

FAMILY SUPPORT SERVICES NOTICE OF PRIVACY PRACTICES

Effective January 1, 2020

Health Insurance Portability and Accountability Act of 1996 (HIPAA) and Drug Abuse Prevention, Treatment, and Rehabilitation Act. 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.

Family Support Services' Duties

- The law requires us to protect the privacy of your health information. This means that we will not use or let other people see your health information without your permission or unless allowed by law. We will safeguard your health information and keep it private.
- 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. The explanations in this notice are examples and are not meant to be exhaustive. If you give us your permission to use or disclose your health information, you may take it back (revoke it) at any time. If you revoke your permission, we will not be liable for using or disclosing your health information before we knew you revoked your permission. To revoke your permission, send a written statement, signed by you, to Family Support Services, P.O. Box 31150, Amarillo, TX 79120, providing the date and purpose of the permission and stating that you want to revoke your written permission.
- We are required to give you this notice of our legal duties and privacy practices, and we must do what this notice says. We will ask you to sign an acknowledgment that you have received this notice. We can change the contents of this notice and, if we do, we will have copies of the new notice at our facilities and on our website, www.fss-ama.org. The new notice will apply to all health information we have, no matter when we got or created the information.
- 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 take disciplinary action for those employees who do not protect the privacy of your health information.

- We will not disclose information about you related to HIV/AIDS without your specific written authorization unless the law allows us to disclose the information.**

- If you are being treated for alcohol or drug abuse, 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, either at Family Support Services, against any person who works for Family Support Services, or about any threat to commit such a crime.**

Family Support Services may disclose information about your treatment for alcohol or drug abuse without your permission in the following circumstances:

- Pursuant to a special court order that complies with 42 Code of Federal Regulations Part 2 Subpart E;**

- To medical personnel in a medical emergency;**

- To qualified personnel for research, audit, or program evaluation;**

- To report suspected child abuse or neglect;**

- To Advocacy, Inc. and/or the 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.**

Federal and State laws prohibit redisclosure of information about alcohol or drug abuse treatment without your permission.

Unless you are receiving treatment for alcohol or drug abuse and otherwise outlined in federal law or regulations, Family Support Services is permitted to use or disclose your health information without your authorization for the following purposes.

- When required by law: We may use or disclose your health information as required by local, state, or federal law.**

- **To Business Associates:** We may disclose PHI to our business associates that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. For example, we may use another company to perform billing services on our behalf. All of our business associates are obligated to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract.
- **Organ and Tissue Donation:** If you are an organ donor, we may use or release PHI to organizations that handle organ procurement or other entities engaged in the procurement, banking, or transportation of organs, eye, or tissues to facilitate donation and transplantation.
- **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 have been denied your rights.
- **Military and Veterans:** If you are a member of the armed forces we may release PHI as required by military command authorities. We also may release PHI to the appropriate foreign military authority if you are a member of a foreign military.
- **Worker's Compensation:** We may release PHI for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illnesses.
- **To Advocacy, Inc.:** We may disclose your health information to Advocacy, Inc., 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 disease or injury, for public health investigations, or to report vital statistics. These activities generally include disclosures to prevent or control disease, injury, or disability; report births and deaths; report child abuse or neglect; report reactions to medications or problems with products they may be using; a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

- **Health Oversight Activities:** We may disclose PHI to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspection, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.
- **Data Breach Notification Purposes:** We may use or disclose your PHI to provide legally required notices of unauthorized access to or disclosure of your health information.
- **To comply with legal requirements:** We may disclose health information to an employee or agent of a doctor or other professional who is treating you, to comply with statutory, licensing, or accreditation requirements, as long as your information is protected and is not disclosed for any other reason.
- **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 or law enforcement official:** If you are in the custody of a correctional institution, we may disclose your health information to the institution in order to provide health care to you. This release would be if necessary: for the institution to provide you with health care; to protect your health and safety or the health and safety of others; or the safety and security of the correctional institution.
- **Lawsuits and Disputes:** If you are involved in a lawsuit or a dispute, we may disclose PHI in response to a court or administrative order. We also may disclose PHI in response to a subpoena, discovery request, or other lawful processes 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:** We may release PHI if asked by a law enforcement official if the information is: in response to a court order, subpoena, warrant, summons, or similar process; limited information to identify or locate a suspect, fugitive, material witness, or missing person; about the victim of a crime even if, under certain very limited circumstances, we are unable to obtain the person's agreement; about a death we believe may be the result of criminal conduct; about criminal conduct on our premises; and in an emergency to report

