

**NOTICE OF PRIVACY PRACTICES
Health Insurance Portability and Accountability
Act of 1996 (HIPAA) and Drug Abuse Prevention,
Treatment, and Rehabilitation Act**



THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN OBTAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

When you receive treatment or benefits (such as Medicaid) from Denton County Mental Health Mental Retardation center (DCMHMR), we will obtain and/or create health information about you. Health information includes any information that relates to (1) your past, present, or future, Physical, Mental Health (MH), or Intellectual and Developmental Disabilities (IDD); (2) the health care provided to you; and (3) the past, present, or future payment for your health care.

The following notice tells you about our duty to protect your health information, your privacy rights, and how we may use or disclose your health information.

DCMHMR' Duties

- 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. This protection applies to all health information we have about you, no matter when or where you received or sought services. When you are in a DCMHMR facility, we will not allow any unauthorized person to interview, photograph, film, or record you without your written permission. We will not tell anyone if you sought, are receiving, or have ever received services from DCMHMR, unless the law allows us to disclose that information.
- We will ask you for your written permission (authorization or consent) to use or disclose your health information. As explained in this notice, there are times when we are allowed to use or disclose your health information without your permission. If you give us your permission to use or disclose your health information, you may take it back (revoke it) at any time. If you revoke your permission, we will not be liable for using or disclosing your health information before we knew you revoked your permission. To revoke your permission, send a written statement, signed by you, to the DCMHMR facility where you gave your permission, providing the date and purpose of the permission and saying that you want to revoke it.
- We are required to give you this notice of our legal duties and privacy practices, and we will also post this notice of privacy practices in a prominent location. If we change the contents of this notice, we will have copies of the new notice at our facilities. The new notice will apply to all health information we have, no matter when we received or created the information.
- Our employees must protect the privacy of your health information as part of their jobs. We do not let our employees see your health information unless they need it as part of their jobs. There are penalties for employees who do not protect the privacy of your health information.
- We will not disclose information about you related to HIV/AIDS without your specific written permission, unless the law allows us to disclose the information.
- If you are also being treated for alcohol or drug abuse, your records are protected by federal law and regulations found in the Code of Federal Regulations at Title 42, Part 2. Violation of these laws that protect alcohol or drug abuse treatment records is a crime, and suspected violations may be reported to appropriate authorities in accordance with federal regulations. Federal law will not protect any information about a crime committed by you either at DCMHMR or against any person who works for DCMHMR 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.

Your Privacy Rights at DCMHMR

- You can view or obtain a copy of the health information that we have about you. There are some reasons for not letting you view or obtain a copy of your health information, and if we deny your request, we will tell you why. You can appeal our decision in the following situations:
 - ◆ a licensed health care professional decided that giving the individual access to the information would likely put the individual or another person in danger.

- ◆ the information refers to another person other than a health care provider, and a licensed health care professional decided that giving the individual access to the information would likely cause the other person substantial harm; or
 - ◆ the individual's personal representative asked for the information, and a licensed health care professional decided that giving the personal representative access to the information would likely cause the individual or another person substantial harm.
- If the denial is reviewable, DCMHMR shall provide the individual with instructions in a denial letter about how to request a review of the decision.
- You can choose to obtain a summary of your health information instead of a copy. If you want a summary or a copy of your health information, you may be charged a reasonable fee.
- Right to correction. An individual who believes that the information collected by and in the possession of DCMHMR on paper or through electronic media is incorrect has a right to have DCMHMR correct the information. The individual has no right to change information that was correct when submitted, but is no longer correct. An individual cannot request a change on a form that is submitted by another individual, except when he or she

has legal authority to act on behalf of the other individual. The individual must submit the correction request in writing to Denton County Mental Health Mental Retardation. The correction request must:

- ◆ specifically identify the program where the records are located and include the document name, and if known, the page and paragraph;
- ◆ specifically identify the information which the individual believes is incorrect;
- ◆ provide the department with sufficient information to establish that the information is incorrect and was incorrect at the time it was submitted by the individual, and
- ◆ provide the correct information.

