

**LIBERTY COUNTY INDIGENT HEALTH CARE OFFICE
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.**

Each time you visit or communicate with the Liberty County Indigent Health Care Office the staff makes a record of this communication. Typically, this record contains information needed to determine and/or continue eligibility, i.e., residency, household status, income, potential eligibility for other programs. However, your files also contain Protected Health Information. Protected Health Information is information created or received by a health care provider, health plan, employer, or health care clearinghouse that relates to your past, present, or future physical or mental health or condition; the provision of health care to you; or the past, present or future payment for the provision of health care to you and that identifies you or with respect to which there is a reasonable basis to believe the information can be used to identify you. Liberty County Indigent Health Care Office is required by the privacy regulation issued under the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) to maintain the privacy of your Protected Health Information and to provide you with notice of its legal duties and privacy practices with respect to your Protected Health Information. This document is notice to you of Liberty County Indigent Health Care Office’s privacy practices. Liberty County Indigent Health Care Office is required to abide by the terms of the notice currently in effect.

Indigent Health Care Office caseworkers and business associates contracted to maintain your health case records are usually the only individuals with access to these records. However, we may use or disclose your Protected Health Information without your written authorization for the following reasons:

- For treatment or payment for treatments authorized or to conduct health care operations of the Liberty County Indigent Health Care Office.

Treatment: For example, Liberty County Indigent Health Care Office must disclose diagnosis and test results from the referring primary care physician When Liberty County Indigent Health Care Office obtains appointments or authorizes payments with specialty clinics.

Payment: For example, in order to pay for direct care, Liberty County Indigent Health Care Office must have dates of service, ICD-9 diagnosis, and CPT procedure codes on all bills.

Health Care Operations: For example, in coordinating with other agencies to provide service to our clients, Liberty County Indigent Health Care Office provides identification information and medical history.

- To individuals involved in your care such as a family member or other relative, a close personal friend, or any other person you identify to us.
- To our Business Associates. In order to conduct our operations, it is sometimes necessary for Liberty County Indigent Health Care Office to share Protected Health Information with third parties with which we contract for services. We will not disclose

your Protected Health Information to our Business Associates without assurances from them that they will safeguard the confidentiality of the information.

- If the disclosure is required by law.
- To a health oversight agency for oversight activities authorized by law, including audits; civil, administrative, or criminal investigations; inspections; licensure or disciplinary actions; civil, administrative, or criminal proceedings or actions; or other activities necessary for appropriate oversight of the health care system, government benefit programs for which health information is relevant to beneficiary eligibility, entities subject to government regulatory programs for which health information is necessary for determining compliance with program standards, or entities subject to civil rights laws for which health information is necessary for determining compliance;
- if Liberty County Indigent Health Care Office has reason to believe that an individual is a victim of abuse, neglect, or domestic violence, to a government authority including a social service or protective agency authorized by law to receive reports of abuse, neglect, or domestic violence;
- in connection with administrative or judicial proceedings;
- to a law enforcement official for law enforcement purposes
- to a public health authority for public health activities as required or authorized by law;
- to a coroner or medical examiner for the purpose of identifying a deceased person, determining a cause of death, or other duties authorized by law;
- to organ procurement organizations or others engaged in the procurement, banking, or transplantation of cadaveric organs, eyes, or tissue;
- for research as authorized by the privacy regulation;
- to avert a serious threat to health or safety of a person or the public;
- for specialized government functions such as for national security and intelligence activities or for the protection of the President or other persons authorized by 18 U.S.C. 3056 or to foreign heads of state or other persons authorized by 22 U.S.C. 2709 (a)(3) or for the conduct of investigations authorized by 18 U.S.C. 871 and 879;
- To you or to your personal representative upon written request;
- To provide appointment reminders to you.

This office does not, however, keep a copy of your medical records. These are kept by your treating physicians/facilities and would have to be requested from them. Our office only maintains your eligibility file, which also includes billing information.

Your Privacy Rights Regarding Protected Health Information

Your eligibility records and the Protected Health Information contained therein are the physical property of Liberty County Indigent Health Care Office who collected it. However, you have the following rights with respect to your own Protected Health Information:

- The right to request restrictions on uses and disclosures of your Protected Health Information to family members or personal representatives as otherwise permitted by law or to carry out treatment, payment, or health care operations. Liberty County Indigent Health Care Office is not required to agree to the requested restriction. If Liberty County Indigent Health Care Office agrees to a restriction, it will not use or

disclose your Protected Health Information in violation of the restriction. Either you or Liberty County Indigent Health Care Office has the right to terminate an agreed upon restriction at any time. A request for a restriction on the uses and disclosures of your Protected Health Information must be in writing and must provide adequate detail of the restriction you are requesting.

