

MENTAL HEALTH MENTAL RETARDATION AUTHORITY OF HARRIS COUNTY NOTICE OF 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

When you seek or receive services through Mental Health and Mental Retardation Authority (MHMRA) of Harris County, we create and obtain health and personal information about you that we keep in a medical record. We understand that information is private. We are committed to protecting your personal information.

This notice explains how MHMRA may use and disclose your information. It also explains your rights and the legal duties we have regarding your information. This applies to your medical records at MHMRA.

Your Health Information Rights

- You have the right to look at and/or get a copy of your health information, with a few limited exceptions. If you are denied access, we will notify you of the reason.
- You have the right to ask MHMRA to correct information you think is wrong. We may add the information and make a note that the information is from you. You must explain why you believe the correction should be made. If we are unable to make the correction, we will let you know why in writing.
- You have the right to ask MHMRA to limit the use or disclosure of your health information. We do not have to agree to the limits, but if we do agree, we will do as you ask.
- You have the right to ask that MHMRA contact or communicate with you at the address or telephone number you specify. We may agree with a reasonable request. We may not deny your request if the reason for your request is to prevent harm to you.
- You have the right to take back your written permission for MHMRA to disclose your health information. You may be unable to take back your permission if your information was already disclosed based on your written permission.
- You have the right to a list of disclosures we have made of your health information that we are legally permitted to disclose and that were made after 4/14/03.
- You have the right to ask for and receive a copy of this notice.

You must ask MHMRA in writing if you want to access, amend, revoke an authorization, restrict, communicate

with us in a special way, or have an accounting of disclosures of your health information.

MHMRA's Responsibilities

- MHMRA is required by law to maintain the privacy of your health information and to give you notice of our legal duties and privacy practices with respect to your information.
- We are required to follow the terms of this notice or any use and/or disclosure limits.
- We will notify you if we are unable to agree to a limitation you request.
- We may use, disclose or ask for only the information about you that is needed to accomplish a specific purpose.

We have the right to change how we protect the privacy of your health information. If our privacy practices change, we will revise this notice and make it available for you at all clinic and service sites and by way of the internet, if available.

MHMRA may not use or disclose your health information without your written permission, except as described in this notice. This includes the information that you receive or have received care or services from us. Except for information protected by federal substance abuse disclosure laws, the information you permit us to disclose may be subject to redisclosure and no longer protected by federal privacy laws.

Chemical Dependency Information

We may only disclose information involving chemical dependency without your permission: by order of a court; for medical emergency; to qualified persons for research, audit, or program evaluation; to report suspected child abuse or neglect; or to Advocacy, Inc. and/or the Texas Department of Protective and Regulatory Services.

Examples of Use and Disclosure for Treatment, Payment and Agency Operations

MHMRA may use your health information to provide treatment to you, to receive payment, or for our own health care operations, as permitted by law. MHMRA, as a component of the Texas Department of Mental Health Mental Retardation service delivery system, may share health record information with other facilities, local authorities, and community centers in that same system, as well as their respective contract providers without your permission.

MHMRA may use your health information for your treatment:

We 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. We can also use your information to prescribe medications for you. We may also disclose your health information to medical personnel if you should need emergency or crisis care.

MHMRA may use your health information for payment:

We may use your health information to be paid for providing care to you or to provide benefits to you under a health plan such as Medicaid. We can use your information to bill your insurance company for care provided to you. Any information provided by you may be subject to verification through matching programs.

MHMRA may use your health information for regular agency operations:

We may use the information in your health record to assess the care and outcomes in your case and others like it. This information may be used to improve the care and service we provide.

MHMRA may use and disclose your health information as allowed by privacy regulations and laws. Some examples include, but are not limited to, the following:

When required by law; we may use or disclose your information as required by state or federal law. This may include disclosure to you, your legal representative, or to any other person or entity authorized under the law to receive such information, unless such disclosure is determined to be harmful to you.

To report suspected child abuse or neglect; we may disclose your information to a government authority if necessary to report child abuse or neglect.

To a government authority if we think you are a victim of abuse; we may use or disclose your information to person legally authorized to investigate a report that you have been abused or have been denied your rights. You will be informed if such a report has been made.

To Advocacy, Inc.; we may disclose your information to Advocacy, Inc. to investigate a complaint by you or on your behalf.

For research; we may use or disclose your information if a research board says it can be used for a research project, or if information identifying you is removed from the health information. Information that identifies you will be kept confidential.

Communications for treatment and health care; we may contact you to provide appointment reminders or information about types of treatment or health-related services that may interest you.

For public health and health oversight activities; we may disclose your information when we are required to collect information about disease or injury, for public health investigations, to report vital statistics, or to determine eligibility for public benefits.

Workers compensation; we may disclose your information to comply with laws relating to workers compensation and similar programs.

To address a serious threat to health or safety; we may use or disclose your information to medical or law enforcement personnel if you or others are in danger and the information is necessary to prevent physical harm.

To medical examiner or coroner; in case of death, we may disclose information about you to your personal representative and to coroners or medical examiners to identify you or determine the cause of death.

If you are receiving mental retardation services; we may give health information about your current physical and mental condition to your parent, guardian, relative, or friend, unless a licensed professional determines such disclosure is likely to harm you or another person.

In judicial and administrative proceedings; we may disclose your information in any criminal or civil proceeding if a court or administrative judge orders us to disclose it.

To File a Complaint

If you believe your privacy rights have been violated, you can file a complaint by contacting:

- MHMRA's Consumer Rights Protection Officer at (713) 970-7210;
- Secretary of the U.S. Department of Health and Human Services, Hubert H. Humphrey Building, 200 Independence Ave. S.W., Washington, D.C. 20201;
- TDMHMR Consumer Rights Office, (800) 252-8154, P.O. Box 12668, Austin, Texas 78711; or
- Texas Office of the Attorney General, P.O. Box 12548, Austin, TX 78711 or www.oag.state.tx.us or (800) 463-2100.

Your complaint must be filed within 180 days of the time you came to believe your privacy rights were violated. MHMRA may not retaliate against you for filing a complaint. If you would like additional information, you may contact MHMRA's Privacy Officer at (713) 970-7210.

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