

**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**

When you receive treatment or benefits (such as Medicaid) from Coastal Plains Community MHMR Center (CPMHMR), CPMHMR will obtain and/or create health information about you. This information is typically in the form of paper or electronic records and includes any information that relates to (1) your past, present, or future physical or mental health or condition; (2) the health care provided to you; or (3) the past, present or future payment of your health care.

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

CPMHMR's Duties:

- ❖ CPMHMR is required by law, to protect the privacy of your health information. This means that CPMHMR will not use or disclose your health information without your permission except in the ways we tell you in this notice. CPMHMR will safeguard your health information and keep it private. This protection applies to all health information CPMHMR has about you, no matter when you received services. CPMHMR will not allow anyone to interview, photograph, film or record you without your written permission. CPMHMR will not tell anyone if you are receiving or have ever received services from CPMHMR, unless the law allows CPMHMR to disclose this information.
- ❖ CPMHMR will ask you for your written permission to use or disclose your health information unless CPMHMR is allowed to use or disclose your health information without your permission, as stated in this notice. IF you give your permission for CPMHMR to use or disclose your health information, you may revoke it at any time, but CPMHMR will not be liable for uses or disclosures made before you revoked your permission. To revoke your permission, send a written statement, signed by you, to the privacy officer of CPMHMR, saying that you want to revoke your permission.
- ❖ CPMHMR is required to provide you with this notice of its legal duties and privacy practices. CPMHMR is required to ask you to sign the last page of this notice saying that you received it. CPMHMR must follow the terms of this notice. CPMHMR can change the contents of this notice. If CPMHMR changes the contents of this notice, it will make the new notice available at all of its facilities and on its website, www.cpmhmr.org within thirty days after the effective date of the changed notice. The new notice will apply to all health information maintained by CPMHMR, no matter when CPMHMR go or created the information.
- ❖ CPMHMR employees must protect the privacy of your health information as part of their jobs with CPMHMR. CPMHMR does not give employees access to your health information unless they need it as part of their jobs. CPMHMR will punish employees who do not protect the privacy of your health information.
- ❖ If you are being treated for chemical dependency (drug and alcohol abuse), your records that relate to that treatment 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 chemical dependency treatment records is a crime and suspected violations may be reported to appropriate authorities in accordance with federal regulations. Federal laws and regulations do not protect any information about a crime committed by an individual either at CPMHMR or against any person who works for CPMHMR 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 or local authorities.

Your Privacy Rights

- ❖ You have the right to look at or get a copy of the health information that CPMHMR has about you, in most situations.
- ❖ You have the right to ask CPMHMR to correct information in your records if you think the information is wrong. You may also ask CPMHMR to correct or change information in your records. Your request to correct the records must be in writing and must explain why you believe the correction should be made. CPMHMR cannot destroy or change its records, however, if it is determined that the information is incorrect, we will add the correct information to your records and make a note of why the additional information was made. If CPMHMR does not agree with your request to change the records, you may submit a short statement of dispute, which we will include in any future disclosure of information.
- ❖ You have the right to get a list of each time CPMHMR has disclosed health information about you for reasons other than treatment, payment, health care operations and certain other reasons as provided by law to conduct daily operations, and certain other reasons as provided by law, except when you have authorized CPMHMR to disclose the information. Your request for the list must be in writing.
- ❖ You have the right to ask CPMHMR to limit the ways it uses or discloses your health information. The law does not require CPMHMR to agree to the limits you request, but if it does agree, it must do as you ask.
- ❖ You have the right to ask that CPMHMR contact you at a different location or in a different manner.
- ❖ You have the right to get a copy of this notice from CPMHMR when you ask for it.

Treatment, Payment, and Health Care Operations

CPMHMR may use your health information to provide treatment to you, to obtain payment for services provided to you, or for CPMHMR's own health care operations, as allowed by law.

Health information about you may be exchanged between CPMHMR sites, Texas Department of MHMR, other MHMR Community Centers across the state of Texas, other designated providers, and subcontractors of mental health and mental retardation services, for the purposes of treatment, payment or health care operations, without your permission.

Treatment: CPMHMR can use 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. For example, CPMHMR can use your health information to prescribe medication for you.

Payment: CPMHMR can use your health information to get paid for providing health care to you or to provide benefits to you under a health plan, such as the Medicaid program. For example, CPMHMR can use your health information to bill you 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: COMHMR can use your health information for health care operations. Health care operations include: activities to improve the quality of health care; evaluating CPMHMR programs; developing procedures; case management and care coordination; reviewing the competence, qualifications, and performance of health care professionals and others; conducting training programs in areas related to review, legal services, or auditing functions; resolution of internal grievances; and engaging in business planning and management or the general administrative activities of CPMHMR. For example, CPMHMR can use your health information to develop procedures for taking care of people who also receive services from the agency.

CPMHMR may also contact you to remind you of an appointment or to provide treatment alternatives or other health-related information that may interest you.

If you are being treated for chemical dependency, CPMHMR will not disclose information about your treatment to anyone without your written permission, unless the law allows CPMHMR to disclose the information. CPMHMR will use your health information to provide treatment to you.

CPMHMR will not disclose health information about you relating to HIV/AIDS without your specific written permission, unless the law allows CPMHMR to disclose the information.

Unless you are receiving treatment for chemical dependency, CPMHMR is permitted to use or disclose your health information without your permission for the following purposes.

