



NOTICE OF INFORMATION PRACTICES

Effective Date: 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 review it carefully.

If you have questions about this policy, please contact Paz Guerra, Privacy Officer at 713-867-7710

Each time you visit with your counselor or case manager, he or she makes a record of your visit. Typically, this record contains some information about your health history, your current symptoms, a diagnosis, treatment, and a plan for future treatment. This information serves as: a basis for planning your care and treatment, a legal document describing the care you received, the means by which you or a third-party payer can verify that you actually received the services billed for, a tool to assess the appropriateness and quality of care you received, and a tool to improve the quality of services we provide and to achieve better treatment outcomes.

We understand that information about you and your health is personal. We are committed to protecting all information about you. This notice applies to all of the records of your care generated by Family Services or records provided to Family Services by other providers for the purpose of coordinating care. We are required by law to make sure that any information that identifies you is kept private; to give you this notice of our legal duties and privacy practices with respect to health information about you, and to follow the terms of the notice that is currently in effect.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

For Treatment: We may use health information about you to provide you with counseling and/or case management services. We may disclose health information about you to agency personnel who are involved in your care. For example, your counselor or case manager may share information about you with his or her supervisor for the purposes of case consultation or supervision.

For Payment: We may disclose health information about you so that the services you receive may be billed to and payment may be collected from you, an insurance company or a third party such as an Employee Assistance Program. For example, if you have Medicaid or Medicare we may need to give your health plan information about the services you received at our agency so that your health plan will pay us for the services we provided to you. You will be asked to sign a specific consent before any such information will be released to a third party, however.

For Health Care Operations: We may use and disclose health information about you for agency operations. These disclosures are necessary to make sure that all of our clients receive quality care. For example, we may use health information to review our treatment and services and to evaluate the performance of our staff in caring for you.

Appointment Reminders and Customer Satisfaction Surveying: We may use and disclose health information to contact you as a reminder that you have an appointment for counseling or case management, or to follow-up on missed appointments. We may also mail to your home address a questionnaire to determine your satisfaction with our programs. **E-mail:** You will be signifying your consent to receive such communications from us by e-mail if you volunteer your e-mail address or request information from us by return e-mail. You should keep in mind that e-mail is not an absolutely secure means of communication, and that if you have concerns about our use of e-mail to contact you, do not provide us with your e-mail address. It is your right to do so.

To Avert a Serious Threat to Health or Safety: We may use and disclose health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

As Required by Law: We will disclose health information about you when required to do so by federal, state or local law. Examples include to report child abuse and/or neglect, or to report specified communicable diseases to the Health Department.

Lawsuits and Disputes: If you are involved in a lawsuit or a dispute, we may disclose health information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

Texas Law (THSC 241.153) permits disclosure of health information without written authorization in the following cases:

- **To a provider who is providing care to you in another setting.** An example would be to a primary care physician or psychiatrist who is providing medical care to you.
- **To a transporting emergency medical service provider.** For example, if you became seriously ill and had to be transported, we could share health information with the ambulance team.

YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU

Right to Inspect and Copy: You have the right to inspect and copy your clinical record and any billing records. To inspect and copy such information, you must submit your request in writing to the Custodian of Records, 4625 Lillian St., Houston, TX 77007. If you request a copy of the information, we will charge a fee for the labor and material costs of copying and mailing associated with your request. We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to your health information, you may request that the denial be reviewed. Another licensed health care professional chosen by Family Services will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

Right to Amend: If you feel that information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the agency. To request an amendment, your request must be made in writing and submitted to the Custodian of Records. In addition, you must provide a reason that supports your request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that (a) was not created by us, (b) is accurate and complete.

Right to an Accounting of Disclosures: You have the right to request an account of disclosures. This is a list of the disclosures we made of health information about you. To request this list or accounting, you must submit your request in writing to the Custodian of Records. Your request must state a time period which may not be longer than six years. The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list.

Right to Request Restrictions: You have the right to request a restriction or limitation on the information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about prior treatment that you may have had. **We are not required to agree to your request.** If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. To request restrictions, you must make your request in writing to your counselor or case manager. In your request, you must tell us (1) what information you want to limit, and (2) to whom you want the limits to apply (for example, disclosures to your spouse).

Right to Request Confidential Communications: You have the right to request that we communicate with you about health matters in a certain way or at a certain location. For example, you can ask that we contact you at work or by mail. To request confidential communications, you must make your request in writing to your counselor or case manager. We will accommodate all reasonable requests. Your request must specify how and where you wish to be contacted.

Right to a Paper Copy of This Notice: You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. You may obtain a copy of this notice at our website, www.familyservices.org. To obtain a paper copy of this notice, ask any employee of Family Services.

CHANGES TO THIS NOTICE

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for health information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in every Family Services service location. This notice will contain on the first page, in the top right-hand corner, the effective date. In addition, each time you come back to Family Services for a new episode of treatment, we will offer you a copy of the current notice in effect.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the agency or with the Secretary of the Department of Health and Human Services. To file a complaint with the agency, contact Paz Guerra, Senior Vice President of Community-Based Services, at 713-867-7710. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

OTHER USES OF HEALTH INFORMATION

Other uses and disclosures of health information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provided us permission to use or disclose information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose information about you for the reasons covered by your written authorization. Please understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.