at risk for contracting or spreading a disease or condition; or notify government authority if we believe a patient is a victim of abuse, neglect, or domestic violence.
- We may disclose your protected health information to a health oversight agency, such as the Texas Department of Health (TDH), Centers for Disease Control and Prevention (CDC), or the Food and Drug Administration (FDA), for audits, inspections, and investigations, as authorized by law.
- We may disclose your protected health information to the Secretary of Health and Human Services when the Secretary requests to review compliance with HIPAA.
- We may disclose your protected health information to researchers if an institutional review board (IRB) has reviewed and approved the research study, ensuring the privacy of protected health information.
- We may disclose the protected health information of a minor when requested by a parent, except for services where the minor may consent without parental knowledge, then the parent must have the minor's permission.
- We may disclose your protected health information to your family members involved in your care, or for notification.
- We may disclose your protected health information to perform the following communications that are not considered marketing: refill reminders or communications about a drug that is currently being prescribed for you, only if any payment received by the agency in exchange for the communication is reasonably related to the cost of the communication; and as long as we do not receive payment in exchange for making communications: for your treatment by a healthcare service provider, including case management or care coordination for you, or to direct or recommend alternative treatments, therapies, healthcare service providers, or settings of care to you; or for case management or care coordination, contacting of individuals with information about treatment alternatives and related functions to the extent these activities don't fall within the definition of treatment.

Other uses and disclosures, not listed above, will be made only with your written authorization and you may revoke this authorization in writing at any time by submitting your request to the contact information located on the last page of this notice.

The following are possible uses and disclosures that may require an authorization from you prior to the release of your protected health information.

- Any protected health information involving psychotherapy notes unless the disclosure is to carry out treatment by the originator, payment, healthcare operations, our own training programs, to defend ourselves in a legal action or other proceeding brought by you or your legally authorized representative, or as required by law. Please note, we do not create or maintain psychotherapy notes at any SAMHD clinics currently.
- For marketing communications about a product or service that encourages you to buy or use a product or service, except if the communication is in the form of a face-to-face communication made by us to you, or a promotional gift of nominal value provided by us. If the marketing involves direct or indirect payment to us from a third party, the authorization must state that such payment is involved.
- For the sale of any protected health information to a third party where we receive direct or indirect payment for the protected health information. The authorization must state that the disclosure will result in payment to us.
- Any protected health information involved in mental health records about you or information that identifies you as seeking or getting substance abuse services to family members, relatives, or friends without yours or your legally authorized representative's written permission, unless legally authorized by you or required by law, for example, your treatment or in a medical emergency.

Right to Obtain a Copy of this Notice: You may obtain a Notice of Privacy Practices from any SAMHD clinic. The copy can be provided, upon request, in paper form regardless if you have agreed to receive this notice electronically.

Complaints: If you believe your privacy rights have been violated, you may submit a written complaint to the SAMHD Privacy Officer by phone or at the address below, or with the Secretary of Health and Human Services. No retaliation will occur against you for filing a complaint.

Submit questions or comments to our Privacy Officer:

**Director of Operations
332 W. Commerce
San Antonio, Texas 78205-2489
(210) 207-8731
FAX: (210) 207-8999**



Please inform us if you would like to obtain a copy of this notice for your own records.