

## HIPAA NOTICE OF PRIVACY PRACTICES

Effective Date: 09/14/2018

This notice outlines your protected health information, how it may be used, and what your rights are. Please review carefully and ask any questions prior to signing.

Questions about this notice can be directed to THE CARING PLACE (address: 2001 RAILROAD AVENUE GEORGETOWN TEXAS 78626; phone: (512) 943-0700).

### OUR PLEDGE REGARDING PROTECTED HEALTH INFORMATION:

We, THE CARING PLACE (TCP), understand that protected health information about you and your health is personal. We are committed to protecting health information about you. This Notice applies to all the records of your care generated by TCP, whether made by TCP staff or volunteers. This Notice will tell you about the ways in which we may use and disclose protected health information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of protected health information.

The law requires us to:

- make sure that protected health information that identifies you is kept private;
- notify you about how we protect protected health information about you;
- explain how, when and why we use and disclose protected health information; and
- follow the terms of the Notice that is currently in effect.

We are required to follow the procedures in this Notice. We reserve the right to change the terms of this Notice and to make new notice provisions effective for all protected health information that we maintain by:

- posting the revised Notice in our lobby;
- making copies of the revised Notice available upon request; and
- posting the revised Notice on our website.

### HOW WE MAY USE AND DISCLOSE PROTECTED HEALTH INFORMATION ABOUT YOU

The following categories describe different ways that we use and disclose protected health information without your written authorization.

**For Services:** We may use protected health information about you to provide you with or coordinate services. We may disclose protected health information about you to other service providers who are involved in your assistance. TCP staff may also share protected health information about you in order to coordinate the different things you need, such as referrals or follow up. We may use and disclose protected health information to contact you as a reminder that you have an appointment with a case manager.

**For Payment for Services:** We may use and disclose protected health information about you so that the services you receive at TCP may be verified and assistance may be provided.

**For Operations:** We may use and disclose protected health information about you for TCP service operations, such as our quality assessment and improvement activities, case management, coordination of care, business planning, customer services and other activities. These uses and disclosures are

necessary to run the facility, reduce costs, and make sure that all of our clients receive quality care. We may also combine protected health information about many TCP clients to decide what additional services TCP should offer or what services are not needed. We may also contact you as part of a fundraising effort.

**As Required By Law:** We will disclose protected health information about you when required to do so by federal, state or local law.

**Safety Risks:** We may disclose protected health information about you to a government authority if we reasonably believe you are a victim of abuse, neglect, or domestic violence. We will only disclose this type of information to the extent required by law, if you agree to the disclosure, or if the disclosure is allowed by law and we believe it is necessary to prevent or lessen a serious and imminent threat to you or another person.

**Judicial and Administrative Proceedings:** If you are involved in a lawsuit or dispute, we may disclose your information in response to a court or administrative order. We may also disclose health information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made, either by us or the requesting party, to tell you about the request or to obtain an order protecting the information requested.

**Oversight Activities:** We may disclose health information to a health oversight agency for activities authorized by law. These activities include audits, investigations, and inspections, which may be necessary for reporting purposes as well as compliance with grant funders or other partnerships.

**Law Enforcement:** We may release protected health information as required by law, or in response to an order or warrant of a court, a subpoena, or an administrative request. We may also disclose protected health information in response to a request related to identification or location of an individual, victims of crime, decedents, or a crime on the premises.

#### **YOU CAN OBJECT TO CERTAIN USES AND DISCLOSURES**

Unless you object, or request that only a limited amount or type of information be shared, we may use or disclose protected health information about you in the following circumstances:

- We may share with a family member, relative, friend, or other person identified by you protected health information directly relevant to that person's involvement in your support and assistance.
- We may share information with our Membership Council for service information purposes only.

If you would like to object to use and disclosure of protected health information in these circumstances, please call or write to our contact person listed on page 1 of this Notice.

#### **YOUR RIGHTS REGARDING PROTECTED HEALTH INFORMATION ABOUT YOU**

You have the following rights regarding protected health information we maintain about you:

**Right to Inspect and Copy:** You have the right to inspect and copy protected health information that may be used to make decisions about your assistance. Usually, this

includes medical and billing records to support any financial request. To inspect and copy protected health information that may be used to make decisions about you, you must submit your request in writing to TCP. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request, and we will respond to your request no later than 30 days after receiving it. There are certain situations in which we are not required to comply with your request. In these circumstances, we will respond to you in writing, stating why we will not grant your request and describe any rights you may have to request a review of our denial.

**Right to Request Confidential Communications:** You have the right to request that we communicate with you about your file, which may contain health information, in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing to TCP. We will accommodate all reasonable requests.

**Right to a Paper Copy of This Notice:** You have the right to a paper copy of this Notice at any time by contacting TCP.

#### **OTHER USES AND DISCLOSURES**

We will obtain your written authorization before using or disclosing your protected health information for purposes other than those provide for above (or as otherwise permitted or required by law). You may revoke this authorization in writing at any time. Upon receipt of the written revocation, we will stop using or disclosing your information, except to the extent that we have already taken action in reliance on the authorization.

#### **YOU MAY FILE A COMPLAINT ABOUT OUR PRIVACY PRACTICES**

If you believe your privacy rights have been violated, you may file a complaint with TCP or file a written complaint with the Secretary of the Department of Health and Human Services. A complaint to the Secretary should be filed within 180 days of the occurrence of the complaint or violation. If you file a complaint, we will not take any action against you or change our treatment of you in any way.