

## MHMR of Tarrant County Notice of Privacy Practices - Page 1 of 2

**CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW THE INFORMATION CAREFULLY.**

### Your Health Information Rights

Although your health record is the physical property of the MHMR of Tarrant County (MHMRTC), the information belongs to you. You have the following rights:

- You can look at or get a copy of the health information that we have about you. There are some reasons why we will not let you see or get a copy of your health information, and if we deny your request we will tell you why. You can appeal our decision in some situations. You can choose to get a summary of your health information instead of a copy. You will be charged a reasonable fee for the summary or copy of your health information.
- If your health information is maintained electronically, you have right to request that information in an electronic format. We may charge you a reasonable fee to cover our expenses (i.e., cost of CD).
- You can ask us to correct information in your records if you think the information is wrong. We will not destroy or change our records, but we will add the correct information to your records and make a note in your records that you have provided the information. You will be notified if we cannot correct you information as requested.
- You can get a list of when we have given health information about you to others in the last six years. The list will not include disclosures for treatment, payment, health care operations, national security, law enforcement, or disclosures where you gave your permission. The list will not include disclosures made before April 14, 2003. There will be no charge for one list per year.
- You can ask us to limit some of the ways we use or share your health information. We will consider your request, but the law does not require us to agree to it. If we do agree, we will put the agreement in writing and follow it, except in case of emergency. We cannot agree to limit the uses or sharing of information that are required by law.
- You can ask us to contact you at a different place or in some other way. We will agree to your request as long as it is reasonable.
- You can ask that health information not be disclosed to health insurance companies / health plans for items or services that you paid for out-of-pocket in full (not billed to your insurance or health plan).
- If we intend to contact you to raise funds, you have the right to opt out – ask that you not receive such communications.
- You have a right to receive notice of a breach – We will notify you if your unsecured protected health information has been breached.
- You can get a copy of this notice any time you ask for it.

### Our Responsibilities

- The law requires us to protect the privacy of your health information. This means that we will not use or let other people see your health information without your permission except in the ways we tell you in this notice. We will not tell anyone if you sought, are receiving, or have ever received services from MHMR/TC, unless the law allows us to disclose that information.
- We are required to give you this notice of our legal duties and privacy practices, and we must do what this notice says. We can change the contents of this notice and, if we do, we will have copies of the revised notice available to you at our facilities or on our website: [www.mhmrtc.org](http://www.mhmrtc.org)
- We are required to notify you if we are unable to agree to a requested restriction.
- We are required to accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

We will not use or disclose your health information without your authorization, except as described in this notice. We will not disclose information about you related to HIV/AIDS without your specific written permission.

### Disclosures for Treatment, Payment and Health Operations

**We will use your health information for treatment** - We may use health information about you to provide you with medical treatment or 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, we can use your health information to prescribe medication for you. Unless you ask us not to, we may also contact you to remind you of an appointment or to offer treatment alternatives or other health-related information that may interest you.

**We will use your health information for payment** - We can use or disclose your health information to obtain payment for providing health care to you or to provide benefits to you under health plans such as the Medicaid program. For example, we can use your health information to bill your insurance company for health care provided to you. Notice to applicants and recipients of financial assistance or payments under federal benefit programs- any information provided by you may be subject to verification through matching programs.

**We will use your health information for regular health operations** - We can also use your health information for health care operations; for activities to improve health care, evaluating programs, and developing procedures; reviewing the competence, qualifications, performance of health care professionals and others; conducting accreditation, certification, licensing, or credentialing activities; providing medical review, legal services, or audit functions; and engaging in business planning and management or general administration.

**We will make sure to verify identity before releasing information**-Although you are entitled to a copy of your Protected Health Information, we will execute due diligence in making sure that your, or authorized agents ,identity is verified , and have a right to access the record.

**UNLESS YOU ARE RECEIVING TREATMENT FOR ALCOHOL OR DRUG ABUSE, MHMRTC IS PERMITTED TO USE OR DISCLOSE YOUR HEALTH INFORMATION WITHOUT YOUR PERMISSION FOR THE FOLLOWING PURPOSES:**

**Business associates:** There are some services provided in our organization through contracts with business associates. Examples include inpatient mental health services at certain hospitals, certain clinical laboratories, and private providers of medication management. When these services are contracted, we may disclose your health information to our business associate so that they can perform the job

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### **PERMITTED USES, CONTINUED FROM PAGE 1:**

we've asked them to do and bill for services rendered. To protect your health information, however, we require the business associate to appropriately safeguard your information.

When required by law. Research: We may disclose information to researchers when their research has been approved by our institutional review board that has reviewed the research proposal and established rules to ensure the privacy of your health information.

Medical Examiners/Coroners: We may disclose health information to Medical Examiners or Coroners consistent with applicable law to carry out their duties.

Workers compensation: We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

Reporting suspected child abuse or neglect: To a government authority.

If we think that you are a victim of abuse: We may disclose your health information to a person legally authorized to investigate a report that you have been abused or denied your rights.

Public health: As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

To address a serious threat to health or safety: We may use or disclose your health information to medical or law enforcement personnel if you or others are in danger and the information is necessary to prevent physical harm.

Correctional institution: Should you be an inmate of a correctional institution, we may disclose to the institution or agents thereof health information necessary for your health and the health and safety of other individuals.

Judicial and administrative proceedings / Law enforcement: we may disclose your health information if a court or administrative judge has issued an order or subpoena that requires us to disclose it. We may disclose health information for law enforcement purposes as required by law or in response to a valid court order.

National security: We will disclose your health information if necessary for national security and intelligence activities, and to protect the president of the United States.

Government benefits program: We may use or disclose your health information needed to operate a government benefit program, such as Medicaid.

Your legally authorized representative (LAR): We may share your health information with a person the law allows to represent your interests. If you are receiving IDD services: We may give health information about your current physical and mental condition to your parent, guardian, relative, or friend, in accordance with the law.

The Secretary of Health and Human Services: when requested in order to enforce the privacy laws.

### **NOTICE FOR ALCOHOL / DRUG PATIENT RECORDS:**

#### **Confidentiality of Alcohol and Drug Abuse Patient Records**

The confidentiality of alcohol and drug abuse patient records maintained by this program is protected by federal law and regulations.

Generally, the program may not say to a person outside the program that a patient attends the program, or disclose any information identifying a patient as an alcohol or drug abuser unless one of the following conditions is met:

1. the patient consents in writing
2. the disclosure is allowed by a court order
3. the disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation

Violation of the federal law and regulations by a program is a crime. Suspected violations may be reported to appropriate authorities in accordance with federal regulations.

Federal law and regulations do not protect any information about a crime committed by a patient either at the program or against any person who works for the program or about any threat to commit such a crime.

Federal laws and regulations do not protect any information about suspected child abuse or neglect from being reported under state law to appropriate state or local authorities.

### **FOR MORE INFORMATION OR TO REPORT A PROBLEM:**

If have questions and would like additional information, you may contact the MHMRTC Privacy Officer at 817-569-4382.

If you believe your privacy rights have been violated, you can file a complaint with the Privacy Officer or with the federal Office for Civil Rights.

There will be no retaliation for filing a complaint.

Privacy Officer, MHMRTC: 817-569-4382 or MHMRTC Complaint Line: 1-800-500-0333

You may also file a complaint with:

Office for Civil Rights / U.S. Department of Health and Human Services: 800-368-1019 (toll free)

1301 Young Street, Suite 1169 / Dallas, TX 75202