



Health Insurance Portability and Accountability Act (HIPAA) 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, DSHS's duty to protect health information that identifies you, and how DSHS 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 DSHS has about you, in most situations. DSHS may require that your request for information be in writing;
- Ask DSHS 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 DSHS office or program that has the information. If DSHS denies your request to change the information, you can have your written disagreement placed in your record;
- Ask for a list of the times DSHS 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 DSHS disclose the information. You must put this request in writing and must include the name(s) of the DSHS program, office, or facility from which a list of disclosures is requested;
- Ask DSHS to limit the use or disclosure of health information about you more than the law requires. However, the law does not require DSHS to agree to limit uses and disclosures;
- Tell DSHS 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 DSHS; and
- Withdraw permission you have given DSHS to use or disclose health information that identifies you, unless DSHS 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 DSHS office or program that has health information about you, or by contacting the DSHS Privacy Officer as described at the end of this notice.

DSHS's Duty to Protect Health Information that Identifies You

- DSHS is required by law to protect the privacy of your health information. This means that DSHS will not use or disclose your health information without your authorization except in the ways we tell you in this notice. DSHS will safeguard your health information and keep it private.
- DSHS 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 DSHS will not be liable for uses or disclosures made before you revoked your authorization.
- If you receive direct health care or dental care services from DSHS, DSHS 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, DSHS is required to provide you with this notice upon your request. If DSHS changes the contents of this notice, it will make the new notice available at its facilities and on its website, www.DSHS.state.tx.us, within 30 days of the effective date of the changed notice. The new notice will apply to all health information maintained by DSHS, no matter when DSHS got or created the information.
- DSHS employees must protect the privacy of your health information as part of their jobs with DSHS. DSHS does not give employees access to your health information unless they need it as part of their jobs. DSHS will punish employees who do not protect the privacy of your health information.

How DSHS Uses and Discloses Health Information that Identifies You

1. Treatment

DSHS 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, DSHS can use or disclose your health information to refer you to a community program for services. DSHS 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

DSHS may use or disclose health information about you to pay or collect payment for your health care. For example, DSHS can use or disclose your health information to bill your insurance company for health care provided to you.

3. Health care operations

DSHS 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 DSHS.

For example, DSHS may use or disclose your health information to make sure providers bill only for care you receive.

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

DSHS 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

DSHS may disclose health information about you as needed to administer a government benefit program, such as Medicaid.

6. Health oversight activities

DSHS 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 DSHS 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

DSHS 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 DSHS believes you are the victim of abuse, neglect, or domestic violence, DSHS 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 DSHS makes a report under this section, DSHS 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

DSHS 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

DSHS 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 DSHS suspects is the result of criminal conduct;
- To report evidence of a crime on DSHS'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

DSHS 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

DSHS may use or disclose health information about you when a law requires the use or disclosure.

13. Contractors

DSHS may disclose health information about you to a DSHS contractor if the contractor:

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

14. Secretary of Health and Human Services

DSHS 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

DSHS 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

DSHS 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

DSHS 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.

Complaint Process

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

- DSHS Privacy Officer by mail at 1100 W. 49th Street, Austin, Texas 78756; or by e-mail at the Privacy Officer's electronic mail address indicated on DSHS's Internet website at <http://www.dshs.state.tx.us>; or by telephone at 1-888-963-7111;
- 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 DSHS office or program from which you received services. You may also contact the DSHS Privacy Officer by mail at 1100 W. 49th Street, Austin, Texas 78756; or by e-mail at the Privacy Officer's electronic mail address indicated on DSHS's Internet website at <http://www.dshs.state.tx.us>; or by telephone at 1-888-963-7111.

Effective Date: April 14, 2003