



**Children's Bereavement Center of South Texas:
Notice of Privacy Practices**

As required by the Privacy Regulations Promulgated Pursuant to the Health Insurance Portability and Accountability Act of 1996 (HIPAA). THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW THIS NOTICE CAREFULLY.

OUR COMMITMENT TO YOUR PRIVACY:

Our organization is dedicated to maintaining the privacy of your **Protected Health Information (PHI)**. In conducting our business, we will create records regarding you and the treatment and services we provide to you. We are required by law to maintain the confidentiality of protected health information. We are also required by law to provide you with this notice of our legal duties and privacy practices concerning your protected health information. By law, we must follow the terms of the notice of privacy practices that we have in effect at this time. This Notice of Privacy Practices describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected health information" (PHI) is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services. We are required to abide by the terms of this Notice of Privacy Practices, and you may request a copy of our current notices. We may change the terms of our notice, at any time. The new notice will be effective for all protected health information that we may maintain at that time. Upon your request, we will provide you with any revised Notice of Privacy Practices by calling the office and requesting that a revised copy be sent to you in the mail or asking for one at the time of your next appointment.

In summary this notice provides you with the following important information:

- How we may use and disclose your protected health information.
- Your privacy rights as it pertains to your protected health information.
- Our obligations concerning the use and disclosure of your protected health information.

IF YOU HAVE QUESTIONS ABOUT THIS NOTICE PLEASE CONTACT:

The Children's Bereavement Center of South Texas Privacy Officer for HIPAA

Compliance or the Administrator at (210)736-4847.



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WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION WITHOUT YOUR AUTHORIZATION UNDER THE FOLLOWING CIRCUMSTANCES:

The following categories describe the different ways in which we may use and disclose your protected health information without your authorization:

- 1. Treatment:** Our organization may use your protected health information to treat you. This includes communicating with other health care professional regarding your treatment, coordinating, and managing your health care providers with other. For example, we may use information about you to provide PHI to therapists, physicians, service coordinators and other personnel involved in mental health treatment services provided to you.
- 2. Payment:** Our organization may use and disclose your protected health information in order to bill and collect payment for the services and items you may receive from us. For example, we may contact your health insurer to certify that you are eligible for benefits (and for what range of benefits), and we may provide your insurer with details regarding your treatment to determine if your insurer will cover, or pay for, your treatment. We also may use and disclose your protected health information to obtain payment from third parties that may be responsible for such costs, such as family members. Also, we may use your protected health information to bill you directly for services and items.
- 3. Health Care Operations:** Our organization may use and disclose your protected health information to operate our business. For example, our organization may use your health information to evaluate the quality of care you received from us, or to conduct cost management and business planning activities for our practice.
- 4. Appointment Reminders:** Our organization may use and disclose your protected health information to contact you and remind you of visits/deliveries, such as voicemail messages, postcards, or letters.
- 5. Health-Related Benefits and Services:** Our organization may use and disclose your protected health information to contact you to inform you of health-related benefits or services that may be of interest to you.
- 6. Others Involved in Your Healthcare:** 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 that directly relates to that person's involvement in your care.
- 7. Disclosures Required By Law:** Our organization will use and disclose your protected health information when we are required to do so by federal, state or local law.
- 8. Public Health Risks:** Our organization may disclose your protected health information to public health authorities that are authorized by law to collect information for the following purposes listed below:
 - i. Maintaining vital records, such as births and deaths.
 - ii. Reporting child abuse or neglect.

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- iii. Preventing or controlling disease, injury or disability.
 - iv. Notifying a person regarding potential exposure to a communicable disease.
 - v. Notifying a person regarding a potential risk for spreading or contracting a disease or condition.
 - vi. Reporting reactions to drugs or problems with products or devices.
 - vii. Notifying individuals if a product or device they may be using has been recalled.
 - viii. Notifying appropriate government agencies or authorities regarding the potential abuse or neglect of an Adult Client (including domestic violence). However, it is important to note that we will only disclose this information if the Client agrees or we are required or authorized by law to disclose this information.
 - ix. Notifying your employer under limited circumstances related primarily to workplace injury or illness or medical surveillance.
- 9. Health Oversight Activities:** Our organization may disclose your protected health information to a health oversight agency for activities authorized by law. Oversight activities can include; investigations, inspections, audits, surveys, licensure and disciplinary actions, civil, administrative, criminal procedures or actions; or other activities necessary for the government to monitor government programs, compliance with civil rights laws and the health care system in general.
- 10. Lawsuits and Similar Proceedings:** Our organization may use and disclose your protected health information in response to a court or administrative order, if you are involved in a lawsuit or similar proceeding. In certain circumstances, we also may disclose your protected health information in response to a discovery request, subpoena, or other lawful process.
- 11. Law Enforcement:** We may release protected health information when the disclosure is for law enforcement purposes. For example, we may disclose protected health information about you in order to comply with laws that require the reporting of certain types of wounds or other physical injuries.
- 12. Coroners, Funeral Directors, and Organ Donation:** We may disclose protected health information to a coroner or medical examiner for identification purposes, determining cause of death or for the coroner or the medical examiner to perform other duties authorized by law. We may also disclose protected health information to a funeral director, as authorized by law, in order to permit the funeral director to carry out other duties. We may disclose such information in reasonable anticipation of death. Protected health information may be used and disclosed for cadaveric organ, eye or tissue donation purposes.
- 13. Research:** Under certain circumstances, we may disclose protected health information about you for medical research.
- 14. Serious Threats to Health or Safety:** Our organization may use and disclose your protected health information to medical or law enforcement personnel when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public.
- 15. Military:** Our organization may disclose your protected health information if you are a member of U.S. or foreign military forces (including

