



SAN ANTONIO METRO HEALTH DISTRICT
Notice of Privacy Practice
November 20, 2019
Jennifer Herriott, Interim Director

This notice describes how your medical information may be used, disclosed and how to gain access to your information.

Please read it carefully.

This Notice of Privacy Practice (NPP) 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 your privacy rights. If you decline to sign the acknowledgement, we will continue to provide services; and, we will disclose your protected health information only as 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 our privacy practices, and to notify you in the event your protected health information is subject to a breach. In the event that your protected health information is disclosed without proper authorization, you will be notified of the breach by mail. It is your duty, or the duty of your 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. You may obtain a copy of our Notice of Privacy Practices from any San Antonio Metropolitan Health District (Metro Health) clinic or online at our website:

<http://www.sanantonio.gov/Health>

Your Rights: You may exercise the following rights by submitting a written request to the Metro Health Security Officer:

Right to Inspect and Copy: You may inspect and obtain a copy of your protected health information in your medical record for as long as we maintain the record. Be aware that civil, criminal, or administrative actions or proceedings may prohibit us from releasing portions of your protected health information. There may be an established fee for making copies of your medical record.

Right to Request Restrictions: You may request that your protected health information not be released to any person or entity other than those authorized by law. We are not required to agree to requested restrictions if it will adversely affect your care. Unless payment is received in full at the time of services, a request to restrict disclosure to a healthcare plan cannot be honored.

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 in your record 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, Metro Health 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 of explanation for the declination. You may submit a written disagreement to the Metro Health Security Officer.

Right to Account for Disclosures: You may request in writing a list of disclosures we have made of your protected health information not to exceed 6 years from the date of the request. We are required to track all disclosures other than the purposes listed below:

- To provide, coordinate or manage your treatment/services to include other clinics, hospitals, specialists, pharmacists, laboratories, or social workers, which become involved in your care or services you receive.
- To obtain payment for your treatment/services to include activities Metro Health performs before providing a service, such as determining eligibility or coverage for benefits, reviewing services provided for your medical necessity.
- 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.

- As required by legal process; for example, in response to a court order, administrative tribunal, or other lawful process.
- As the Public Health Authority, Metro Health is 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 a patient is a victim of abuse, neglect, or domestic violence.
- To a health oversight agency, such as the Texas Department of State Health Services (DSHS), Texas Health and Human Services Commission (HHSC), Centers for Disease Control and Prevention (CDC), or the Food and Drug Administration (FDA), for audits, inspections, and investigations, as authorized by law.
- To the U.S. Secretary of Health and Human Services when the Secretary requests to review HIPAA compliance.
- To researchers if an institutional review board (IRB) has reviewed and approved a research study for Metro Health.
- To the parents of a minor, except for services where the minor may consent without parental knowledge.
- To your family members directly involved in your care, or for notification.
- To perform the following communications that are not considered marketing as long as Metro Health does not receive payment from a vendor for the communication: refill reminders; to direct or recommend alternative treatments, therapies, healthcare service providers, or settings of care to you; or for case management or care coordination.

When Written Authorization to Release Your Records is Required

Other uses and disclosures, not listed above, will be made only with your written authorization. You may revoke authorization in writing at any time by submitting your notice of revocation to the Metro Health Security Officer.

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

- Psychotherapy notes. (Metro Health does not currently collect or maintain any form of Psychotherapy notes.)
- For marketing communications about a product or service that encourages you to buy or use a product or service. 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.
- Any electronic protected health information disclosed electronically for a reason other than treatment, payment, health care operations, or public health purposes authorized by law.

Right to Obtain a Copy of this Notice: You may obtain a Notice of Privacy Practices from any Metro Health clinic or the Metro Health website. Upon request, a paper copy of the NPP will be provided to any client or potential client from any Metro Health location.

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

Submit complaints, questions or comments to our:

**Security Officer
111 Soledad Street, Suite 1007
San Antonio, Texas 78205
PHONE: (210) 207-4921
FAX: (210) 207-8999**