

# GULF BEND CENTER

## NOTICE OF PRIVACY PRACTICES - QM:bjj (Revised 9/1/13)

**THIS NOTICE DESCRIBES HOW HEALTH 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**

When you receive treatment from Gulf Bend Center(GBC), we will obtain health and personal information from you and create a record. This record will include information about the care that you receive from GBC, your health condition, and the payment for the services received.

This notice tells you about our duty to protect your health information, your privacy rights, and how we may use or disclose your health information.

#### **Your Privacy Rights**

- You can request to look at or get a copy of the health information we have about you. If we deny your request we will tell you why. You can appeal our decision in some situations. If you want a copy or get a summary of your health information, you may have to pay a reasonable fee for it.
- If your health information is maintained electronically, you have the right to request a copy of such information in an electronic format. We may charge you a reasonable fee to cover our expenses (e.g. cost of C.D.).
- You can ask to correct information if you think it is wrong. We will not destroy or change our records, but will add the correct information and make a note in your records that the information has been changed. You will be notified if we are not able to correct your information as requested.
- You can ask for a list of who we have given your health information to over the last six years. The list will include disclosures that are not routine or explained in this notice.
- You can ask us to limit some of the ways we use or share your health information. The law does not require us to agree to it. If we agree, we will put the agreement in writing and follow it, except in case of an emergency or when required by law.
- You can ask us to contact you at a different place or in some other way. We will agree if your request is reasonable.
- You have the right to take back your written permission for us to disclose your health information. You will be unable to take back your permission if

your information was already disclosed based on your written permission.

- You can ask that your health information not be disclosed to your health insurance company/plan with respect to care for which you paid for out-of-your-pocket in full.
- If we intend to contact you to raise funds, you have the right to "opt out"/ask that you not receive such communications.
- You have the right to be notified by us following a breach of your unsecured protected health information.
- You can get a copy of this notice any time that you ask for it.

You must provide us with a written request for the above privacy rights, except for requests to obtain a paper copy of this notice. Requests should be mailed to Gulf Bend Center's Privacy Officer, 6502 Nursery Drive, Suite 100, Victoria, Texas 77904.

#### **GBC Duties**

- We are required by law to protect the privacy of your health information. We will not use or let other people see your health information without your permission, except in the ways we tell you in this notice.
- We will ask you for your written permission (authorization) to use or disclose your health information. There are times when we are allowed to use or disclose your health information without your permission, as explained in this notice.
- We are required by law to give you this notice of our legal duties and privacy practices. We are required to follow the terms of this notice. We will ask you to sign an acknowledgement that you received this notice. We can change the contents of this notice. If we do, we will have copies of the new notice posted at our service sites and on our websites – [www.gulfbend.org](http://www.gulfbend.org) or [www.place4.org](http://www.place4.org).
- Our employees must protect the privacy of your health information as part of their jobs. We do not let our employees see your health information unless they need it as part of their jobs.
- We will not disclose information about you related to HIV/AIDS without your specific written permission, unless the law allows us to disclose the information.

- If you are being treated for alcohol or drug use, your records are protected by federal law and regulations found in the Code of Federal Regulations at Title 42, Part 2. Violation of these laws that protect alcohol or drug abuse treatment records is a crime, and suspected violations may be reported to appropriate authorities in accordance with federal regulations. Federal law will not protect any information about a crime committed by you at GBC or against any person who works for us or about any threat to commit such a crime. Federal laws and regulations do not protect any information about suspected child abuse or neglect from being reported under state law to appropriate state or local authorities.

We may only disclose information about alcohol or drug abuse treatment without your permission as follows:

- Pursuant to a special court order that complies with Federal Regulations;
- To medical personnel for a medical emergency;
- To qualified personnel for research, audit, or program evaluation;
- To report suspected child abuse or neglect; or
- To Texas Department of Protective and Regulatory Services, as allowed by law, to investigate a report that you have been abused or have been denied your rights.

#### **Treatment, Payment and Health Care Operations**

We may use or disclose your health information to provide care to you, to obtain payment for that care, or for our own health care operations.

Health information about you may be exchanged between the Texas Department of State Health Services and Department of Aging and Disability Services, local mental health or Intellectual Developmental Disability (IDD) authorities, community MH/IDD centers, and contractors of mental health and IDD services, for purposes of treatment, payment, or health care operations, without your permission.

