

NOTICE OF PRIVACY PRACTICES

**THIS NOTICE DESCRIBES HOW YOUR MEDICAL INFORMATION MAY BE USED AND DISCLOSED
AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.**

PLEASE REVIEW IT CAREFULLY.

This Notice describes the ways in which we may use and disclose your Protected Health Information (PHI). Protected Health Information is the individually identifiable personal health information in your medical and billing records, including paper, electronic, and verbal information created or received by us and that relates to your past, present or future physical or mental health services or payment for such services.

I. Our Legal Duty

We are required by law to maintain the privacy of your Protected Health Information and to provide you with notice of our legal duties and privacy practices with respect to such information, and to follow the terms of this Notice.

II. How We May Use and Disclose Your Health Information *Without* Your Authorization

A. For Treatment, Payment, and Health Care Operations

- 1. Treatment:** We may use or disclose your health care information in the provision, coordination, or management of your health care. For example we may order tests on your behalf, consult with other providers involved in your care, or refer your care to another physician.
- 2. Payment:** We may use or disclose your health care information to obtain payment for your health care services. For example, we may use your information to send a bill for your health care services to you or your insurer. We may also send documentation needed to support our billing for services.
- 3. Health Care Operations:** We may use or disclose your information to conduct health care operations. These activities include the business aspects of providing health services, such as conducting clinic improvement activities, employee training, auditing functions, cost-management analysis, and customer service. An example would be internal quality assessment and quality improvement activities.

B. As Required or Permitted By Law

- 1. Required by Law.** We may use and disclose your health information when that use or disclosure is required by law.
- 2. Public Health.** We may disclose your health information to public health authorities for reporting communicable diseases, aiding in the prevention or control of certain diseases, and reporting problems with products and reactions to medications to the Food and Drug Administration.
- 3. Victims of Abuse, Neglect, or Violence.** We may disclose your information to a government authority authorized by law to receive reports of abuse, neglect, or violence.
- 4. Health Oversight Activities.** We may disclose your health information to health agencies authorized by law to conduct audits, investigations, inspections, licensure, and other proceedings related to oversight of the health care system.

5. **Research.** We may disclose information to researchers following approval by an Institutional Review Board (IRB) or Privacy Board in preparation for a research study, to recruit research subjects, or to aid in conducting a research study. The IRB or Privacy Board reviews research proposals and establishes protocols to protect your safety and the privacy of your health information. In some cases, the IRB or Privacy Board may determine authorization is not required if the research plan involves no more than a minimal risk to individual privacy. If authorization is required, you will be asked to provide your informed consent and clear written authorization before your information is included in a research study.
6. **Business Associates.** We provide some services through contracts with our business associates. When these services are contracted, we may disclose your health information to these business associates so they can perform certain tasks on our behalf. Business associates are required by state and federal law—and by our contracts with them—to appropriately safeguard your Protected Health Information.
7. **Release to Family or Friends.** Our health professionals, using their professional judgment, may disclose your health information to a family member, other relative, close personal friend, or any other person you identify to the extent it is relevant to that person's involvement in your care or payment for care. We will provide you with an opportunity to object to such a disclosure whenever we reasonably can do so. We may disclose the health information of minor children to their parents or guardians when we are permitted or required to do so by law. In some situations, a minor's health information is confidential, and may not be shared with parents or guardians without the minor's authorization.
8. **Judicial and Administrative Proceedings.** We may disclose your health information in the course of an administrative or judicial proceeding as required by a court order or as permitted in response to a subpoena, discovery request, or other lawful process.
9. **Law Enforcement and Threats to Health and Safety.** We may disclose your health information to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, or missing person, or complying with a court order or other law enforcement purposes. We may also disclose certain limited health information to prevent serious threats to health and safety.
10. **Psychotherapy Notes.** The notes a behavioral health professional takes during a counseling session are maintained as part of our electronic medical records system and may be used and disclosed as described in this Notice. Any psychotherapy notes maintained separately from your medical records are specially protected under HIPAA and sharing them usually requires your authorization. However, we may disclose such separately stored psychotherapy notes without authorization for treatment and payment purposes, for state and federal oversight of the mental health professional, for the purposes of medical examiners and coroners, to avert a serious threat to health or safety, or as otherwise authorized by law.
11. **Specialized Government Functions.** Under certain, strictly limited circumstances, we may disclose your health care information for military, national security, or law enforcement custodial situations.
12. **Coroners and Medical Examiners.** We may disclose your health information to coroners and medical examiners. For example, this may be necessary to determine the cause of death.
13. **Workers' Compensation.** Both state and federal law allow health care information that is reasonably related to a worker's compensation injury to be disclosed without your authorization. These programs may provide benefits for work-related injuries or illness.
14. **Communications with Patients.** We may use or disclose your health information to provide timely communications to you about your health and health care. Examples include appointment reminders, patient satisfaction surveys, information about treatment alternatives, or mailings and newsletters regarding other health-related benefits and services that may be of interest to you.

If we receive any payment for such communications, we will inform you. You have the right at any time to opt out of receiving such communications where we receive payment, and we must honor your request. Any such compensated communications will have clear, noticeable instructions on how to opt out of similar future communications.

15. **Telephone Communications.** By providing your phone number to LSCC, including a cell phone number, you agree that LSCC and companies working on our behalf may confidentially contact you and/or leave a voicemail message at that number. Messages may be related to care we provide to you as well as billing and collections activities. Some communications may be pre-recorded and automatically dialed, however these calls will never include advertisements or marketing. Messages left for you will also not contain sensitive health information such as your treatment, medications, or diagnosis. You may revoke consent to receive automatically dialed, pre-recorded calls verbally or in writing.

