

# Abilene-Taylor County Public Health District

## Health Insurance Portability and Accountability Act (HIPAA)

### Notice of Privacy Practices

**THIS NOTICE DESCRIBES HOW YOUR MEDICAL INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE READ IT CAREFULLY.**

#### About this Notice

This notice tells you about your privacy rights, Abilene-Taylor County Public Health District's (ATCPHD) duty to protect health information that identifies you, and how ATCPHD 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. ATCPHD is required by law to maintain the privacy of your protected health information and to provide you with notice of its legal duties and privacy practices with regard to your protected health information.

In this Privacy Notice PHI refers to "protected health information. Protected health information is individually identifiable health information that is transmitted or maintained in writing, electronically, orally, or by any other means. It includes information created or received by ATCPHD that identifies a person and relates to the person's participation in public health activities, the person's past, present or future physical or mental health, the provision of health care services to that person, or the payment of health care services received by the person.

#### Your Privacy Rights

The law gives you the right to:

- Look at or get a copy of the PHI that ATCPHD has about you, in most situations. ATCPHD may require that your request for information be in writing;
- Ask ATCPHD 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 ATCPHD office that has the information. If ATCPHD denies your request to change the information, you can have your written disagreement placed in your record;
- Ask for a list of the times ATCPHD 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 ATCPHD disclose the information. You must put this request in writing and must include the name of the ATCPHD program, office, or facility from which a list of disclosures is requested;
- Ask ATCPHD to limit the use or disclosure of PHI about you more than the law requires. However, the law does not require ATCPHD to agree to limit uses and disclosures;
- Tell ATCPHD where and how to send you messages that include PHI 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 ATCPHD; and
- Withdraw permission you have given ATCPHD to use or disclose health information that identifies you, unless ATCPHD has already taken action based on your permission. You must withdraw your permission in writing.
- Require authorization for uses and disclosures of PHI for marketing purposes and disclosures that constitute a sale of PHI. If ATCPHD records or maintains psychotherapy notes, it must also include a statement indicating that authorization is required for most uses and disclosures of those notes.
- Authorize that other uses and disclosures not described in this NPP will be made only with consent from the individual to whom the PHI relates.
- Opt out of receiving fundraising communications, if ATCPHD intends to contact an individual to raise funds for ATCPHD.
- Restrict certain disclosures of PHI to their health plan when those individuals who pay out-of-pocket in full for a healthcare item or service.
- To be notified following a breach of unsecured PHI.

You may exercise any of the rights described above by contacting the ATCPHD office or program that has health information about you, or by contacting the ATCPHD Privacy Officer as described at the end of this notice.

## **ATCPHD's Duty to Protect Health Information That Identifies You**

- ATCPHD is required by law to protect the privacy of your health information. This means that ATCPHD will not use or disclose your health information without your authorization except in the ways we tell you in this notice. ATCPHD will safeguard your health information and keep it private.
- ATCPHD will ask you for your written authorization to use or disclose your PHI in ways other than those stated in this notice. If you give such an authorization, you may revoke it at any time, but ATCPHD will not be liable for uses or disclosures made before you revoked your authorization.
- If you received direct health care or dental care services from ATCPHD, we are required to provide you with this notice of our legal duties and privacy practices, and to ask you to sign a form saying that you have received this notice. Otherwise, ATCPHD is required to provide you with this notice upon your request. ATCPHD reserves the right to change its privacy practices and to apply the changes to any PHI it has received or maintained prior to the effective date of the change. If ATCPHD changes the contents of this notice, it will make the new notice available at its facilities within 30 days of the effective date of the changed notice.
- ATCPHD employees must protect the privacy of your PHI as part of their jobs with ATCPHD. ATCPHD does not give employees access to your PHI unless they need it as part of their jobs. ATCPHD will punish employees who do not protect the privacy of your health information.

## **How the Abilene-Taylor County Public Health District Uses and Discloses Health Information that Identifies You**

ATCPHD is allowed by law to disclose protected health information for treatment, payment, and health care operations. ATCPHD also may disclose protected health information to health care providers, health plans, and health care clearinghouses for treatment, payment, and health care operations. (Health care clearinghouses are organizations that assist in electronic claims transactions.) ATCPHD also may disclose protected health information to a business associate if the business associate needs the information to perform treatment, payment, or health care operations on ATCPHD's behalf. Health care providers, health plans, health care clearinghouses, and ATCPHD business associates are all required to maintain the privacy and confidentiality of the protected health information they receive from ATCPHD. All uses and disclosures of protected health information made by ATCPHD for treatment, payment, and health care operations are kept to the minimum necessary to accomplish the intended purpose.

ATCPHD may use or disclose protected health information, when permitted or required by law, as follows:

### ***1. Treatment***

ATCPHD 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, ATCPHD can use or disclose your health information to refer you to a community program for services. ATCPHD may also contact you or your household 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***

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

### ***3. Health care operations***

ATCPHD 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 ATCPHD.

For example, ATCPHD 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***

ATCPHD 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***

ATCPHD may disclose health information about you as needed for the administration of a government benefit program, such as Medicaid.

## **6. Health oversight activities**

ATCPHD 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 ATCPHD 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**

ATCPHD 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;
- 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 ATCPHD believes you are the victim of abuse, neglect, or domestic violence, ATCPHD 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 ATCPHD makes a report under this section, ATCPHD 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**

ATCPHD 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**

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

ATCPHD 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**

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

## **13. Contractors**

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

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

## **14. Secretary of Health and Human Services**

ATCPHD 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**

ATCPHD 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**

ATCPHD 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**

ATCPHD 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.

### **What are treatment, payment, and health care operations?**

*Treatment* is the provision, coordination, or management of health care and related services. An example of a disclosure of protected health information for treatment is when your family doctor refers you to a specialist.

*Payment* includes ATCPHD activities such as billing, claims management, subrogation, plan reimbursement, reviews for medical necessity and appropriateness of care, utilization review, and pre-certification of health care services. For example, ATCPHD may tell a doctor whether you are eligible for coverage and what percentage of the bill ATCPHD will pay.

*Health care operations* include quality assessment and improvement, reviewing competence or qualifications of health care professionals, underwriting, and other activities necessary to create or renew health plans. It also includes disease management, case management, conducting or arranging for medical review, legal services, auditing functions including fraud and abuse compliance programs, business planning and development, business management and general administrative activities.

### **Complaint Process**

If you believe that ATCPHD has violated your privacy rights, you have the right to file a complaint with the: ATCPHD Privacy Officer in writing:

Abilene-Taylor County Public Health District  
 Attn: Privacy Officer, Wayne Rose  
 850 N.6<sup>th</sup> St., P.O. Box 2818  
 Abilene, TX 79604-2818

Or call: 325-692-5600

Also, you may file a complaint with the U.S. Department of Health and Human Services at:

U.S. Department of Health and Human Services  
 Hubert H. Humphrey Building  
 200 Independence Avenue, S.W.  
 Washington, D.C. 20201

The Abilene-Taylor County Public Health District will not retaliate against you for filing a complaint.

**This Notice of Privacy Practices is effective on 23 November 2015.**