



## NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW PROTECTED PERSONAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

### **PLEASE REVIEW THIS FORM CAREFULLY.**

As part of providing services to you, we will collect information about you in a file. This file will be available to you for your review. It is the value of the Texas SDC Program that we disclose as little as possible, leaving information sharing up to your discretion. When that is not possible, we may need to provide information for you and in doing so would need to comply with all legal requirements. This notice applies to all of the records of your services generated at the Texas SDC Program.

We are required by law to:

- **Make sure that information that identifies you is kept private;**
- **Give you this notice of our legal duties and privacy practices with respect to information about you;**  
**and**
- **Follow the terms of the notice that is currently in effect.**

If you have any questions about this notice, please contact the person who coordinates your services.

**The terms of this notice apply to all records containing your identifiable health information that are created or retained by the Texas SDC Program. We reserve the right to revise or amend our notice of privacy practices. Any revision or amendment to this notice will be effective for all records created about you by the Texas SDC Program.**

**We will post a copy of our current notice in our office.**

**You may request a copy of our most current notice during any visit or by phone.**

### **WHO WILL FOLLOW THIS NOTICE:**

- Any professional authorized to enter information into your TX SDC records;
- Any member of a volunteer group that assists you while you receive services from the Texas SDC Program;  
and
- All employees, staff, and other personnel of Texas SDC Program. Please realize that other professionals not associated with the TX SDC Program may use different notices or policies regarding health information created in their offices.

### **HOW WE MAY USE AND DISCLOSE INFORMATION ABOUT YOU:**

The following categories describe different ways that we use and disclose information. For each category of use or disclosure we will explain what we mean and try to give some examples. **Not every use or disclosure in a category will be listed.** However, all of the ways we are permitted to use and disclose information will fall within one of the categories listed below.

- **For Your Services.** We may use health information about you to provide or coordinate the services and supports you receive from us and other providers. We may disclose health information about you to your medical care or other providers, your TX SDC Advisor, other program staff, or other programs/persons who serve/support you. For example, your SDC Advisor may need to share information about your diagnosis with a social security representative.
- **For Payment.** We may use and disclose information about you so that services may be billed to and payment may be collected from you, an insurance company, or other entity providing funding for your services. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment. For example, we may need to provide information to the TX SDC Program's fiscal intermediary to arrange for payment for services you have used or identified for use.
- **For Service Operations.** We may use and disclose information about you to run our program and to make sure you receive quality services, or to decide if we should change or modify our services. For example, we may disclose health information about you to train our staff to best support you. We may also use information for accreditation or licensing activities.
- **Release of Information to Family/Advocates.** We may release your health information to an advocate or family member that is helping you access services. In addition, we may disclose health information about you to an entity that is assisting in a disaster relief effort so that your family/friends can be notified about your condition, status, and location. If you have specific objections or instructions regarding these communications, you may discuss them with us by contacting your SDC Advisors.
- **Research.** Upon enrolling in TX SDC, you agreed to participate in the research that is being conducted about this program by the University of Illinois at Chicago. As such, you have: signed a separate consent form regarding that research, have been informed of your rights, the voluntary nature of the study, and how to withdraw if you no longer wish to participate. In addition to this study, we may use and disclose health information about you for other research purposes in certain limited circumstances. We may disclose health information about you to people preparing to conduct a research project (for example, to help them look for individuals with specific health needs), but only as long as the health information they review does not leave our premises. We will always ask for your specific permission if other researchers request to have access to your name, address, or other information that reveals who you are or who will be involved in your care. Your participation in research projects is voluntary.
- **As Required By Law.** We will disclose information about you when required to do so by federal, state, or local law. For example, we may reveal information about you to the proper authorities to report suspected abuse or neglect.
- **To Avert a Serious Threat to Health or Safety.** We may use and disclose information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or of another person. Any disclosure, however, would only be to someone able to help prevent the threat.
- **Military and Veterans.** If you are a member of the armed forces, we may release information about you as required by military command authorities.
- **Workers' Compensation.** We may release information about you for workers' compensation or similar programs. These programs provide benefits for work related injuries or illnesses.
- **Public Health Activities.** We may disclose information about you for public health activities. These activities generally include:
  - The prevention or control of disease, injury, or disability;

- Reports of child abuse or neglect;
- Notification that a person may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- Notifications to the appropriate authorities if we believe that you have been the victim of abuse, neglect, or domestic violence.