Correction Procedure

- DCMHMR shall provide an acknowledgement of receipt of the correction request to the requesting individual within 10 days from the receipt of the request.
- DCMHMR shall review the information identified by the individual as incorrect and determine whether the information is in fact incorrect in the record.
 - ◆ If DCMHMR determines that the information is incorrect in an electronic record, DCMHMR shall enter the correction into the record by electronic media, at or near the place where the incorrect information appears with the date, reason for the correction, by whom the correction was requested, and by whom the correction was made.
 - ◆ If DCMHMR determines that the information is incorrect in a paper record, DCMHMR shall insert the information as submitted by the individual requesting the correction, along with an entry of the date, and the name of the individual inserting the correction.
 - ◆ If DCMHMR determines that the information is correct, no correction shall be made, and no entry of the request for correction shall be made in the record.

Denial of Request for Correction

DCMHMR may deny a request for a correction for any of the following reasons:

- (A) DCMHMR did not create the information;
 - (B) the information is not contained in the designated record;
 - (C) the information is correct and complete;
 - (D) if the request for correction is denied, DCMHMR shall send a letter explaining the decision and include instructions on how the individual can submit a written statement of disagreement with DCMHMR's decision. The written statement must contain specific facts that explain the basis for the disagreement.
- Notification. DCMHMR shall notify the individual that the record is already correct or has been corrected and provide the individual with a copy of the corrected information.
 - ◆ DCMHMR shall not charge or bill a requesting individual for correction of an incorrect record.
 - ◆ DCMHMR shall not alter or destroy an original agency record or document in its possession except as required or authorized by law.
 - You can obtain a list of who we have given your health information to 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. 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. Your request must be in writing. We will agree to your request as long as it is reasonable.
 - You can get a copy of this notice any time.

Treatment, Payment, and Health Care Operations

We may use or disclose your health information to provide care to you, to obtain payment for that care, or for our own health care operations.

Health information about you may be exchanged between State Mental Health Facilities (SMHF), local Mental Health (MH) or Intellectual and Developmental Disabilities (IDD) Authorities, Community Centers, and contractors of MH and IDD services, for purposes of treatment, payment, or health care operations, without your permission.

Treatment: We can 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. 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.

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 a health plan 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.

Health Care Operations: We can also use your health information for health care operations such as:

- ▶ activities to improve health care, evaluating programs, and developing procedures;
- ▶ case management and care coordination;
- ▶ reviewing the competence, qualifications, performance of health care professionals and others;
- ▶ conducting training programs and resolving internal grievances;
- ▶ conducting accreditation, certification, licensing, or credentialing activities;
- ▶ providing medical review, legal services, or auditing functions; and
- ▶ engaging in business planning and management or general administration.

Unless you are receiving treatment for alcohol or drug abuse, DCMHMR is permitted to use or disclose your health information without your permission for the following purposes:

- We may use or disclose your health information as required by state or federal law.
- We may disclose your health information to a government authority if necessary to report abuse or neglect of a child.
- 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.
- We may use or disclose your health information if a research board says it can be used for a research project, or if information identifying you is removed from the health information. Information that identifies you will be kept confidential.
- If DCMHMR thinks 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 have been denied your rights.
- We will disclose your health information when we are required to collect information about disease or injury, for public health investigations, or to report vital statistics.
- We may disclose your health information to an employee or agent of a doctor or other professional who is treating you, to comply with statutory, licensing, or accreditation requirements, as long as your information is protected and is not disclosed for any other reason.
- If you die, we may disclose health information about you to your personal representative and to coroners or medical examiners to identify you or determine the cause of death.
- If you are in the criminal justice system, we may disclose your health information to other state agencies involved in your treatment, rehabilitation, or supervision.
- We may use or disclose your health information as needed to operate a government benefit program, such as Medicaid.
- We may share your health information with a person appointed by a court, a Legally Authorized Representative (LAR), to represent your interests.
- If you are receiving services for IDD, we may give health information about your current physical and mental condition to your parent, guardian, relative, or friend.
- We may disclose your health information in any criminal or civil proceeding if a court or administrative judge has issued an order or subpoena that requires us to disclose it. Some types of court or administrative proceedings where we may disclose your health information are:
 - **Commitment proceedings** for involuntary commitment for court-ordered treatment or services;
 - **Court-ordered examinations** for a mental or emotional condition or disorder;
 - **Proceedings regarding abuse or neglect** of a resident of an institution;
 - **License revocation proceedings** against a doctor or other professional.
- We will disclose your health information if necessary for national security and intelligence activities, and to protect the President of the United States.
- We must disclose your health information to the U.S. Department of Health and Human Services when requested. **If you are also being treated for alcohol or drug abuse, DCMHMR will not tell any unauthorized person that you have been admitted to a DCMHMR facility or that you are being treated for alcohol or drug abuse, without your written permission. We will not disclose any information identifying you as an alcohol, drug, or substance user, except as allowed by law. DCMHMR may only disclose information about your treatment for alcohol or drug abuse without your permission in the following circumstances:**
 - Pursuant to a special court order that complies with 42 Code of Federal Regulations Part 2 Subpart E;
 - To medical personnel in a medical emergency;
 - To qualified personnel for research, audit, or program evaluation;
 - To report suspected child abuse or neglect;
 - To Disability Rights Texas and/or the Texas Department of Family and Protective Services, as allowed by law, to investigate a report that you have been abused or been denied your rights.