16. **Email and Text-Message Communications.** Where you have specifically and separately provided your consent, we may provide some of the above communications via email or text message. Even after providing consent, you have the right at any time to opt out of receiving such communications and we must honor your request. Any such messages will have clear, noticeable instructions on how to opt out of future communications.

III. Information Sharing for Certain Low-Income Residents.

A. Lone Star Circle of Care is part of the Community Care Collaborative Organized Health Care Arrangement (CCC OHCA). The CCC OHCA is an organized system of healthcare in which the following separate health care providers and plans participate in joint activities, such as quality improvement or payment activities:

- the Community Care Collaborative;
- the Travis County Healthcare District d/b/a Central Health;
- the Seton Healthcare Family;
- Lone Star Circle of Care;
- People's Community Clinic;
- CommUnityCare;
- Austin Travis County Integral Care;
- El Buen Samaritano;
- other physicians, community clinics, and health care providers providing treatment at these providers' clinical locations; and
- certain participating health plans paying for healthcare services to low income individuals including, but not limited to, Sendero Health Plans.

B. If you are a Travis County resident and meet certain income thresholds, based on financial information you have provided and our financial guidelines, we, and the other healthcare providers and plans who participate in the CCC OHCA, will share medical, billing and other health information about you with one another as may be necessary to carry out treatment, payment, and certain healthcare operations activities and as otherwise permitted by law and this Notice. More information about the CCC OHCA can be found here: <http://www.ccc-ids.org/projects/health-it/organized-health-care-arrangement>.

IV. Uses and Disclosures That Require Your Authorization

- A. Except as described in this Notice or as permitted or required by law, we will not use or disclose your Protected Health Information without written authorization from you.
- B. Specific examples of uses or disclosures requiring your authorization include marketing activities, the sale of your health information, and most uses and disclosures for which we are compensated.
- C. If you do authorize us to use or disclose your health information, you may revoke your authorization in writing at any time. If you revoke your authorization, we will no longer be able to use or disclose health information about you for the purposes covered by your written authorization. Your revocation will not apply to disclosures we have already made with your permission.

V. Your Health Information Rights

You have the following rights under federal and state law with respect to your Protected Health Information:

- A. **Access.** You have the right to inspect and obtain a copy of your health care information. This right of access includes medical and billing records, but does not include access to psychotherapy notes. Your request for inspection or access must be submitted in writing to our Privacy Officer (contact information listed below), Custodian of Records, or to the front office of any clinic location. We have a form (English and Spanish) that you may use to complete your request. We will provide an electronic copy of your records (or a different format, if you choose) within 15 business days. Where permitted by law, we may charge you a reasonable, cost-based fee in order to recover the costs of providing copies of your information to you.
- B. **Amendment.** If you feel the health information we have about you is incorrect or incomplete, you have the right to ask for an amendment of that information. Your request for an amendment must be made in writing to our Privacy Officer, and include a reason that supports your request.
- C. **Accounting of Disclosures.** You have the right to receive a list of certain disclosures we have made of your health information. Your request for a list of these disclosures must be made in writing to our Privacy Officer, and must state a time period for which you want the list to cover. For example, you might want to see a list of disclosures we have made of your information over the last six months.
- D. **Breach Notification.** In certain instances, you have the right to be notified in the event that we, or one of our Business Associates, discover an unlawful use or disclosure of your health information, including any breach of your unsecured health information. Notice of any such use or disclosure will be made in accordance with state and federal requirements.
- E. **Restrictions on Certain Uses and Disclosures.** You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment, or health care operations. If you paid out-of-pocket for a specific item or service, you have the right to request that medical information with respect to that item or service not be disclosed to a health insurance plan for purposes of payment or health care operations, and we are required to honor that request. You may also request a limit on the medical information we communicate about you to someone who is involved in your care or payment for your care.

Except as noted above, we are not required to agree to your request. If we do agree, we will comply with your request unless the restricted information is needed to provide you with emergency treatment. To request restrictions, you must make your request in writing to our Privacy Officer.

- F. **Confidential Communications.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by e-mail. To request confidential communications, you must make your request in writing to our Privacy

Officer. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

VI. Electronic Disclosures of Protected Health Information

Lone Star Circle of Care may electronically disclose your Protected Health Information for treatment, payment, health care operations, or as otherwise permitted or required by state or federal law. In all other cases, we will obtain your authorization before making an electronic disclosure of your Protected Health Information.

VII. Changes to This Notice

This Notice of Privacy Practices is effective as of January 1, 2017 and we are required to abide by the Notice currently in effect. We reserve the right to change the terms of our Notice of Privacy Practice and to make the new Notice provisions effective for all Protected Health Information we maintain. We will visibly post this Notice in our clinics and on our website. You may also request a written copy of a revised Notice of Privacy Practices from any clinic site.

VIII. Complaints

You have options if you feel that your privacy protections have been violated. You have the right to file a written complaint with our office, or with the Department of Health & Human Services, Office of Civil Rights, about violations of the terms in this Notice or the policies and procedures of our office. Retaliation against those who file complaints is prohibited by law.

If you have any questions or want more information regarding this Notice, please contact:

**Lone Star Circle of Care
Privacy Officer
205 E. University Avenue, Suite 200
Georgetown, TX 78626
512.686.0152**

For more information about your privacy rights or to file a complaint:

**The U.S. Department of Health & Human Services Office of Civil Rights
200 Independence Avenue, S.W.
Washington, D.C. 20201
(202) 619-0257 or Toll Free: 1-877-696-6775**