

# DALLAS COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES (DCHHS)

## 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.**

### **Understanding Your Health Record/ Information:**

This notice describes the practices of the designed health care components of DCHHS with respect to your protected health information created while you are a patient at DCHHS.

This notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

### **Your Health Information Rights:**

Although your health record is physical property of DCHHS, the information belongs to you. You have the right to:<sup>1</sup>

- Request in writing a restriction on certain uses and disclosure of your information for treatment, payment, health care operations and as to disclosures permitted to persons, including family members involved with your care and as provided by law. However, we are not required by law to agree to a requested restriction;
- Obtain a paper copy of this Notice of Privacy Practices;
- Inspect and request a copy of your health record as provided by law;
- Request that we amend your health record as provided by law. We will notify you if we are unable to grant your request to amend your health record;
- Obtain an accounting of disclosures of your health information as provided by law;

- Request communication of your health information by alternative means or at alternative locations. We will accommodate reasonable requests; and

- Revoke your authorization to use or disclose health information except to the extent that action has already been taken in reliance on your authorization.

You may exercise your rights set forth in this notice by providing a written request to DCHHS, Assistant Director, Public Health Communicable Diseases, 2377 N. Stemmons Freeway, Dallas, TX 75207. Requests to obtain a copy of this Notice of Privacy Practices do not have to be in writing.

### **Our Responsibilities:**

In addition to the responsibilities set forth above, we are also required to:

- Maintain the privacy of your health information;
- Provide you with a notice as to our legal duties and privacy practices with respect to information we maintain about you;
- Abide by the terms of this notice;
- Notify you if we are unable to agree to a requested restriction on certain uses and disclosures;
- We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain, including information created or received before the change. Should our privacy practices change, we are not required to notify you, but we will

have the revised notice available for you to request at DCHHS. The revised notice will also be posted at DCHHS and on the Dallas County web page at [www.dallascounty.org](http://www.dallascounty.org) and;

- We will not use or disclose your health information without your written authorization, except as described in this notice.

### **Examples of Disclosures for Treatment, Payment, Health Care Operations and As Otherwise Allowed By Law:**

The following categories describe different ways that we use and disclose medical information. For each category of uses or disclosures 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 should fall within one of the categories.

### ***We will use your health information for treatment.***

*For Example:* We may disclose medical information about you to doctors, nurses, technicians, or other personnel who are involved in taking care of you at DCHHS. We may share medical information about you in order to coordinate different treatments, such as prescriptions, lab work and x-rays. We may also provide your physician or a subsequent health-care provider with copies of various reports to assist in treating you once you are discharged from care at DCHHS.

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<sup>1</sup>There may be an associated fee charged to you for some of these requests.

**We will use your health information for payment.**

*For example:* A bill may be sent to you or a third-party payer. The information on or accompanying the bill may include information that identifies you, your diagnosis, procedures, and supplies used. We may disclose your information to other individuals as necessary to obtain payment for your health care services.

**We will use your health information for regular health care operations.**

*For example:* We may use the information in your health record to assess the care and outcome in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the health care and services we provide.

**We will use your health information as otherwise, allowed by law. The following are some examples of how we may use or disclose medical information about you.**

*Business associates:* There are some services provided in our organization through agreements with business associates. Examples include x-ray services and computer services. To protect your health information, however, we require business associates to appropriately safeguard your information.

*Research:* We may disclose information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to protect the privacy of your health information.

*Funeral directors:* We may disclose health information to funeral directors consistent with applicable law to carry out their duties.

*Organ procurement organizations:* Consistent with applicable law, we may disclose health information to organ procurement organizations or other entities engaged in the procurement banking, or transplantation of organs for the purpose of tissue donation and transplant.

*Communications for treatment and health care operations:* We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

*Fundraising:* We may contact you as part of a fundraising effort.

*Food and Drug Administration (FDA):* We may disclose to the FDA health information relative to adverse events with respect to food, medications, devices, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

*Workers' Compensation:* We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers' compensation or other similar programs established by law.

*Public health:* As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

*Abuse, neglect or domestic violence:* As required by law, we may disclose health information to a governmental authority authorized by law to receive reports of abuse, neglect, or domestic violence.

*Judicial, administrative and law enforcement purposes:* Consistent with applicable law, we may disclose health information about you for judicial, administrative and law enforcement purposes.

*Required or allowed by law:* We will disclose medical information about you when required or allowed to do so by federal, state or local law.

*Family/Representative:* Unless you notify us that you object, we may use or disclose information, when appropriate and not limited, by the law, to notify or assist in notifying a family member, legal or personal representative, or another person responsible for your care, your location, and general condition.

*Disaster Relief:* Unless you notify us that you object, we may use or disclose information for disaster relief purposes, if a disaster is declared by the Health Authority.

**For More Information or to Report a Problem:**

If you have questions and would like additional information, you may contact the Dallas County HIPAA Privacy Officer at (214) 653-7604.

If you believe your privacy rights have been violated, you can file a complaint with the Dallas County HIPAA Privacy Officer, 501 Main St., Suite 103, Dallas, TX 75202, or with the Secretary of the U.S. Department of Health and Human Services.

There will be no retaliation for filing a complaint.

**EFFECTIVE DATE OF THIS NOTICE: 4/9/2014**

**DALLAS COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES (DCHHS)**

**ACKNOWLEDGEMENT**

OF

**RECEIPT OF THE NOTICE OR PRIVACY PRACTICES**

Our *Notice of Privacy Practices* provides information about how the designated health care components of DCHHS may use and/or disclose protected health care information about Patient. Patient or Patient's authorized representative has been given a copy of the Notice and an opportunity to review the Notice prior to signing this document.

**By signing this document, Patient or Patient's authorized representative also acknowledges that he/she has received a copy of DCHHS' Notice of Privacy Practices for DCHHS' designated health care components.**

\_\_\_\_\_  
Signature of Patient/Authorized Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Patients/Authorized Representative

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Relationship to Patient, If Representative