

Notice of Client Privacy Rights

TO OUR CLIENTS: This notice tells how health information about you may be used and released and what your rights are about your information. **Please read it carefully.**

This notice applies to all of the records of your care created by AccessHealth whether made by the center or another provider that is related to the center. Our policies for protecting your health information apply to doctors, nurses and other health care staff who have a need to know to provide care to you. These policies apply to all areas of the center including all center staff, the front desk, billing, and administration. It also applies to any organization or individual with whom we contact for services, such as referral providers.

Your Protected Health Information. As our patient, we create paper and electronic medical records and documents concerning you and your health, as well as the care and services we provide to you. We need this record to provide the best care and to comply with certain legal requirements. We are required by law to:

- make sure that your protected health information is kept private,
- provide you with this Notice of Client Privacy Rights, and
- make sure the law and your legal rights are in effect.

YOUR PRIVACY RIGHTS

You have the right to:

- **Request Confidential Communications from us.** We will not release your health information except as described in this notice. You may ask us to contact you at a different address or phone number. You may ask us to limit the number or type of people who have access to your health information. If you don't want us to contact you at your current address or phone number, **YOU MUST TELL US**. Please make this request in writing to AccessHealth, ATTN: Manager, Medical Records or call 281.633.3143.
- **Inspect and Copy your Health Information.** You may ask to review and get a copy of health information about you that the center keeps for as long as we have it. If you request to review your health information, we will determine whether to allow you to review some or all of the health information you ask for. We may charge a fee for any copies that you ask for. Please make this request in writing to AccessHealth, ATTN: Manager, Medical Records or call 281.633.3143.
- **Request a limit to the health information we disclose.** You may ask us not to use or disclose your health information. Your request must describe the specific limits you are requesting. We may deny your request. Please make this request in writing to AccessHealth, Attn: Manager, Medical Records or call 281.633.3143.
- **Change your health information, if you feel it is wrong or not complete.** You may request that we amend the health information the center keeps. If we accept your request to change your health information, the change will become a permanent document in your health care record. Please make this request in writing to AccessHealth, Attn: Manager, Medical Records or call 281.633.3143.
- **Request a list of to whom and when we have released your health information.** You can request a list of releases of your health information that the center has made. This list will not include routine releases of your health information for the treatment, payment, or business operations purposes described in this notice. Please make this request in writing to AccessHealth, Attn: Manager, Medical Records or call 281.633.3143
- **Receive Confidential Services from us.** We are required to protect your privacy while you are in our buildings. We cannot disclose to anyone whether or not you are a client of AccessHealth, if you have an appointment or if you are in our building. If you are expecting someone to call or come by for you, to give you a ride, or to be with you during your appointment, **YOU MUST TELL US** by calling 281.342.4530. **We must have your permission to disclose this information.**
- **Receive a paper copy of this notice from us.** You may request a copy of this notice at any time by calling 281.342.4530.

HOW WE MAY USE AND RELEASE YOUR PERSONAL HEALTH INFORMATION

- **Treatment.** We use information about you to provide your healthcare treatment or services now or in the future. We may, and most likely will, release your information to doctors, nurses, and other healthcare personnel who are involved in your care.
- **For Auditing Purposes:** We may release your information for auditing purposes of any Institutional, State, or Federal program, as applicable. These programs may include, but are not limited to, the IPAP (Institutional Patient Assistance Program) Bulk Replenishment Programs, DSHS Primary Health Care Program, HHSC Family Planning Program, HHSC Healthy Texas Women's Program, etc.
- **Payment.** We may use and release medical information about services and procedures provided to you so they may be billed and collected from you, your insurance company or a third party reimbursement entity such as Workers' Comp.

- **Operational (Business) Uses.** We may use and release your health information in order to operate the center efficiently and make sure our patients receive quality care.
- **Appointment reminders.** We may use and release your health information to contact you to remind you about appointments or for medical care that you need to receive. We may mail postcards to your mailing address or leave a message at the phone number you have given us. We may leave messages on your answering machine or with friends or relatives who answer the phone. **IF YOU DO NOT WANT TO BE CONTACTED THIS WAY, YOU MUST TELL US.**
- **Required by Law.** We will disclose medical information about you when required to do so by federal, state or local law.
- **Victims of Abuse, Neglect or Domestic Violence.** We may release your health information to law enforcement, social services, or other government agencies authorized to receive the report if we have reason to believe that you are a victim of abuse, neglect, or domestic violence.
- **Workers' Compensation.** We may release your information if required by Workers' Compensation laws and other similar laws and regulations. **Emergency Organizations.** In an emergency, we may release information about you for disaster relief so that your family can be notified about your condition, status and location.
- **Lawsuits and Disputes.** If you are involved in a lawsuit or dispute, we may release your health information in response to a court subpoena, court order, discovery request or other lawful process by someone else involved in the dispute.
- **Law Enforcement.** In response to a court order, subpoena, warrant, summons or other similar process, we may release your health information to law enforcement officials. This could be done in an effort to assist in identifying or locating a suspect, witness or missing person. This could also be done to share information about a victim of a crime, a death believed to involve criminal actions, criminal conduct in progress or crimes committed on Center premises. This could also be done in emergency situations in reporting a crime or sharing details about a crime.
- **To Prevent a Serious Threat to Health or Safety.** We may use and disclose your health information to persons who need to know when necessary, to prevent a serious threat to either your health or safety or the health and safety of others.
- **Organ and Tissue Donation.** If you are an organ donor, we may release medical information to organizations that handle organ procurement and transplantations.
- **Public Health Issues and Risks.** We may report your health information as required by law or by your authorization concerning certain health conditions to prevent or control disease, injury or disability, births and deaths, child or elder abuse or neglect, reactions to medications or products, recalls of products and notice of exposure to a condition.
- **Investigations and Government Activities.** We may release your health information to a local, state or federal agency for oversight activities authorized by law that may concern inspections, licensure, illegal conduct, or compliance with other laws and regulations including civil rights laws.
- **Coroners, Medical Examiners and Funeral Directors.** We may release your health information to a coroner or medical examiner or funeral directors as necessary for them to carry out their duties.
- **Military and National Security.** If you currently serve in the military or are a veteran, we may release your health information to the military upon proper request. We may also disclose your information to federal officials conducting national security and intelligence activities.
- **Research.** We may take part in research about the use of certain treatment protocols that have proper governmental and center approval. In that case, we would secure your informed consent that will identify all aspects of your involvement, risks and benefits and possible release.

CHANGES TO THIS NOTICE

Changes to this Notice. We reserve the right to change this notice at any time. We will post a copy of the current notice in the center with the effective date in the upper right hand corner of the first page. You may request a copy of the current notice each time that you visit the center for services or by calling the center and requesting that the current notice be sent to you in the mail.

YOUR RIGHT TO COMPLAIN

Complaints. If you believe that your privacy rights have been violated, you may file a complaint with the center or with the Secretary of the Department of Health and Human Services. All complaints must be submitted in writing, and all complaints will be investigated. You may ask any staff person to give you a complaint form.

PRIVACY CONTACT INFORMATION

If you have any questions about this notice or wish to file a complaint, please contact the center's Privacy Officer/Chief Operations Officer:

Address: 400 Austin Street, Richmond, Texas 77469

Telephone: 281/342.4530, Ext. 3124