



# BRAZORIA COUNTY HEALTH DEPARTMENT 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.**

## **About the Notice**

When you receive treatment or benefits from any Brazoria County Health Department (BCHD) facility, we will obtain and/or create information about your health and treatment. Protected Health Information (PHI) includes any information that relates to:

- Your past, present, or future physical or mental health or condition;
- Health care provided to you; and,
- Past, present, or future payment for your health care.

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

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## **Duties and Responsibilities**

The law requires us to protect the privacy of your PHI. This means that we will:

- Not use or let other people see your PHI without your permission except in the ways we tell you in this notice; and,
- Safeguard your PHI and keep it private. (This protection applies to all PHI we have about you, regardless of when or where you received or requested services.)

If you receive direct health care from BCHD, BCHD will:

- Not allow any unauthorized person to interview, photograph, film, or record you without your written permission;
- Ask you for your written permission (authorization or consent) to use or disclose your PHI (with the exception of uses and disclosures for treatment, payment and/or health care operations.)
- If you give such authorization, you may revoke it at any time, but BCHD will not be liable for uses or disclosures made before you revoked your authorization.
- Not tell anyone if you requested, are receiving, or have ever received services from BCHD, unless the law allows us to disclose that information.

We are required to give you this notice of our legal duties and privacy practices, and we must do what this notice says. We will also provide you with a copy of this notice upon request.

Our employees must protect the privacy of your PHI as part of their jobs. We do not let our employees see your PHI unless they need it as part of their jobs. Employees who do not protect the privacy of your PHI will be disciplined.

We will not disclose information about you related to testing for Human Immunodeficiency Virus or Acquired Immune Deficiency Syndrome without your specific written permission, unless otherwise provided by law.

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## **Your Privacy Rights**

You can read or get a copy of your PHI. There are some reasons why we may not let you see or get a copy of your PHI, and if we deny your request we will tell you why. You can appeal our decision in some situations. You can choose to get a summary of your PHI instead of a copy. If you want a summary or a copy of your PHI, you may have to pay a reasonable fee for it.

You can request that we correct information in your records if you think the information is incorrect. We will not destroy or change our records, but we will add the correct information to your records and make a note in your records that you have provided the information. If BCHD denies your request, you can have your written disagreement placed in your record.

You can ask us to limit some of the ways we use or share your PHI. We will consider your request, but the law does not require us to agree to it. If we do agree, we will put the agreement in writing and follow it, except in case of emergency. We cannot agree to limit the uses or sharing of information that are required by law.

You can ask us to contact you at a different place or in some other way. You must put this request in writing and be specific about how to contact you. We will agree to your request as long as it is reasonable.

### **Treatment, Payment, and Health Care Operations**

We may use or disclose your PHI 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 BCHD facilities and BCHD contractors, for purposes of treatment, payment, or health care operations, without your permission. If BCHD shares your PHI with a contractor, the contractor must agree to protect the privacy of the PHI.

#### ***Treatment***

We can use or disclose your PHI 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, we can use your PHI to refer you to a community program for services. Unless you ask us not to, we may also contact you to remind you of an appointment or to offer treatment alternatives or other health-related information that may interest you.

#### ***Payment***

We can use or disclose your PHI to obtain payment for providing health care to you or to provide benefits to you under a health plan such as the Medicaid program. For example, we can use your PHI to bill your insurance company for health care provided to you.

#### ***Health Care Operations***

We can also use your PHI for:

- Activities to improve health care;
- Evaluating programs and developing procedures;
- Case management and care coordination;
- Reviewing the competence, qualifications, or performance of health care professionals and others;
- Conducting training programs;
- Resolving internal grievances;
- Conducting accreditation, quality assessment, certification, licensing, or credentialing activities;
- Providing medical review, legal services, or auditing functions;
- Carrying out activities related to the creation, renewal, or replacement of a contract for health insurance or health benefits; and
- Engaging in business planning and management or general administration.

