

Tri-County Behavioral Healthcare

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW HEALTH 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

When you receive treatment from Tri-County Behavioral Healthcare (TCBHC), we will obtain health and personal information from you and create a record. This record will include information about the care that you receive from TCBHC, your health condition, and payment for the services received. This notice tells you about our duty to protect your health information (including information related to substance use disorder (SUD) treatment you may have received), your privacy rights, how we may use or disclose your health information and how to file a complaint concerning a violation of privacy and security of your health information or your rights.

Your Privacy Rights

- You can request to look at or get a copy of the health information we have about you. If we deny your request, we will tell you why. You can appeal against our decision in some situations. If you want a copy or to get a summary of your health information, you may have to pay a reasonable cost-based fee for it.
- If your health information is maintained electronically, you have the right to request a copy of such information in an electronic format. We may charge you a reasonable cost-based fee to cover our expenses (e.g. cost of C.D.).
- You can ask to correct your health information if you think it is wrong. We will not destroy or change our records but will add the correct information and make a note in your records that the information has been changed. You will be notified if we are not able to correct your information as requested. You may write a statement of disagreement if your request is denied. This

statement will be maintained as part of your record and will be included with any disclosures.

- You can ask for a list of who we have given your health information to over the last six years. The list will include disclosures that are not routine or explained in this notice. If you request this accounting more than once in a 12-month period, we may charge you a reasonable cost-based fee for the additional request(s).
- You can ask us to limit some of the ways we use or share your health information for treatment, payment and healthcare operations (TPO). The law does not require us to agree to it. If we agree, we will put the agreement in writing and follow it, except in case of an emergency or when required by law.
- You can ask us to contact you at a different place or in some other way. We will agree if your request is reasonable and we will make the appropriate accommodations.
- You have the right to take back your written permission for us to disclose your health information. You will be unable to get back your permission if your information was already disclosed based on your written permission.
- You can ask that your health information not be disclosed to your health insurance company or plan with respect to care for which you paid for out-of-your-pocket in full.
- If we intend to contact you to raise funds, you have the right to "opt out" and ask that you not receive such communications.
- You have the right to be notified by us following a breach of your unsecured protected health information.
- You have the right to a copy of this Privacy Notice (in paper or electronic

form) and to discuss it with the Center's Privacy Officer at 936 521-6115 if you have any questions.

You must provide us with a **written request** for the above privacy rights, except for requests to obtain a paper copy of this notice. Requests should be mailed to Tri-County Behavioral Healthcare's Privacy Officer, 233 Sgt. Ed. Holcomb Blvd. S. Conroe, TX 77304.

TCBHC Duties

- We are required by law to protect the privacy of your health information. 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 ask you for your written permission (authorization/consent) to use or disclose your health information. There are times when we are allowed to use or disclose your health information without your permission, as explained in this notice.
- We are required by law to give you this notice of the legal duties and privacy practices we are required to follow. We will ask you to sign an acknowledgement that you received this notice. We may change the contents of this notice at any time. If we do, we will have copies of the new notice posted at our service sites and on our websites to view – www.tcbhc.org
- 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 job functions.
- 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.

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• **If you are being treated for alcohol or drug use**, 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 is a crime, and suspected violations may be reported to the appropriate authorities in accordance with federal regulations. Federal law will not protect any information about a crime committed by you at TCBHC or against any person who works for us 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.

We may only disclose information about alcohol or drug abuse treatment without your consent as follows and permitted by 42 CFR Part 2:

- ✓ Pursuant to a special court order that complies with Federal Regulations.
- ✓ To medical personnel for a medical emergency.
- ✓ To qualified personnel for research, audit, or program evaluation.
- ✓ To report suspected child abuse or neglect.
- ✓ To Texas Department of Protective and Regulatory Services, as allowed by law, to investigate a report that you have been abused or have been denied your rights.
- ✓ To appropriate law enforcement to report a suspected crime committed on our premises or against any of our work force members or about any threat to commit such a crime.
- ✓ To a qualified service organization/business associate.
- ✓ For audit or program evaluation by a government agency

We will ask you for your written permission (consent) to use or disclose your health information for treatment, payment and health care operation purposes. If you provide a single consent for all future uses and disclosures for TPO, a Part 2 program, covered entity or Business Associate may use and disclose those records for TPO as permitted by the HIPAA regulations, until such time you revoke your consent in writing.

