



Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW YOUR MEDICAL INFORMATION MAY BE USED AND DISCLOSED
AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY.

ABOUT THIS PRIVACY NOTICE

This Notice of Privacy Policies and Practices tells you about the ways Outreach Health Services may use and disclose medical information about you and your rights and our obligations regarding the use and disclosure of your medical information. This notice does not apply to health information that does not identify you or anyone else.

We are required by law to:

- Assure your medical information the Agency has about you is kept private as required by state and federal law;
- Give you this notice explaining our legal duties and privacy practices with respect to medical information about you; and
- Follow the terms of the version of this notice that is currently in effect at the time we acquire medical information about you.

In this notice, the words “Agency” “we” or “us” means Outreach Health Services, the particular office that is providing your care or services is listed with the address and telephone number at the end of this notice.

How We May Use and Disclose Medical Information about You

The following categories describe the different reasons why we typically use and disclose protected health information. These categories are intended to be generic descriptions only, and not a complete list of every instance in which we may use or disclose medical information. Please understand that for these categories, the law generally does not require us to get your consent in order for us to release your medical information.

Treatment: The Agency may use your health information to coordinate care within the Agency and with others involved in your medical care, such as your attending physician and other health care professionals who assist the Agency in coordinating care or are otherwise involved in your treatment. **For example**, physicians involved in your care will need information about your symptoms in order to prescribe appropriate medications.

Payment: We may use and disclose medical information about you so that we may bill and collect from you, an insurance company, or a third party for the services we provide. This may also include the disclosure of medical information to obtain prior authorization for treatment and procedures from your insurance plan. **For example**, we may send a claim for payment to your insurance company, and that claim may have a code on it that describes the services that have been rendered to you.

Health Care Operations: The Agency may use and disclose health information for its own operations to facilitate the function of the Agency and as necessary to provide quality care to the Agency’s patients. **For example** the Agency may use your health information to evaluate staff performance and how to more effectively serve all patients, disclose your health information to Agency staff for training purposes, or use your health information to contact you as a reminder regarding a visit.

Business Associates: There are some services provided in our organization through contracts with business associates. We may disclose your medical information to our business associates so



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that they can perform the job we have asked them to do. To protect your medical information, however, we require the business associates to appropriately safeguard your information.

Quality Assurance: We may need to use or disclose your medical information for our internal processes to determine that we are providing appropriate care to our patients.

Utilization Review: We may need to use or disclose your medical information to perform a review of the services we provide to ensure that the proper level of services is received by our patients, depending on their condition and diagnosis.

Peer Review: We may need to use or disclose medical information about you in order for us to review the credentials and actions of our health care personnel to ensure they meet our qualifications and standards.

Treatment Alternatives: We may use and disclose medical information to tell you about or recommend possible treatment options or alternatives that we believe may be of interest to you.

Appointment Reminders and Health Related Benefits and Services: We may contact you (including, contacting you by phone and leaving a message on an answering machine) to provide appointment reminders and other information. We may use and disclose medical information to tell you about health-related benefits or services that we believe may be of interest to you.

To Avert a Serious Threat to Health or Safety: We may use and disclose medical information about you when necessary to prevent or decrease a serious and imminent threat to your health or safety or the health and safety of the public or another person. Such disclosure would only be to someone able to help prevent the threat, or to appropriate law enforcement officials.

Public Health Risks: The Agency may disclose your health information for certain public health activities and purposes to:

- Prevent or control disease, injury or disability, including but not limited to reporting disease, injury, vital events such as birth or death.
- Report abuse, neglect or domestic violence.
- Report adverse events and product defects, to track products or enable product recalls, for repairs and replacements, and to conduct post-marketing surveillance and compliance with requirements of the FDA.
- Notify a person who has been exposed to a communicable disease or who may be at risk of contracting or spreading a disease.

Workers Compensation: The Agency may disclose information to the extent authorized by and to the extent necessary to comply with laws relating to worker's compensation or similar programs established by law.

Health Oversight Activities: The Agency may disclose medical information to a health oversight agency for activities necessary for the government to monitor the health care system, government programs or as authorized by law. These oversight activities include audits, civil, administrative, or criminal investigations and proceedings, inspections, licensure and disciplinary actions.

Law Enforcement: The Agency may disclose your medical information if we are asked to do so by law enforcement officials, or if we are required by law to do so in responses to a valid subpoena.

For Research Purposes: We may use or disclose your medical information to an Institutional Review Board or other authorized research body if it has obtained your consent as required by law, or if the information we provide them is "de-identified."