#### **Treatment**

We may use or disclose your health information to provide, coordinate, or

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manage health care or related services. This includes providing care to you, consulting with another health care provider about you, and referring you to another health care provider. Example: We may provide your primary care physician with copies of various reports to assist in treating you. We will also disclose your health information to medical personnel in the case of a medical emergency or crisis.

### Payment

We can use or disclose health information to arrange for payment for providing services to you, such as the Medicaid program. Example: Information about your diagnosis and the services we provided is included in the bills we submit to your health insurance plan so they can confirm that services were provided.

### Health Care Operations

We can also use your health information for health care operations such as care coordination, conducting licensing activities, providing auditing functions, business planning, reviewing performance of professionals. Example: Our quality assurance staff reviews records to be sure we are delivering appropriate treatment of high quality.

**Unless you are receiving treatment for alcohol or drug abuse, we are permitted to use or disclose your health information without your permission for the following purposes:**

- **When required by law.**
- **To report suspected child abuse or neglect** to a government authority.
- **For research.** We may disclose your health information if a research board says it can be used for a research project, or if information identifying you is removed from your health information.
- **To a government authority if we think that you are a victim of abuse.** We may disclose your health information to a person legally authorized to investigate a report that you have been abused or denied your rights.
- **To Disability Rights, Texas** in accordance with federal law, to investigate a complaint by you or on your behalf.
- **For public health and health oversight activities.** We will disclose your health information when we are required to

collect information about a disease or injury, for public health investigations, or to report vital statistics.

- **For purposes relating to death.** If you die, we may disclose health information about you to your personal representative and to coroners or medical examiners to identify you or determine the cause of death.
- **To a correctional institution** if you are in their custody and your health information is needed to provide health care to you.
- **If you are in the criminal justice system,** we may disclose your health information to other state agencies involved in your treatment, rehabilitation, or supervision.
- **For a government benefits program.** We may use or disclose your health information needed to operate a government benefit program, such as Medicaid.
- **To your legally authorized representative (LAR).** We may share your health information with a person the law allows to represent your interests.
- **If you are receiving IDD services,** we may give health information about your current physical and mental condition to your parent, guardian, relative, or friend, in accordance with the law.
- **In judicial and administrative proceedings,** we may disclose your health information if a court or administrative judge has issued an order or subpoena that requires us to disclose it.
- **For national security.** We will disclose your health information if necessary for national security and intelligence activities, and to protect the president of the United States.
- **To the Secretary of Health and Human Services** when requested in order to enforce the privacy laws.
- **To Business Associates.** Some services are provided to or on our behalf through contracts with business associates. This may include information technology support. Personnel employed by these business associates may have access to all or part of your health information. Therefore, we require all of our business associates

to appropriately safeguard your information.

- **To address a serious threat to health or safety.** We may use or disclose your health information to medical or law enforcement personnel if you or others are in danger and the information is necessary to prevent physical harm.
- **For appointment reminders.** We may mail you reminders of your appointments unless you request us not to do so.
- **Other uses and disclosures** not described above will be made only with your authorization.
- **Most uses and disclosures** of psychotherapy notes, uses and disclosures of your protected health information for marketing purposes, and disclosures that constitute a sale of your protected health information requires your authorization.

**For Further Information or Questions** you may contact Gulf Bend Center's Privacy Officer at (361)582-2358.

If you believe your privacy rights have been violated, you can file a complaint by contacting: **Gulf Bend Center's Privacy Officer** at (361) 582-2358, 6502 Nursery Drive, Suite 100 Victoria, Texas 77904 or **Region VI, Office for Civil Rights, U.S. Department of Health and Human Services**, 1301 Young Street, Suite 1169, Dallas, Texas 75202 or **Secretary of the U.S. Department of Health and Human Services**, Hubert H. Humphrey Building, 200 Independence Ave., S.W., Washington, D.C.20201.

You may also contact the **Office of Attorney General**, P.O. Box 12548, Austin, Texas, 78711, at 1-800-463-2100, [www.oag.state.tx.us](http://www.oag.state.tx.us)

**Gulf Bend Center will not retaliate against you if you file a complaint.**

**GBC:**

**Version 1: Effective Date: 4/14/03**

**Version 2: Revised 10/24/08**

**Version 3: Revised 9/1/13**

**Place4:**

**Version 1: Effective Date: 10/5/10**

**Version 2: Revised 9/1/13**