a crime, the location of the crime or victims, or the identity, description, or location of the person who committed the crime.

- **For government benefit programs:** We may use or disclose your health information as 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 appointed by a court to represent your interests.

- **If you are receiving services for intellectual developmental disabilities:** We may give health information about your current physical and mental condition to your parent, guardian, relative, or friend.

- **National Security and Intelligence Activities:** We may release PHI to authorized federal officials for intelligence, counter-intelligence, and other national security activities authorized by law.

- **Protective Services for the President and Others:** We may disclose PHI to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or to conduct special investigations.

- **In judicial and administrative proceedings:** We may disclose your health information in any criminal or civil proceeding if a court or administrative judge has issued an order or subpoena that requires us to disclose it. Some types of court or administrative proceedings where we may disclose your health information are:

- Commitment proceedings for involuntary commitment for court-ordered treatment or services.

- Court-ordered examinations for a mental or emotional condition or disorder.

- Proceedings regarding abuse or neglect of a resident of an institution.

- License revocation proceedings against a doctor or other professional.

- **To the Secretary of Health and Human Services:** We must disclose your health information to the United States Department of Health and Human Services when requested in order to enforce the privacy law.

For 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 Texas Department of Aging & Disability Services, local behavioral health or intellectual developmental disabilities authorities, community behavioral health or intellectual developmental disabilities centers, and contractors or behavioral health or intellectual developmental disabilities services, for purposes of treatment, payment, or health care operations.**

- **Treatment** – **We can use or disclose your health information to provide, coordinate, or 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: Northwest Texas Health Care.**

- **Payment** – **We may use and disclose Health Information so that we or others may bill and receive payment from you, an insurance company, or a third party for the treatment and services you received (e.g. Medicaid).**

- **Health Care Operations** – **We can also use your health information for health care operations:**
 - **Activities to improve health care, evaluating programs, and developing procedures;**

 - **Case management and care coordination;**

 - **Reviewing the competence, qualifications, performance of health care professionals and others;**

 - **Conducting training programs and resolving internal grievances;**

 - **Conducting accreditation, certification, licensing, or credentialing activities;**

 - **Providing medical review, legal services, or auditing functions; and**

 - **Engaging in business planning and management or general administration (e.g. DSHS/DADS).**

Other Uses and Disclosures

– **Research** – Under certain circumstances, we may use and disclose PHI for research. Before we use or disclose PHI for research, the project will go through a special approval process. Even without special approval, we may permit researchers to look at records to help them identify patients who may be included in their research project or for other similar purposes, as long as they do not remove or take a copy of any PHI.

– **Appointment Reminders, Treatment Alternatives, and Health-Related Benefits and Services**

– Unless you ask us not to, we may also contact you to remind you of an appointment or to offer treatment alternatives or other health-related information that may interest you.

You may agree or object to the following uses and disclosures:

· If you have others involved in your care or payment for your care, unless you object, we may disclose to a member of your family, a relative, a close friend, or any other person you identify, your Protected Health Information (PHI) that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment.

· If there is a disaster, we may disclose your PHI to disaster relief organizations that see your PHI to corroborating your care or notify family and friends of your location or condition in a disaster. We will provide you with an opportunity to agree or object to such a disclosure whenever we practically can do so.

Your written authorization is required for other uses and disclosures. The following uses and disclosures of your PHI will be made only with your written authorization: Uses and disclosures of your PHI for marketing purposes; and disclosures that constitute a sale of your PHI. Other uses and disclosure of PHI not covered by this Notice or the laws that apply to us will be made only with your written authorization.