- We may not disclose psychotherapy or substance use disorder counseling notes without your specific written authorization.

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 the Texas Health and Human Services Commission, local mental health or Intellectual Developmental Disability (IDD) authorities, community MH/IDD centers, and contractors of mental health and IDD *services*, for purposes of treatment, payment, or health care operations, without your permission.

Treatment

We may use or disclose your health information to provide, coordinate, or manage health care related services. This includes providing care to you, consulting with another health care provider about you, and referring you to another health care provider. Example: We may provide your primary care physician with copies of various reports to assist you. We will also disclose your health information to medical personnel in the case of a medical emergency or crisis.

Payment

We can use or disclose health information to arrange for payment for

providing services to you, such as the Medicaid program. Example: Information about your diagnosis and the services we provided is included in the claims we submit to your health insurance plan to confirm eligibility or that appropriate services were provided.

Health Care Operations

We can also use your health information for health care operations such as care coordination, conducting licensing activities, providing auditing functions, business planning, and reviewing performance of professionals. Example: Our quality assurance staff reviews records to be sure we are delivering appropriate treatment of high quality.

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

- **When required by law.**
- **To report suspected child abuse or neglect** to a government authority.
- **For research.** We may 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 your health information.
- **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.
- **To Disability Rights, Texas** in accordance with federal law, to investigate a complaint by you or on your behalf.
- **For public health and health oversight activities.** We will disclose your health information when we are required to collect information about a disease or injury, for public health investigations, or to report vital statistics.

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- **For purposes relating to death.** 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.
- **To a correctional institution** if you are in their custody and your health information is needed to provide health care to you.
- **If you are in the criminal justice system,** we may disclose your health information to state agencies involved in your treatment, rehabilitation, or supervision.
- **For a government benefits program.** We may use or disclose your health information needed to operate a government benefit program, such as Medicaid.
- **To 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.
- **In judicial and administrative proceedings,** we may disclose your health information if a court or administrative judge has issued an order or subpoena that requires us to disclose it.
- **For 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.
- **To the Secretary of Health and Human Services** when requested to enforce the privacy laws.
- **To Business Associates.** Some services are provided to or on our behalf through contracts with business associates. This may include information technology

support. Personnel employed by these business associates may have access to all or part of your health information. Therefore, we require all of our business associates to appropriately safeguard your information.

- **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.
- **For appointment reminders.** We may mail you reminders of your appointments unless you request us not to do so.
- **Other uses and disclosures** not described above will be made only with your authorization.
- **Most uses and disclosures** of your protected health information for marketing purposes, and disclosures that constitute a sale of your protected health information requires your authorization.

Release of Medical Information for the purpose of Health Information Exchange (HIE)

TCBHC may participate in a HIE System, which allows us to securely share your health information electronically with other healthcare providers who are involved in your care. This could include sharing information related to treatment, payment, or healthcare operations.

- When other providers or entities access your information through the HIE, they may store it in their own systems in accordance with their policies.
- TCBHC and other providers or entities may use the electronic health information sent to the HIE for the purposes described in this Notice, to coordinate your care, and for other uses allowed by law.

- We monitor who can view your protected health information within our EHR system. However, other entities may disclose your information in accordance with their own policies and procedures.
- You may opt out of HIE participation by requesting and completing the HIE Consent Management form. If you choose not to participate, your information will not be shared with the HIE. You may re-enroll in HIE participation at any time by completing the same form.

For Further Information or Questions, you may contact Tri-County Behavioral Healthcare's Privacy Officer at (936) 521-6100.

If you believe your privacy rights have been violated, you have the right to file a complaint by contacting: **Tri-County Behavioral Healthcare's Privacy Officer** at (936) 521-6100, 233 Sgt. Ed. Holcomb Blvd. S. Conroe, Texas 77304 or **Office for Civil Rights, U.S. Department of Health and Human Services**, 1-800-368-1019, TDD 1-800-537-7697 or OCRMail@hhs.gov

Secretary of the U.S. Department of Health and Human Services, Hubert H. Humphrey Building, 200 Independence Ave., S.W., Washington, D.C.20201. You may also contact the **Office of Attorney General**, P.O. Box 12548, Austin, Texas, 78711, at 1-512-463-2100, www.oag.state.tx.us

Tri-County Behavioral Healthcare will not retaliate against you if you file a complaint.

TCBHC:

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