Federal and State laws prohibit re-disclosure of information about alcohol or drug abuse treatment without your permission. Federal rules restrict any use of information about alcohol or drug abuse treatment to criminally investigate or prosecute any alcohol or drug abuse patient.

COMPLAINT PROCESS If you believe that DCMHMR has violated your privacy rights, you have the right to file a complaint. You may complain by contacting:

DCMHMR PRIVACY OFFICER

Troy Manning
(940) 565-5253
troym@dentonmhmr.org

OR CONTACT:

Department of State Health Services

Privacy Officer
Mail Code 1915
P.O. Box 149347
Austin, Texas 78714-9347
Phone: 1-888-963-7111 or 512-458-7111
1-800-735-2989 (TDD-Hearing Impaired)
hipaa.privacy@dshs.state.tx.us

Department of Aging and Disability HIPAA Project Officer

Austin, TX

Phone: 512-438-4600

HIPAA@dads.state.tx.us

You may also file a complaint with:

**Region III, Office for Civil Rights
U.S. Department of Health and Human Services
1301 Young Street, Suite 1169
Dallas, TX 75202**

Phone: (214) 767-4056

(214) 767-8940 (TDD-Hearing Impaired)

(800) 368-1019 (toll free OCR Hotline)

Fax: (214) 767-0432

**Department of Aging and Disability Services (DADS)
Consumer Rights and Services**

P.O. Box 149030, MC: E-249

Austin, TX 78714

TOLL FREE: (800) 458-9858

Fax: (512) 438-2724

www.Dads.state.tx.us/services/ers

CRSComplaints@dads.state.tx.us

**Texas Attorney General's Office
Consumer Protection Division
P.O. Box 12548**

Austin, TX 78711-2548

Phone: 1-800-621-0508

Website:

oag.state.tx.us/consumer/complain.shtml

Fax: (512) 475-2994

**Disability Rights Texas
7800 Shoal Creek Blvd**

Suite 171-F

Austin, TX 78757

1-800-252-9108

**Department of State Health Services (DSHS)
Consumer Services & Rights Protection**

Toll Free: 1-800-252-8154 or (512) 206-5760

Fax: (512) 206-5770

- An individual may download a copy of a complaint form and instructions on how to file it at:
 - ♦ the HIPAA Internet web site at <http://www.dshs.state.tx.us/hipaa/privacycomplaints.shtml>; or
 - ♦ the U.S. Department of Health and Human Services (DHHS), OCR's Internet web site at <http://www.hhs.gov/ocr/privacy/hipaa/complaints/index.html>.

You must file your complaint within 180 days of when you knew or should have known about the event that you think violated your privacy rights.

For complaints against alcohol or drug abuse treatment programs, contact the United States Attorney's Office for the judicial district in which the violation occurred.

DCMHMR will not retaliate against you if you file a complaint.

Effective Date: April 14, 2003

Last Revision: April 11, 2003

DCMHMR Revised Date: 6/19/13