For example, BCHD may use or disclose your PHI to make sure providers bill only for care you receive.

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**Unless you are receiving treatment for alcohol or drug abuse BCHD is permitted to use or disclose your PHI without your permission for the following purposes:**

#### ***When required by law***

We may use or disclose your PHI when a law requires the use or disclosure.

#### ***Serious threat to health or safety***

We may use or disclose your PHI to medical or law enforcement personnel if you or others are in danger and the information is necessary to prevent physical harm.

#### ***Victims of abuse, neglect or violence***

If BCHD believes you are the victim of abuse, neglect, or domestic violence, BCHD may disclose PHI about you to a person legally authorized to investigate a report that you have been abused, neglected, or have been denied your rights. If BCHD does this, BCHD will tell you or your legally authorized representative (LAR) about the report unless BCHD believes that doing so could harm you.

**To a correctional institution** If you are in the custody of a correctional institution, we may disclose your PHI to the institution in order to provide health care to you, or for the health and safety of other inmates or employees of the institution.

**If you are in the criminal justice system**

We may disclose your PHI to other state agencies involved in your treatment, rehabilitation, or supervision.

**For other law enforcement purposes**

BCHD may disclose PHI about you to a law enforcement official:

- To comply with a grand jury subpoena, summons, investigation, or similar lawful process;
- To identify and locate a suspect, fugitive, witness, or missing person;
- In response to a request for information about an actual or suspected crime victim;
- To alert a law enforcement official of a death that BCHD suspects is the result of criminal conduct;
- To report evidence of a crime on BCHD property; or
- To provide information learned while providing emergency treatment to an individual regarding criminal activity.

**To locate you if you are missing from a facility**

If you are a patient in a state hospital, we may disclose some information about you to law enforcement personnel so that they can find you and return you to the hospital if you are missing.

**Public health activities**

We will disclose your PHI to:

- A public health authority for purposes of preventing or controlling disease, injury, or disability, or to report vital statistics;
- A government agency allowed to receive reports of child abuse or neglect;
- The Food and Drug Administration (FDA) to report problems with medications, products, or activities regulated by the FDA;
- A person who may have been exposed to a contagious disease or who is at risk of contracting or spreading a disease or condition; or,
- A person or agency investigating work-related illness or injury or conducting workplace medical surveillance.

**Health oversight activities**

BCHD may use or disclose PHI about you for activities necessary for oversight of the health care system, government benefit programs, or to enforce civil rights laws. This may include:

- Audits or inspections;
- Investigations of possible fraud; or
- Investigations of whether someone licensed by BCHD is providing good care.

**Government benefit programs**

We may use or disclose your PHI as needed to comply with a government benefit program, such as Medicaid.

**Research**

We may use or disclose your PHI if a research board says it can be used for a research project, or if information identifying you is removed from the PHI. Your PHI may also be used to allow a researcher to prepare for research, as long as the researcher agrees to keep the PHI confidential. PHI about people who have died can also be used for research.

**To your legally authorized representative (LAR)**

We may share your PHI with a person the law allows to represent your interests, such as a guardian, unless BCHD thinks that it would harm you to do so.

**Family member, other relative or close personal friend**

Unless you are a patient in a state hospital, BCHD may disclose limited PHI about you to a family member, other relative, or close personal friend when the PHI is related to that person's involvement with your care or payment for your care and you have an opportunity to stop or limit the disclosure before it happens.

**Purposes relating to death**

If you die, we may disclose your PHI to your personal representative and to coroners or medical examiners to identify you or determine the cause of death. We may also disclose information about you for burial purposes, including grave marker inscription, unless you tell us not to.

**Other uses and disclosures**

We may disclose your PHI:

- In a criminal or civil proceeding if a court or administrative judge has issued an order or subpoena that requires us to disclose it;
- In commitment proceedings for involuntary commitment for court-ordered treatment or services;
- For court-ordered examinations for a mental or emotional condition or disorder;

