

TRI-COUNTY BEHAVIORAL HEALTHCARE PRIVACY PRACTICES

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

Understanding Your Health Record/Information

This notice describes the practices of Tri-County Behavioral Healthcare (Tri-County), which also includes that of any affiliated contractor or volunteer within Tri-County as well as the DSHS Service Delivery System with respect to your protected health information created while you are a consumer at Tri-County. Tri-County and personnel authorized to have access to your medical chart are subject to this notice. In addition, Tri-County personnel may share medical information with each other for treatment, payment or health care operations described in this notice.

We create a record of the care and services you receive at Tri-County. We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. This notice applies to all protected health information concerning your care at Tri-County.

Protected Health Information (PHI) means health information we have collected from you or received from your health care providers, health plans, your employer or a health care clearinghouse. It may include information about your past, present, or future physical or mental health or condition, the provision of your health care, and payment for your health care services.

This notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

Your Health Information and Rights

Although your health record is the physical property of Tri-County, the information belongs to you. You have a right to:

- request a restriction on certain uses and disclosures of your information for treatment, payment, health care operations and as to disclosures permitted to persons, including family members involved with your care and as provided by law. However, we are not required by law to agree to a requested restriction;
- obtain a paper copy of this notice of information practices;
- inspect and request a copy of your health record as provided by law;
- request that we amend your health record as provided by law. We will notify you if we are unable to grant your request to amend your health record;
- request amendment of your PHI: If you believe that there is a mistake or missing information in our record of your PHI, you may request, in writing, that we correct or add to the record provided that a supported reason is included in the request. We will respond within 60 days of receiving your request. We may deny the request if we determine that the PHI is: correct and complete, not created by us and/or not part of our records, or not permitted to be disclosed. Any denial will state the reasons for denial and explain your rights to have

the request and denial, along with any statement in response that you provide, added to your PHI. If we approve the request for amendment, we will change the PHI and inform you, and tell others that need to know about the change in the PHI;

- revoke your authorization to use or disclose health information except to the extent that action has already been taken in reliance on your authorization;
- choose how we contact you: You have the right to ask that we send you information at an alternative address or by an alternative means. We must agree to your request as long as it is reasonable to do so;
- inspect and copy your PHI: Unless your access is restricted for clear and documented treatment reasons, you have a right to see your PHI upon your written request. We will respond to your request within 30 days. If we deny your access, we will give you written reasons for the denial and explain any right to have the denial reviewed. If you want copies of your PHI, a charge for copying may be imposed, depending on your circumstances. You have a right to choose what portions of your information you want copies and to have prior information on the cost of copying. You have a right to obtain your PHI in an electronic format; and
- privacy as outlined in this notice. Violation of federal laws and regulations is a crime and all reports will be investigated thoroughly. Information related to the commission of a crime, or threat to commit a crime, on the premises of the program or against the program's staff is not protected by federal law.

You may exercise your rights set forth in this notice by providing a written request *except* for requests to obtain a paper copy of the notice and requests for confidential communications, to the Medical Record Administrator at Tri-County Behavioral Healthcare, P.O. Box 3067, Conroe, Texas 77305. If you do not receive a paper copy of the notice or you were not given the option to request confidential communications upon admission you may contact the Privacy Officer at P.O. Box 3067, Conroe, Texas 77305.

Our Responsibilities

In addition to the responsibilities set forth above, we are also required to:

- maintain the privacy of your health information;
- provide you with a notice as to our legal duties and privacy practices with respect to information we maintain about you;
- abide by the terms of this notice;
- notify you if we are unable to agree to a requested restriction on certain uses and disclosures; and
- notify you in the event that we (or a Business Associate) discover a breach of unsecured protected health information.
- We reserve the right to change our practices and to make

the new provisions effective for all protected health information we maintain, including information created or received before the change. Should our information practices change we are not required to notify you, but we will have the revised notice available for you to request at Tri-County. The revised notice will also be posted at Tri-County and on the Tri-County web page at www.tcbhc.org and

- We will not use or disclose your health information without your written authorization, except as described in this notice.

Examples of Disclosures for Treatment, Payment, Health Care Operations and as Otherwise Allowed by Law.

The following categories describe different ways that we use and disclose medical information. For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we do use and disclose information should fall within one of the categories.

We will use your health information for treatment.

For example: We may disclose medical information about you to doctors, nurses, technicians, medical students, or other personnel who are involved in taking care of you at Tri-County. We may share medical information about you in order to coordinate different treatments, such as prescriptions, lab work and x-rays and emergencies.

We will use your health information for payment.

For example: A bill may be sent to you or a third-party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, services and procedures provided.

We will use your health information for regular health care operations.

For example: We may use the information in your health record to assess the care and outcome in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the health care and services we provide, or other health oversight agencies such as DSHS, Medicare, Medicaid or others that pay for your services.

We will use your health information as otherwise allowed by law. The following are some examples of how we may use or disclose medical information about you.

Business associates: There are some services provided in our organization through agreements with business associates. Examples include independent contractors and attorneys. To protect your health information, however, we require business associates to appropriately safeguard your information.

Research: We may disclose information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to protect the privacy of your health information.

Communications for treatment and health care operations:

We may contact you to provide appointment reminders or information about treatment alternatives or other health related benefits and services that may be of interest to you.

Fundraising: We may contact you as part of a fundraising effort.

Food and Drug Administration (FDA): We may disclose to the FDA health information relative to adverse events with respect to food, medications, devices, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

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

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

Abuse, neglect or domestic violence: As required by law, we may disclose health information to a governmental authority authorized by law to receive reports of abuse, neglect, or domestic violence.

Judicial, administrative and law enforcement purposes: Consistent with applicable law, we may disclose health information about you for judicial, administrative and law enforcement purposes, for example a suit affecting the parent-child relationship.

Required or allowed by law: We will disclose medical information about you when required or allowed to do so by federal, state or local law, for example, if there is imminent threat of harm to you or another person, or to be compliant with a court order.

Substance abuse records: For individuals who have received treatment, diagnosis, or referral for treatment from our drug and alcohol abuse programs, we will disclose medical information about you only in accordance with more stringent existing federal law.

Marketing: We will only use or disclose your medical information for marketing purposes with your written authorization, and we will disclose whether we receive any payments for any marketing activity you authorize.

For More Information or to Report a Problem

If you have questions and would like additional information, you may contact the Tri-County Behavioral Healthcare Privacy Officer. If you believe your privacy rights have been violated, you can file a complaint with the Secretary of the U.S. Department of Health and Human Services at 200 Independence Avenue SW, Washington DC 20201; toll free 800-368-1019. There will be no retaliation for filing a complaint.

Contact Person for Information or Complaints:

Tanya Bryant, Tri-County Behavioral Healthcare, Privacy Officer
tanyab@tcbhc.org 936-521-6100
P.O. Box 3067 Conroe, Texas 77305

I acknowledge that I have received a copy of this notice:

Consumer signature

Date

Print Name: _____