



This notice describes how your medical

Your protected health information (PHI) is maintained in a written and/or electronic medical record of your contacts or visits for healthcare services. Your PHI includes information such as name, address, phone, etc. that identifies you. It also includes information that relates to your past, present or future physical or mental health condition and related healthcare services.

### Your Rights Under The Privacy Rule

**When it comes to your health information, you have certain rights.** This section explains your rights and some of our responsibilities. Please feel free to discuss any questions with our staff.

- **Obtain a copy of your medical record.** You can ask to see or get a copy of your medical record. If your health record is stored electronically, you can request a copy in electronic format. We have the right to charge a reasonable fee for paper or electronic copies as established by professional, state, or federal guidelines.
- **Request an amendment to your protected health information.** You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this. We may say “no” to your request, but we will tell you why in writing within 60 days.
- **Request confidential communications.** You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. We will say “yes” to all reasonable requests.
- **Request a restriction (to limit the use) of your PHI.**
  - ✓ You can ask us, in writing, not to use or share certain health information for treatment, payment or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.
  - ✓ If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purposes of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.
- **Request an accounting of disclosure.**
  - ✓ You can ask for a list (accounting) of the times we have shared your health information for six years prior to the date you ask, who we shared it with, and why.
  - ✓ We will include all disclosures except those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make).
  - ✓ We will provide one accounting a year for free. We may charge a reasonable fee for paper or electronic copies as established by professional, state, or federal guidelines.
- **Receive a copy of this Notice of Privacy Practices.** You can ask for a copy of this privacy notice at any time, even if you have agreed to receive this notice electronically. We will provide you with a paper copy promptly. We will give you a copy of the revised privacy notice at your request. A revised copy can be mailed to you or you can ask for one at your next appointment.
- **Choose a personal representative.** If you have given someone your health care power of attorney or if someone is your legal guardian, that person can exercise your privacy rights and make choices about your health information. We will make sure that the person has this authority and can act for you before we take any action or follow his/her directions regarding your health information.
- **File a complaint if you feel your rights are violated.**
  - ✓ You can file a complaint if you feel we have violated your privacy rights by contacting us by: 1) sending us a letter to CommUnityCare, Attention: Privacy Officer, P. O. Box 17366, Austin, TX 78760-7366; or 2) by calling the complaint line at (512) 978-9918.
  - ✓ You can file a complaint with the U. S. Department of Health and Human Services for Civil Rights by: sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201; or calling 1-877-696-6775; or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).
  - ✓ You can file a complaint with the Office for Civil Rights U.S. Department of Health and Human Services by: 1) sending a letter to 1301 Young Street, Suite 1169, Dallas, TX 75202; or 2) calling (214) 767-4056.
  - ✓ We will not retaliate against you for filing a complaint.

### Your Choices

**For certain health information, you can tell us your choices about what we share.** If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

- **In these cases, you have both the right and choice to tell us to:**
  - ✓ Share information with your family, close friends, or others involved in your care
  - ✓ Share information in a disaster relief situation

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety. We may use or disclose PHI to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care, of your general condition or death.

- **In these cases we never share your information unless you give us written permission:**

- ✓ Marketing purposes
- ✓ Sale of your information
- ✓ Most sharing of psychotherapy notes.

You may revoke an authorization, at any time, in writing, except to the extent that your healthcare provider, or our practice has taken an action in reliance on the use or disclosure indicated in the authorization.

## Our Uses and Disclosures

**How do we typically use or share your health information?** We typically use or share your health information in the following ways:

- **Treatment** - We may use your PHI to provide, coordinate, or manage your healthcare and any related services and share it with other professionals who are treating you.  
**Example:** A doctor treating you for an injury asks another doctor about your overall health condition. We may share your PHI with other Healthcare Providers who may be involved in your care and treatment. Or, we would share your PHI with a pharmacy to fill your prescriptions.
- **Healthcare Operations** - We can use or share your PHI in order to run our practice, improve your care, and contact you when necessary.  
**Example:** We use health information about you to manage your treatment and services.
- **Payment** – We can use and share your PHI to bill and get payment from health plans or other entities.  
**Example:** We give information about you to your health insurance plan so it will pay for your services.
- **Health Information Organization** - The practice may elect to use a health information organization, or other such organization to facilitate the electronic exchange of information for the purposes of treatment, payment, or healthcare operations.
- **Special Notices** - We may use or disclose your PHI, as necessary, to contact you to remind you of your appointment. We may contact you by phone or other means to provide results from exams or tests and to provide information that describes or recommends treatment alternatives regarding your care. Also, we may contact you to provide information about health-related benefits and services offered by our office, for fund-raising activities, or with respect to a group health plan, to disclose information to the health plan sponsor. You will have the right to opt out of such special notices, and each such notice will include instructions for opting out.

**How else can we use or share your health information?** We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

- **Help with public health and safety issues** – We can share health information about you for certain situations such as: Preventing disease; Helping with product recalls; reporting adverse reactions to medications; reporting suspected abuse, neglect, or domestic violence; or, preventing or reducing a serious threat to anyone’s health or safety.
- **Do research** – We can use or share your information for health research.
- **Comply with the law** – We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we are complying with federal privacy law.
- **Respond to organ and tissue donation requests** – We can share health information about you with organ procurement organizations.
- **Work with a medical examiner or funeral director** – We can share health information with a coroner, medical examiner, or funeral director when an individual dies.
- **Address workers’ compensation, law enforcement, and other government requests** – We can use or share health information about you for: workers’ compensation claims; law enforcement purposes or with a law enforcement official; when an inmate in a correctional facility; with health oversight agencies for activities authorized by law; or, for special government functions such as military, national security, and presidential protective services.
- **Respond to lawsuits and legal actions** – We can share health information about you in response to a court or administrative order, or in response to a subpoena.
- **Organized Health Care Arrangement (OHCA)** – We are part of the Community Care Collaborative organized health care arrangement (CCC OHCA). The CCC OHCA is an organized system of healthcare in which providers and plans participate in joint activities, such as quality improvement. You are receiving this notice because your information will be shared through the CCC OHCA. If you qualify, your medical, billing and other health information will be shared with the participants of the CCC OHCA for Treatment, Payment, Operations and other legal uses. For more information including participating providers visit [www.ccc-ids.org](http://www.ccc-ids.org).

## Our Responsibilities

- We are required by law to maintain the privacy and security of your PHI.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it. This privacy notice is posted in a noticeable location at the clinics and on the web site.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

### Changes to the terms of this notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

### EFFECTIVE DATE

THIS NOTICE IS EFFECTIVE AS OF 04/14/03. AMENDED 07/12/10; 09/13/13, 12/06/16, 10/21/19