- The right to receive confidential communications of your Protected Health Information by alternative means or at an alternative location (for example, at an address other than your home address) if you provide a clear statement that the disclosure of all or part of your Protected Health Information could endanger you.
- The right to inspect and copy your Protected Health Information except for the following:
 - (i) Psychotherapy notes;
 - (ii) Information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding; and
 - (iii) Protected Health information that is subject to the Clinical Laboratory Improvements Amendments of 1988, 42 U.S.C. 263a, to the extent the provision of access would be prohibited by law or is exempt from the Clinical Laboratory Improvements Amendments of 1988, pursuant 42 CFR 493.3(a)(2).

Requests to inspect and copy Protected Health Information must be in writing and signed by you or by your representative. If Liberty County Indigent Health Care Office denies a request for access to Protected Health Information, in whole or in part, it will notify you in writing of the denial. If we grant access, we will tell you what, if anything, you have to do to get access. **We reserve the right to charge a reasonable, cost-based fee for making copies.**

- The right to request an amendment of your Protected Health Information. Such request must be in writing and must provide a reason to support the requested amendment. Liberty County Indigent Health Care Office may deny a request for amendment of Protected Health Information. If it does so, it will notify you in writing of the reason for the denial. Requests for amendment of Protected Health Information should be directed to: Donna Burt, Director, Liberty County Indigent Health Care Office, P. O. Box 9159, Liberty, Texas 77575. The right to receive an accounting of disclosures of your Protected Health Information covering six years prior to the date of a request for disclosure. However, Liberty County Indigent Health Care Office does not have to provide an accounting for the following types of disclosures:
 - (i) Disclosures to carry out treatment, payment and health care operations;
 - (ii) Disclosures to you of your own Protected Health Information;
 - (iii) Disclosures incident to a use or disclosure otherwise permitted or required by law;
 - (iv) Disclosures made pursuant to an authorization signed by you;
 - (v) Disclosures to persons involved in your care or for other authorized notification purposes;
 - (vi) Disclosures for national security or intelligence purposes;
 - (vii) Disclosures to correctional institutions or law enforcement officials as required or authorized by law;
 - (viii) Disclosures as part of a limited data set; or

- (ix) Disclosures made prior to April 14, 2003.
- The right to receive a copy of this Notice of Privacy Practices upon request. The law requires us to ask you to acknowledge receipt of your copy.

We will not disclose your Protected Health Information except as described in this notice without your written authorization. Your written authorization may be revoked by you in writing at any time by sending a written notice of revocation to Donna Burt, Director, Liberty County Indigent Health Care Office, P. O. Box 9159, Liberty, Texas 77575.

How to Get More Information or to File a Complaint

If you have any questions and/or would like additional information, you may contact the Director of the Liberty County Indigent Health Care Program at 936-336-4693 or 281-593-8428.

If you believe your privacy rights have been violated, you may file a complaint with Liberty County and with the Secretary of the U.S. Department of Health and Human Services. Complaints filed with Liberty County should be in writing and directed to: Donna Burt, Director, Liberty County Indigent Health Care Office, P. O. Box 9159, Liberty, Texas 77575.

Complaints to the Secretary of U.S. Department of Health and Human Services must be in writing, must specify the entity that is the subject of the complaint, and must describe the acts or omissions believed to be in violation of your privacy rights.

Liberty County Indigent Health Care Office will not intimidate or retaliate against any person who files a complaint about the treatment of his or her Protected Health Information.

**LIBERTY COUNTY INDIGENT HEALTH CARE OFFICE
RESERVES THE RIGHT TO CHANGE
ITS PRIVACY PRACTICES AND TO MAKE THE NEW PROVISIONS
EFFECTIVE FOR ALL PROTECTED
HEALTH INFORMATION WE MAINTAIN.
SHOULD WE CHANGE OUR PRIVACY PRACTICES,
WE WILL MAIL A REVISED NOTICE TO THE ADDRESS
YOU HAVE SUPPLIED US ON YOUR APPLICATION.**

This notice is effective on April 14, 2003.

Please verify by signing the attached that you have received a copy of this NOTICE of PRIVACY PRACTICES.