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## NOTICE OF PRIVACY PRACTICES

*This notice describes how information about you may be used, disclosed and how you can get access to this information. Please review it carefully.*

### Understanding Your Health Record/Information

Each time you receive healthcare services at ResourceCare Clinics, a record of your visit is made. Depending on the services you receive, the records could contain information that identifies who you and the information about your health, including things like your symptoms, examination or test results, diagnosis, treatment and plans for future care. This information could be used

- In planning your care and treatment
- To share important information among the health professionals who contribute to your care
- As a legal document describing the care you received
- As documentation by which you or a third party payer can verify that services billed were actually provided.
- As a tool in educating health professionals
- As a source of data for medical research
- As a source of information for public health officials to use in improving the health of the nation
- As a source of data for ResourceCare Clinics planning, marketing and improvements in the care we give.

Understanding what is in your record and how your health information is used can help you ensure its accuracy, better understand who, what, when, where, and why others may access your health information, and make more informed decisions when authorizing disclosure to others.

### Your Health Information Rights

Although your health record is the physical property of ResourceCare Clinics, the information belongs to you. You have the right to:

- Request a restriction on certain uses and disclosures of your information
- Obtain a paper copy of this notice upon request
- Inspect and receive a physical and electronic copy of your health record. This may not include psychotherapy notes. There may be a fee for the costs of copying, mailing, labor and supplies. Your request may be denied wholly or in part under certain limited circumstances; however, you may request a review of our denial. Another licensed health care professional chosen by us will conduct reviews.
- Request an amendment to your health record. In certain cases we may deny your request for an amendment, for example, if we think your records are complete and correct as they are, or if you request changes to records not created by ResourceCare Clinics. You have the right to file a

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written disagreement if your request is denied, and we may prepare a rebuttal to your disagreement and will provide you with a copy.

- Obtain an accounting of certain disclosures of your health information (a written request form is available). A fee will apply if more and 1 request is made in a 12 month period.
- Request communication of your health information by alternative means or at alternative locations (a written request form is available). This request may be made directly to staff providing services to you.
- Revoke any authorization you have given to use or disclose health information except to the extent that action has already been taken.
- Right to restrict items and services from being billed to your health plan when you pay in full for the specific item or service.
- All requests must be made in writing our Chief Operations Officer at ResourceCare 2802 W. Walker Suite 400 Breckenridge, Texas 76424 OR submit your requests via email to [Admin@resourcecare.org](mailto:Admin@resourcecare.org)

### Our Responsibilities

ResourceCare Clinic is required to:

- Maintain the privacy of your health information in accordance with the applicable laws and regulations
- Provide you with this notice of our legal duties and privacy practices regarding information we collect and maintain about you
- Abide by the terms of this notice
- Notify you if we are unable to agree to a requested restriction
- Notify you if there is a breach of your unsecured health information

Grant reasonable requests to communicate health information by alternative means or at alternative locations.

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. If our privacy practices change, a revised notice will be issued for the agency, which will be available to you the next time you receive services at ResourceCare. Our most current notice of privacy practices will always be prominently posted in the lobbies of ResourceCare locations and on our website ([www.resourcecare.org](http://www.resourcecare.org))

### Examples of Disclosures for Treatment, Payment and Health Operations

The following categories describe some of the ways that we will disclose your health information. Federal and Texas law requires that we obtain your consent for certain disclosures of health information about the following: the performance or results of an HIV test or diagnosis of AIDS or an AIDS related condition, drug or alcohol treatment that you have received as part of a drug or alcohol treatment program, mental health services that have received, or genetic information which may include test,

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results, and family history. Disclosures that constitute a sale of health information require written authorization. You may revoke authorizations in writing at any time by contacting the Chief Operating Officer.

**Treatment:** We will use your health information to provide you with health care services. For example: Information obtained by a member of your healthcare team will be documented in your record, then used and shared with other members of your healthcare team to make treatment decisions for you. We may also give your doctor or another provider involved in your care, outside of ResourceCare information from your records, or copies various reports, when that information is needed to assist them in giving you quality health care services.

**Payment:** We will use and disclose your health information so that the health care you receive can be billed and paid for by you, your insurance company, or another third party. For example: A bill or record of services provided to you may be sent to a payer. The information sent may include information that identifies you, as well as your diagnosis, procedures performed, and supplies or medication used.

**Healthcare Operations:** We will use your health information and disclose it outside of ResourceCare for regular healthcare operations. For example: Members of staff, or members of the quality improvement team, may use information in your health record to assess the care and outcomes 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 services we provide.

**Business Associates:** There are some services provided in our organization through contracts with business associates. Examples include medical record storage and services for destruction of old records. When these services are contracted, these business associates will have access to your records to perform the job we have asked them to do. To protect your health information, we require the business to legally agree to do so.

**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 procedures to ensure the privacy of your health information.

**Marketing:** We may contact you with appointment reminders or information about services that may interest you. You may request limited communications by making a request in writing to our Chief Operating Officer.

**Fund Raising:** We may contact you as a part of a fund raising effort. You have the right to opt out by making a request in writing to our Chief Operating Officer.

**Food and Drug Administration(FDA):** We may disclose to the FDA health information about adverse events health problems “side effects” with respect to food, supplements, product and product defects or post marketing surveillance information to enable product recalls, repairs, or replacements.

**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.

**Correctional Institution:** Should you be an inmate of a correctional institution, we may disclose to the institution or agents thereof, health information necessary for your health, and the health and safety of others.

**Law Enforcement:** We may disclose health information for law enforcement purposes as required by law, or in response to a valid subpoena or court order. Federal law allows your health information to be

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released to an appropriate health oversight agency, public health authority or attorney, if a staff member or business associate believes in good faith that we have acted unlawfully or have violated professional or clinical standards and may be endangering one or more patients, workers, or the public.

### Contacting the Chief Operating Officer

If you have questions, would like additional information, believe your privacy rights have been violated, or want to file a complaint, contact the Chief Operating Officer with the information provided below.

Address: 2802 W. Walker Suite 400 Breckenridge, Texas 76424

Phone: 254-559-7215

Email: [Admin@resourcecare.org](mailto:Admin@resourcecare.org)

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