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Individuals Involved in Your Care or Payment for Your Care: We may release medical information about you to a friend or family member who is involved in your medical care, as well as to someone who helps pay for your care, but we will do so only as allowed by state or federal law, or in accordance with your prior authorization.

Additional Uses or Disclosures:

- **When legally required by any Federal, State or local law**
- **In connection with Judicial and Administrative Proceedings** – If you are involved in a lawsuit or legal dispute, we may disclose medical information about you in response to a court or administrative order, subpoena, or other lawful process. In addition to lawsuits, there may be other legal proceedings for which we are authorized or required to use or disclose your medical information, such as investigations of health care providers, competency hearings on individuals, or claims over payment of fees for medical services.
- **Funeral Directors, Coroners and Medical Examiners** – We may disclose your medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine a cause of death.
- **Organ, Eye or Tissue Donation** – If you are an organ donor, we may release medical information to organizations that handle organ procurement as necessary to facilitate organ or issue donation and transplantation.
- **Military and Veterans** – If you are or were a member of the armed forces, we may release medical information about you as required by the appropriate military authorities.
- **National Security and Intelligence Activities** – We may disclose medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.
- **Correctional Institutions** – If you are an inmate of a correctional institution or under custody of a law enforcement official, we may disclose medical information about you to the correction institution or the law enforcement official. This would be necessary for the institution to provide you with health care, to protect the health and safety of others, or for the safety and security of the correctional institution or law enforcement official.

OTHER USES OF MEDICAL INFORMATION

Authorizations. There are times we may need or want to use or disclose your medical information other than for the reasons listed above, but to do so we will need your prior permission. You may revoke that permission in writing at any time. If you revoke your permission, we will no longer use or disclose medical 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 care that we provided to you.

Paid Disclosures. Other than expressly provided in this Notice, any other disclosures of your protected health information will generally require your specific authorization. Most disclosures of protected health information for which we would receive compensation would require your authorization. Additionally, we would need your specific authorization for most disclosures of your protected health information to the extent it constitutes “psychotherapy notes” or is for marketing purposes.

Fundraising. The Agency may use or disclose limited amounts of your protected health information to send you fundraising materials if we receive your signed authorization to do so. Any such fundraising materials sent to you will have clear and conspicuous instructions on how you may opt out of receiving such communications in the future, such as revoking your authorization.

Marketing of Related Health Services. The Agency may use or disclose your protected health information to send you treatment or healthcare operations communications concerning treatment



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alternatives or other health-related products or services if we receive your signed authorization to do so. We may provide such communications to you in instances where we receive financial remuneration from a third party in connection with such communications. You have the right to opt out of receiving any such compensated communications, and should inform us if you do not wish to receive them. Additionally, if we send such communications, the communications themselves note that we have received compensation for the communication, and will have clear and conspicuous instructions on how you may opt out of receiving such communications in the future, such as revoking your authorization.

YOUR HEALTH INFORMATION RIGHTS

You have the following rights regarding your health information that the Agency maintains. To exercise any of your rights, please obtain the required forms from ***the Agency Administrator at the address provided at the end of this notice.***

Right to request restrictions: You have the right to request a restriction or limitation on the medical information we use or disclose about you in various situations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or 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. In addition, there are certain situations where we would not be able to agree to your request, such as when we are required by law to use or disclose your medical information.

As stated above, in most instances we do not have to abide by your request for restrictions on disclosures that are otherwise allowed. However, in certain instances, if you make a request for restrictions on disclosures, we will be obligated to abide by them. Specifically, if you pay for an item or service in full, out of pocket, and request that we not disclose the information relating to that service to a health plan, we will be obligated to abide by that restriction. You should be aware that such restrictions may have unintended consequences, particularly if other providers need to know that information (such as a pharmacy filling a prescription). It will be your obligation to notify any such other providers of this restriction. Additionally, such a restriction may impact your health plan's decision to pay for related care that you may not want to pay for out of pocket (and which would not be subject to the restriction).

Right to receive confidential communications: You have the right to request that the Agency communicate with you in a certain way or at a certain location. For example, you may ask that the Agency only conduct communications pertaining to your health information with you privately with no other family members present. The Agency will not ask the reason for your request, and we will use our best efforts to accommodate all reasonable requests, but there are some requests with which we will not be able to comply. Your request must specify how and where you wish to be contacted.

Right to inspect and copy your health information: Under most circumstances, you have the right to inspect and/or receive a paper copy of your medical information that we have in our possession, which generally includes your medical and billing records. If we maintain your medical records in an electronic Health Record (EHR) system, you may also obtain an electronic copy of your medical records in addition to or in place of a paper copy. You may instruct us in writing to send an electronic copy of your medical records to a third party. If you would like to inspect or receive a copy of medical information about you, you must provide us with a request in writing. You may write us a letter requesting access or fill out an Access Request Form, which is available from our Privacy Officer. If you would like a copy of your medical information, we may charge a fee for



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the costs of copying, mailing or other supplies associated with your request. The fee we may charge will be the amount allowed by state law.

