



TEXAS CENTER FOR INFECTIOUS DISEASE

Notice of Health Information Practices

Health Insurance Portability and Accountability Act (HIPAA)

About this Notice

This notice tells you about your privacy rights, TCID's duty to protect health information that identifies you, and how TCID may use or disclose health information that identifies you. This notice does not apply to health information that does not identify you or anyone else.

In this Notice of Health Information Practices, "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.

Understanding Your Health Record/Information

TCID makes a written or electronic record of each time you are treated. This record can include your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This record is a:

- Planning record for your care and treatment;
- Tracking record of the treatment you are provided by TCID health professionals;
- Official record describing the care you received; and
- Verification of treatment for billing and payment.

Your record may also be used by TCID for:

- Training, research, and quality assessment and improvement within our facility, and
- Reporting that is required by law to public health authorities.

Understanding what is in your record and how your health information is used helps you to:

- Ensure its accuracy;
- Better understand who, what, when, where, and why others may access your health information;
- Make more informed decisions when authorizing disclosure to others.

Your Health Information Rights

Information about you belongs to you. You have the right to:

- Request a restriction on certain uses and disclosures of your health information. This request must be made in writing. TCID can deny your request for restrictions;
- Ask for and receive a paper copy of this notice;
- See and get a copy of your health record. TCID must give you access to or a copy of your information within 15 days of when you ask for it, or tell you that the record does not exist or is not readily available. TCID can charge you a fee for copies of your record. The Texas General Service Commission sets the rate;
- Ask TCID to correct your health record if you believe it is incorrect or incomplete. You must ask in writing;
- Get a list of disclosures made by TCID 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 for TCID to disclose the information. You must ask in writing;
- Ask TCID to send communications about your health to you by other means and to other locations to protect your privacy. You must ask in writing and you must be specific about how and where to contact you; and
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken. The revocation must be made in writing.

TCID's Privacy Commitment to You

- TCID is required by law to protect and safeguard the privacy of your health information. This means that TCID will not use or disclose your health information without your authorization except in the ways we tell you in this notice.
- TCID is required to provide you with a notice of our legal duties and privacy practices, and we must ask you to sign a form saying you got a copy of this notice;
- TCID is required to abide by the terms of this notice;
- TCID is required to notify you if we are unable to agree to a requested restriction; and
- TCID is required to agree with reasonable requests to give you information by other means and at other locations.

TCID can change our privacy practices. Any changes would apply to all protected health information we maintain. If we change our privacy practices a new notice will be available at TCID or on our website, www.tdh.state.tx.us/tcid, within 30 days of the effective date of any change.

Examples of Disclosures That Do Not Require Your Authorization

1. **Treatment.** TCID may use or disclose your health information to provide, coordinate, or manage health care or related services. For example, TCID can use or disclose your health information to refer you to a community program or services or to contact you to remind you of an appointment.
2. **Payment.** TCID may use or disclose health information about you to pay or collect payment for your health care. For example, TCID can disclose your health information to bill your insurance company.
3. **Health care operations.** TCID 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 TCID.

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

4. **Communication with family/close friend.** TCID may disclose health information about you to a family member, other relative, close personal friend or any other person you identify when:
 - The health information is related to that person's involvement with your care or payment for your care; and
 - You can stop or limit the disclosure before it happens.
5. **Notification.** TCID may use or disclose information to notify or assist in notifying a family member, personal representative, or other person responsible for your care, your location, and general condition.
6. **Directory.** Telephone inquiries asking if you are receiving inpatient/outpatient medical treatment at TCID or how you are doing will not be answered to outside sources, including family members, without your consent. You have the right to say what we can say. We will take a caller's phone number and give you the option of returning the call. We will obtain proper identification from health care providers or agencies before we release information.
7. **Government programs providing public benefits.** TCID may disclose health information about you if we get a request from a public benefit program, such as Medicare/Medicaid.
8. **Health oversight activities.** TCID may 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 TCID is providing good care; and
 - Other activities necessary for oversight of the health care system, government benefit programs, or to enforce civil rights laws.

9. Public health. TCID may disclose health information about you to:

- A public health authority for purposes of preventing or controlling disease, injury, disability, or to report vital statistics;
- An official of a foreign government agency who is acting with public health authority;
- A government agency allowed to receive reports of child, spousal, or elderly 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.

10. Victims of abuse, neglect, or domestic violence. If TCID believes you are the victim of abuse, neglect, or domestic violence, TCID may sometimes disclose 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 TCID makes a report under this section, TCID will tell you or your representative about the report unless it believes that telling you would place you at risk for harm.

11. Serious threats or safety. TCID may use or disclose health information about you if TCID 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 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.

12. For other law enforcement purposes. TCID 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 TCID suspects is the result of criminal conduct;
- To report evidence of a crime on TCID'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.

13. For judicial or administrative proceedings. TCID may disclose health information about you in response to an order or subpoena issued by a regular or administrative court.

14. As required by law. TCID may use or disclose health information about you when a law requires the use or disclosure.

15. Business Associates/Contractors. TCID may disclose your health information to our business associates/contractors when:

- The information is needed for performing the services;
- The information is needed for billing of services; and
- The business associate/contractor agrees to protect the privacy of the information.

16. Secretary of Health and Human Services. TCID must disclose health information about you to the Secretary of Health and Human Services when the Secretary of Health and Human Services wants it to enforce privacy protections.

17. Purposes relating to death. TCID 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.

18. Research. TCID may use or disclose health information about you for research if a research board approves the use. 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.

19. Other uses and disclosures. TCID 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 worker’s 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 TCID has violated your privacy rights, you have the right to file a complaint with the:

- TCID Privacy Officer by mail at 2303 S.E. Military Drive, San Antonio, Texas 78223 or by e-mail at the Privacy Officer’s electronic mail address indicated on TCID Internet website at www.tdh.state.tx.us/tcid, or by telephone at (210) 534-8857, extension 2210;
- U.S. Secretary of Health and Human Services at 200 Independence Ave. S.W., Washington, D.C. 20201, or by telephone at (877) 696-6775; 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 TCID Privacy Officer by mail at 2303 S.E. Military Drive, San Antonio, Texas 78223; or by e-mail at the Privacy Officer’s electronic mail address indicated on TCID’s Internet website at www.tdh.state.tx.us/tcid, or by telephone at (210) 534-8857, extension 2210.

Acknowledgement of Receipt of Notice

I understand that TCID is a hospital operating under the Texas Department of Health and may have to share my health information with other providers/business associates for treatment, billing, and health care operations. I have been given a copy of TCID’s notice of health information practices that describes how my health information is used and shared. I understand that TCID has the right to change this notice at any time. I may obtain a current copy by contacting the hospital Admissions Office or by visiting the TCID Website at www.tdh.state.tx.us/tcid.

I hereby acknowledge that I have received a copy of TCID’s notice of health information practices and that I have read or requested to have this document read or translated to me and understand it.

Signature of Patient/Guardian/Legal Representative

Date

If signed by legal representative, relationship to patient _____

Distribution: Original – patient’s chart Copy – patient