When required by Certain Judicial and Administrative Proceedings

- ❖ In a license revocation proceeding. CPMHMR may disclose your health information if you have filed a complaint against a doctor or other mental or emotional health services provided to you.
- ❖ In a proceeding to collect payment. CPMHMR may disclose your health information to a court or administrative judge to collect payment for mental or emotional health services provided to you.
- ❖ For court-ordered examination. CPMHMR may disclose your health information if a court orders that you be examined for a mental or emotional condition.
- ❖ In a proceeding regarding abuse or neglect. CPMHMR may disclose your health information to a court or administrative judge in a proceeding regarding the abuse or neglect of a person served by CPMHMR.
- ❖ IN a commitment proceeding. CPMHMR may disclose your health information in an involuntary commitment proceeding for court-ordered treatment or services.
- ❖ In other judicial and administrative proceedings. CPMHMR may disclose your health information in response to an order or subpoena issued by a court or administrative judge.

For Other Purposes

- ❖ When required by law. CPMHMR can use or disclose your health information when state or federal law requires the use or disclosure.
- ❖ To address a serious threat to health or safety. CPMHMR may use or disclose your health information to medical or law enforcement personnel if CPMHMR determines that you or others are in danger and the information is necessary to prevent physical harm.
- ❖ For audits and evaluations. CPMHMR may disclose your health information for management audits, financial audits or program evaluations, but the people who received your information may not disclose your identity.
- ❖ For payment for services of a professional. CPMHMR may disclose certain parts of your health information to people, corporations or government agencies to pay for mental or emotional health services provided by a doctor or other person licensed to provide those services.
- ❖ To doctors and other medical personnel. CPMHMR may disclose you health information to a doctor or other person licensed to provide services for a mental condition or to personnel under their direction.
- ❖ In an emergency. CPMHMR may disclose you health information to medical personnel in an emergency.
- ❖ For research. CPMHMR may use or disclose your health information if a research board approves the use of confidential health information for a research project, or if information identifying you is removed from the health information. Information that identifies you will be kept confidential.
- ❖ To a government authority if CPMHMR thinks you are a victim of abuse. CPMHMR 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.
- ❖ To Advocacy, Inc. CPMHMR may disclose your health information to Advocacy, Inc., in accordance with federal law, to investigate a complaint by you or on your behalf.
- ❖ To comply with legal requirements. CPMHMR 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.
- ❖ For purposes relating to death. If you die, CPMHMR may disclose health information about you to your personal representative and to coroners or medical examiners for the purpose of identifying you or determining the cause of your death.
- ❖ To a correctional institution. If you are in the custody of a correctional institution, TDMHMR may disclose your health information to the institution in order to provide health care to you.
- ❖ For continuity of care for special needs offenders. If you have been convicted of a crime and are in custody or under any form of criminal justice supervision, or if criminal charges are pending against you, CPMHMR may disclose your health information to agencies or persons involved in your treatment or supervision for the purpose of treatment, payment or health care operations.
- ❖ To locate you if you are missing from a facility. If you have been committed by a court to a mental health facility, CPMHMR can disclose certain information about you to law enforcement personnel in order to return you to the mental health facility.
- ❖ For government benefit programs. CPMHMR may use or disclose your health information as needed for the administration of a government benefit program, such as Medicaid.
- ❖ If you are receiving services for mental retardation. CPMHMR may disclose health information out your current physical and mental condition to your parent, guardian, relative or friend.
- ❖ To the Secretary of Health and Human Services. CPMHMR must disclose your health information to the United States Department of Health and Human Services when requested in order to enforce the privacy laws.

If you are being treated for chemical dependency, CPMHMR may not say to any person outside of CPMHMR and Texas Department of MHMR that you have been admitted to a treatment facility or that you are receiving chemical dependency treatment services, and may not disclose any information identifying you as an alcohol or drug abuser.

CPMHMR/TDMHMR may only disclose information about treatment for chemical dependency 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; or
- ❖ To report suspected child abuse or neglect.

Federal and State laws prohibit re-disclosure of information about chemical dependency treatment without your permission.

COMPLAINT PROCESS:

If you believe that CPMHMR has violated your privacy rights, you have the right to file a complaint. If you believe that your rights have been violated, you can contact the Rights/Privacy Officer by telephone, fax or by mail. The **Rights/Privacy Officer** can be contacted by calling **toll free: 1-888-819-5312**; faxing 1-361-777-0571 or **by mail: Coastal Plains Community MHMR Center, Attn. Rights/Privacy Officer, P.O. Box 1336, Portland, Texas 78374-1185** or by e-mail atippit@cpmhmr.org. You may also complain by filing a complaint with the secretary of the United States Department of Health and Human Services at the Hubert H. Humphrey Building, 200 Independence Avenue, S.W., Washington, D.C. 20201. 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. You may also contact the Texas Attorney General's Office at P.O. Box 12548, Austin, Texas 78711 or www.oag.state.tx.us. You can also contact TDMHMR's Consumer Services and Rights Protection/Ombudsman Office at 1-800-252-8154. You will not be retaliated against for making a complaint.

For further information: Contact the **Rights/Privacy Officer** can be contacted by calling **toll free: 1-888-819-5312**; faxing 1-361-777-0571 or by mail: Coastal Plains Community MHMR Center, Attn. Rights/Privacy Officer, P.O. Box 1336, Portland, Texas 78374-1185 or by e-mail atippit@cpmhmr.org.

Effective Date: 2/1/03