In certain very limited circumstances allowed by law, we may deny your request to review or copy your medical information. We will give you any such denial in writing. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional chosen by the Agency will review your request and the denial. The person conducting the review will not be the person who denied your request. We will abide by the outcome of the review.

Right to amend health care information: You or your representative has the right to request that the Agency amend your records, if you believe that your health information is incorrect or incomplete. That request may be made as long as the information is maintained by the Agency.

A request for an amendment of records must be made in writing to **the Agency Administrator at the address provided**. The Agency may deny the request if it is not in writing or does not include a reason for the amendment. The Agency may also deny the request if you asked us to amend information that: (1) was not created by us; (2) is not part of the information kept by the Agency, (3) is not part of the information which you would be permitted to inspect or copy; or (34) is accurate and complete. If we deny your request, we will notify you of that denial in writing.

Right to an accounting: You have the right to request an "accounting of disclosures" of your medical information. This is a list of the disclosures we have provided for up to six (6) years prior to the date of your request of your medical information, but does not include: disclosures for treatment, payment, or health care operations (as described earlier in this Notice), disclosures made pursuant to your specific authorization, or certain other disclosures

Your request must state a time period, which may not be longer than six years and may not include dates before April 14, 2003. The first list you request within a twelve-month period will be free. For additional lists, we may charge you a reasonable fee for the costs of providing the list.

If the Agency maintains your medical information in an Electronic Health Record (EHR), and depending on when we began using an EHR, you may also be able to request an accounting of your EHR for disclosures made for "Treatment, Payment and Health Care Operations". Such accounting would only cover disclosures made during the three years prior to the request date.

Privacy Breach Notification: You have the right to be notified in the event of a breach of medical information about you. If a breach of your medical information occurs, and if that information is unsecured (not encrypted), we will notify you promptly with the following information.

- A brief description of what happened;
- A description of the health information that was involved;
- Recommended steps you can take to protect yourself from harm;
- What steps we are taking in response to the breach; and
- Contact procedures so you can obtain further information.

In the event the breach involves 10 or more patients whose contact information is out of date, we will post a notice of the breach on the home page of our website or in a newspaper, or on broadcast media, such as radio or television. If the breach involves more than 500 patients in the state or jurisdiction, we will send notices to newspapers, and/or radio or television. If the breach involves more than 500 patients, we are required to immediately notify the Secretary of the U.S. Department of Health and Human Services. We are also required to submit an annual report to the Secretary of a breach that involved less than 500 patients during the year and will maintain a written log of breaches involving less than 500 patients.



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Right to a paper copy of this notice: You or your representative has a right to a separate paper copy of this notice at any time even if you or your representative has received this notice previously. To obtain a separate paper copy, please contact the Agency at the address provided.

CHANGES TO THIS NOTICE

We reserve the right to change this notice at any time, along with our privacy policies and practices. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current notice, along with an announcement that changes have been made, as applicable, in our offices. When changes have been made to the notice, you may obtain a revised copy by sending a letter to the **Agency Administrator at the address provided.**

COMPLAINTS

You or your personal representative has the right to express complaints to the Agency and to the Secretary of U.S. Department of Health and Human Services if you or your representative believes that your privacy rights have been violated. You may send any complaints in writing to the Agency Administrator at the address below. The Agency encourages you to express any concerns you may have regarding the privacy of your information. You will not be retaliated against in any way for filing a complaint.

AGENCY CONTACT INFORMATION

Outreach Health Services

Administrator Name: _____ Telephone : _____

The Agency has designated the **HIPAA Privacy Officer** as its Corporate Contact person for all issues regarding patient privacy and your rights under the Federal privacy standards. If you have any questions regarding this notice, please contact:

Outreach Health Services Attention:

HIPAA Privacy Officer

269 West Renner Parkway

Richardson, Texas 75080

Corporate Office: 1-972-840-7200

Toll-Free Hotline: 1-888-647-1771

Email: Corporate.Mailings@outreachhealth.com

To file a written complaint with the federal government, please use the following contact information:

Office for Civil Rights

U.S. Department of Health and Human Services

200 Independence Avenue, S.W.

Room 509F, HHH Building

Washington, D.C. 20201

Toll-Free Phone: 1-877-696-6775

Website: <http://www.hhs.gov/ocr/privacy/hipaa/complaints/index.html>

Email: OCRComplaint@hhs.gov