- **Health Oversight Activities.** We may disclose information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for appropriate oversight of the health care system, government programs, and compliance with civil rights laws.
- **Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, or if there is a lawsuit or dispute concerning your services, we may disclose information about you in response to a court or administrative order. We may also disclose information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.
- **Law Enforcement.** If asked to do so by a local, state, or federal law enforcement official we may release health information:
  - In response to a court order, subpoena, warrant, summons, or similar process;
  - To identify or locate a suspect, fugitive, material witness, or missing person;
  - About the victim of a crime in certain limited circumstances, if we are unable to obtain the person's agreement;
  - About a death we believe may be the result of criminal conduct;
  - About criminal conduct at any facility where you are receiving treatment; and
  - In emergency circumstances to report a crime (including the location or victim(s) of the crime, the description, identity, or location of the perpetrator).
- **Coroners, Medical Examiners and Funeral Directors.** We may release information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release information to funeral directors as necessary to carry out their duties.
- **National Security and Intelligence, Protective Services for the President and Others.** We may release information about you to authorized Federal officials for intelligence, counterintelligence, and other national security activities authorized by law.
- **Correctional Programs.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release information about you to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

## YOUR RIGHTS REGARDING YOUR PROTECTED PERSONAL INFORMATION

You have the following rights regarding protected personal information we maintain about you:

- **Right to Inspect and Copy.** You have the right to inspect and copy health information that may be used to make decisions about your services, including your medical records and billing records. The right to inspect and copy health information does not include psychotherapy notes, as defined below. To inspect and copy information that may be used to make decisions about you, you must submit your request in writing to the SDC Advisor. If you need assistance, it will be provided to you. We may deny your request to inspect and

copy in certain very limited circumstances. If you are denied access to information, you may request that the denial be reviewed by using the grievance procedure.

\* **“Psychotherapy notes”** means: notes recorded (in any medium) by a health care provider who is a mental health professional documenting or analyzing the contents of conversation during a private counseling session or a group, joint, or family counseling session and that are separated from the rest of the individual’s medical record. Psychotherapy notes excludes medication prescription and monitoring, counseling session start and stop times, the modalities and frequencies of treatment furnished, results of clinical tests, and any summary of the following items: diagnosis, functional status, the treatment plan, symptoms, prognosis, and progress to date. See 45 C.F.R. § 164.501. Please note, if material that otherwise meets the definition of psychotherapy notes is combined with (in other words, not kept separate from) the medical records, then those materials will not be subject to the special disclosure rules for psychotherapy notes under HIPAA.

- **Right to Amend.** If you feel that the information we have about you is incorrect or incomplete, you may ask us to amend the information. You must make your request for an amendment in writing and submit it to the SDC Advisor. In addition, you must provide a reason that supports your request. If you need assistance to put your request in writing, it will be provided to you. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:
  - Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
  - Is not part of the information kept in your file;
  - Is not part of the information that you would be permitted to inspect and copy; or
  - We believe is accurate and complete.

If you disagree with the denial, you may submit a statement of disagreement. If you request an amendment to your record, we will include your request in the record whether the amendment is accepted or not.

- **Right to an Accounting of Disclosures.** We will keep a log record of disclosures made on or after April 13, 2003, other than disclosures for treatment, billing, services, or health care operations. You have the right to request an "accounting of disclosures."

To request this list or accounting of disclosures, you must submit your request in writing to an SDC Advisor . If you need assistance, it will be provided to you. Your request must state a time period not longer than six years.

- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the information we use or disclose about you for treatment, payment, or health care operations. You also have the right to request a limit on the information we disclose about you to someone who is involved in your services or the payment for your services, like a family member or a friend. We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment.

To request restrictions, we encourage you to make your request in writing to the SDC Advisor. If you need assistance, it will be provided to you. In your request, you must tell us:

- (1) What information you want to limit;
- (2) Whether you want to limit our use, disclosure, or both; and
- (3) To whom you want the limits to apply.

- **Right to Request Confidential Communications.** You have the right to request that we communicate with you about your services in a certain way or at a certain location. For example you can ask us to contact you

only at work or only by mail. You must make your request to obtain confidential communications in writing to the SDC Advisor. You must specify how or where you wish to be contacted. If you need assistance, it will be provided to you. We will not ask you the reason for your request. We will accommodate all reasonable requests.

- **Right to a Paper Copy of This Notice.** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

### **CHANGES TO THIS NOTICE**

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for information we already have about you as well as any information we receive in the future. The effective date will appear on the lower left-hand corner of the first page.

### **COMPLAINTS**

If you believe your privacy rights have been violated, you may file a complaint with the Director of Texas SDC Program. You may also file a complaint with the Secretary of the Department of Health and Human Services C/O Office for Civil Rights, US Department of Health and Human Services, 200 Independence Ave SW, Washington, DC 20201. All complaints must be submitted in writing. If you need assistance, it will be provided to you. **You will not be penalized or be retaliated against for filing a complaint.**

### **OTHER USES OF PROTECTED PERSONAL INFORMATION:**

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission and that we are required to retain our records of the services that we provided to you.

### **ACKNOWLEDGEMENT OF RECEIPT**

I received a copy of Texas SDC Program Privacy Notice. I have had an opportunity to review it and to ask questions. I understand that Texas SDC Program may sometimes disclose information about me without my consent as required or permitted by law.

I understand that by submitting a written request I may: receive a copy of my file; request an amendment to my file; request alternative communication methods; request limited distribution of information in my file; or obtain an accounting of disclosures. I understand that I will receive assistance as necessary to submit a written request. I understand that I can contact Texas SDC Program Director. I have read and had explained to me the above description of Texas SDC Program Privacy Notice. I was given a copy.

---

Signature

---

Date

---

Witness Signature

---

Date