



## Your Information. Your Rights. Our Responsibilities.

This notice describes how health information about you may be used and disclosed by the Galveston County Health District, and how you can gain access to this information. **Please review it carefully!**

### Your Rights:

- Request a copy of your paper or electronic health record.
- Correct your paper or electronic health record.
- Request confidential communication.
- Ask us to limit the information we share.
- Get a copy of this privacy notice.
- Get a list of those with whom we've shared your information.
- Choose someone to act and/or make decisions for you.
- File a complaint if you feel as if your privacy rights have been violated.

**Your Choices.** You have some choices in the way that we use and share your health information in regards to:

- Telling family and friends about your condition.
- Providing disaster relief.
- Providing mental health care.
- Marketing our services and raising funds.

**Our Uses and Disclosures.** We may use and share your information as we:

- Treat You.
- Run our organization.
- Bill for your services.
- Assist in public health and safety endeavors.
- Participate in or conduct research studies.
- Comply with the law.
- Respond to organ and tissue donation requests.
- Work with a medical examiner or funeral director.
- Address workers' compensation, law enforcement, and other governmental requests.
- Respond to lawsuits and other legal actions.

**Your Rights.** When it comes to your health information, you hold certain rights. This section explains and some of the ways in which we can assist you.

- **Retrieve an electronic or paper copy of your health record.** You may ask to see or obtain an electronic or paper copy of your health record and other health information about you that we have on-file. Upon making such a request, we will provide you with a copy of your record or a summary of your health information, usually within thirty (30) days of receiving the request. In doing so, we may charge a reasonable, cost-based fee for labor and material.
- **Request that your health record be corrected.** You may ask us to correct health information about you which you believe to be incorrect or incomplete. If your request is denied, we'll provide you written notification within sixty (60) days of the reason for the denial.
- **Request confidential communications.** You may ask us to contact you in a specific way (i.e. via your home or cell phone), or to mail correspondences to an alternative address. All reasonable requests will be adhered to.
- **Ask that we limit the information about you which we use or share.** You may request that we not use or share certain health information for your treatment or payment. We are not required to agree with this request should we believe that it will adversely affect your care, or if it is impermissible. Should you pay for a service or health care item out-of-pocket in full, may ask that we not share this information for the purpose of payment or operations with your health insurer. Unless precluded by law, we will generally agree to this request.
- **Get a list of those whom we've shared your information with.** You may ask for a list that denotes with whom, why and the frequency that we've shared your health information with over the prior six years. We reply by issuing you with a written notice regarding all permissible disclosures requested. In doing so, we may charge a reasonable, cost-based fee for labor and material.
- **Receive a copy of this privacy notice.** You may ask for a copy of this notice at any time, even if you have agreed to receive the notice electronically. A paper copy will be provided to you promptly.
- **Choose someone to act for or represent you.** If someone is your legal guardian or has medical power of attorney over you, that person can exercise your rights and make choices about your health information. We'll ensure that this person presents proof of this authority prior to observing any of their requests.

- **File a complaint if you feel your rights are violated.** You may complain if you feel we have violated your rights by contacting the Compliance Auditor at 409-938-2213, or via email at [rmosquera@gchd.org](mailto:rmosquera@gchd.org). Additionally, you may file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/). The Galveston County Health District will not retaliate against you should a complaint be filed.

**Your Choices.** For certain health information, you may notify us of your choices about information that we share. If you have a clear preference for how we share your information in the situations described below, please 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.*
  - In these cases we never share your information unless you give us written permission: marketing purposes, most sharing of psychotherapy notes.

**Our Uses and Disclosures.** We typically use or share your health information in the following ways:

- **Treating you.** We can use your health information 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*).
- **Running our organization.** We can use and share your health information 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*).
- **Billing for your services.** We can use and share your health information 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*).

We are permitted and at times required to share your information in other ways, usually in ways that contribute to the public good, such as for public health research. In order to share this information however, we must adhere by federal regulation. For more information, please visit: [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, assisting with product recalls, reporting adverse reactions to medications, reporting suspected abuse, neglect or domestic violence; and/or preventing or reducing a serious threat to anyone's health or safety.
- **Researching.** We can use or share your information for health research when legally permissible.
- **Complying with the law.** We will share information about you if it is required by state or federal law.
- **Responding to organ and tissue donation requests.** We can share health information about you with organ procurement organizations.
- **Working with a medical examiner or funeral director.** We can share health information with a coroner, medical examiner, or funeral director when an individual passes away.
- **Addressing 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, with health oversight agencies for activities authorized by law and for special government functions such as military, national security, and presidential protective services.
- **Responding 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.

## Our Responsibilities.

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your personal information.
- All patients must be provided with a copy of this notice upon their initial visit to Galveston County Health District, and we must follow the duties and privacy practices described in this notice.
- We will not use or share your information other than for the purposes described within this notice.

Changes to the Terms of this Notice: We can change the terms of this notice at our discretion, and these changes will apply to all information we have about you. Should this occur, we will mail you a summary of the changes along with a copy of the new notice, which will also be in our office and on our website at [www.gchd.org/chn/chnindex.htm](http://www.gchd.org/chn/chnindex.htm).

**Effective Date of this Notice: 02/15/2016. Compliance Auditor: Richard Mosquera (p). 409-938-2213 (e). [rmosquera@gchd.org](mailto:rmosquera@gchd.org)**

*Effective September 1, 2012, the Texas Health records Privacy Act added additional protections to consumers. The Act is broader in scope than HIPAA because it applies not only to health care providers, health plans and other entities that process health insurance claims but also to any individual, business, or organization that obtains, stores, or possesses protected health information (PHI), as well as their agents, employees and contractors if they create, receive, obtain, use or transmit PHI.*