Your Privacy Rights at Family Support Services

For assistance in exercising any of your rights below, contact the Director of Administrative Services.

You have the following rights regarding Health Information we have about you:

Right to Inspect and Copy

You can look at or get a copy of the health information that we have about you. This includes medical and billing records. We have up to 30 days to make your PHI available to you and we may charge you a reasonable fee for the costs of copying, mailing, or other supplies associated with your request. We may not charge a fee if you need the information for a claim for benefits under the Social Security Act or any other state or federal needs-based benefit program. You can choose to get a summary of your health information instead of a copy. There are some reasons why we will not let you see or get a copy of your health information, and if we deny your request, we will tell you why. You can appeal our decision in some situations. If we do deny your request, you have the right to have the denial reviewed by a licensed healthcare professional who was not directly involved in the denial of your request, and we will comply with the outcome. You may request your records be in paper or electronic format. If we are unable to provide the PHI in the requested format, we will discuss this with you and come to an agreement on an alternate format. All requests for access to PHI must be made in writing and sent to the agency's Medical Records Department. Please contact Medical Records to request your health information.

Right to Amend

You can ask us to correct the information in your records if you think the information is wrong. We will not destroy or change our records, but we will add the correct information to your records and make a note in your records that you have provided the information.

Right to an Accounting of Disclosures

You have the right to request a list of certain disclosures we made of your Health Information. You can get a list of when we have given health information about you to other people in the last six years. There will be no charge for one list per year.

Right to Request Restrictions

You have the right to request a restriction or limitation on the Health Information we use or disclose for treatment, payment, or health care operations. You can ask us to limit some of the ways we use or share your health information we disclose to someone involved in your

care or the payment for your care. For example, you could ask that we not share information about a particular diagnosis or treatment with your spouse. We are not required to agree to all of your requests. If you paid “out-of-pocket” (or in other words, you have requested that we not bill your health plan) in full for a specific item or service, you have the right to ask that your PHI with respect to that item or service not be disclosed to a health plan for purposes of payment or health care operations. We will honor that request and we will put the agreement in writing and follow it, except in case of emergency. We cannot agree to limit the uses or sharing of information that are required by law.

Right to Request 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 by mail or at work. Your request must be submitted in writing to Medical Records and specify how or where you wish to be contacted. We will agree to your request as long as it is reasonable.

Right to a Paper Copy of This Notice

You can get a copy of this notice any time that you ask for it. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. You may obtain a copy of this notice at our website, <https://www.fss-ama.org/> To obtain a paper copy of the notice, contact the Director of Administrative Services.

Right to Get Notice of a Breach

You have the right to and will receive a notification if Family Support Services or one of its contractors has a breach of information security involving your unsecured PHI.

Complaint Process

If you believe that Family Support Services has violated your privacy rights, you have the right to file a complaint. You may complain by contacting:

Family Support Services - Jim Womack, CEO

P.O. Box 31150

Amarillo, TX 79120

(806) 342-2500

You may also file a complaint with:

Client Services and Rights

Protection/Ombudsman Office

P.O. Box 12668 Austin, TX 78711

(512) 206-5670 Toll-free (800) 252-8154

U.S. Department of Health and Human Services

200 Independence Avenue, S. W.

Washington, D.C. 20201

toll-free (800) 368-1019

You must file your complaint within 180 days of when you knew or should have known about the event that you think violated your privacy rights. You may also contact:

Office of Attorney General

P.O. Box 12548

Austin, TX 78711

Toll-free (800) 463-2100

www.oag.state.tx.us

For complaints against alcohol or drug abuse treatment programs, contact the United States Attorney's Office for the judicial district in which the violation occurred. To locate this office, consult the blue pages in your telephone book.

Family Support Services will not retaliate against you if you file a complaint.

For further information:

Family Support Services

P.O. Box 31150

Amarillo, Texas 79120

(806) 342-2500