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veterans) and if required by the appropriate military command authorities.

- 16. National Security:** Our organization may disclose your protected health information to federal officials for intelligence and national security activities authorized by law. We also may disclose your protected health information to federal officials in order to protect the President, other officials or foreign heads of state, or to conduct investigations.
- 17. Inmates:** Our organization may disclose your protected health information to Correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official in order to provide health care for you.
- 18. Workers' Compensation:** Our organization may release your protected health information for workers' compensation and similar programs.

REQUIRED USES AND DISCLOSURES:

Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of Section 164.500 et. seq.

USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION BASED UPON YOUR WRITTEN AUTHORIZATION:

- 1. Authorization for Other Uses and Disclosures:** Other uses and disclosures of your protected health information will be made only with your written authorization, unless otherwise permitted or required by law as described above. With some exceptions, we must obtain an authorization for uses or disclosures of psychotherapy notes. Any authorization you provide to us regarding the use and disclosure of your protected health information may be revoked at any time *in writing*, except to the extent that we have taken action in reliance on the use and disclosure indicated in the authorization. **Please note:** We are required to retain records of your care.
- 2. Highly Confidential Information:** Special privacy protections by state and federal regulations may apply for certain highly confidential information such as information about alcohol and drug abuse.
- 3. Texas Law:** Certain provisions of Texas Law may be more stringent than HIPAA. If such provisions are more stringent than HIPAA, we must comply with these more stringent provisions of Texas Law.

YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION:

You have the following rights regarding the protected health information that we maintain about you:

- 1. Confidential Communications:** You have the right to request that our organization communicate with you about your health and related issues in a particular manner



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or at a certain location. For instance, you may ask that we contact you at home, rather than work. In order to request a type of confidential communication, you must make a written request to the *CHILDREN'S BEREAVEMENT CENTER OF SOUTH TEXAS* or contact us at (210) 736-4847 for further information specifying the requested method of contact, or the location where you wish to be contacted. Our organization will accommodate reasonable requests. You do not need to give a reason for your request.

2. **Requesting Restrictions:** You have the right to request a restriction in our use or disclosure of your protected health information for treatment, payment or health care operations. Additionally, you have the right to request that we limit our disclosure of your protected health information to individuals involved in your care or the payment for your care, such as family members and friends. We are not required to agree to your request; however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat to you. In order to request a restriction in our use or disclosure of your protected health information, you must make your request in writing to the *CHILDREN'S BEREAVEMENT CENTER OF SOUTH TEXAS* or call (210) 736-4847 for further information.
 - a. Your request must describe in a clear and concise fashion: (a) the information you wish restricted; (b) whether you are requesting to limit our practice's use, disclosure or both; and (c) to whom you want the limits to apply.
3. **Inspection and Copies:** You have the right to inspect and obtain a copy of the protected health information that may be used to make decisions about you, including Client medical records and billing records. Some exceptions might apply. You must submit your request in writing to the *CHILDREN'S BEREAVEMENT CENTER OF SOUTH TEXAS* or call (210) 736-4847 for further information, in order to inspect and/or obtain a copy of your protected health information. We may charge you related fees, unless prohibited by law. Our practice may deny your request to inspect and/or copy in certain limited circumstances; however, in certain circumstances, you may request a review of our denial. Reviews will be conducted by another licensed health care professional chosen by us.
4. **Amendment:** You may ask us to amend your protected health information if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by or for our organization. To request an amendment, your request must be made in writing and submitted to the *CHILDREN'S BEREAVEMENT CENTER OF SOUTH TEXAS* or call (210) 736-4847 for further information. You must provide us with a reason that supports your request for amendment. Our organization will deny your request if you fail to submit your request (and the reason supporting your request) in writing.
 - a. Also, we may deny your request if you ask us to amend information that is: (a) accurate and complete; (b) not part of the designated record set; (c) not part of the protected health information which you would be permitted to inspect and copy; or (d) not created by our organization, unless the individual or entity that created the information is not available to amend the information.

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- 5. Accounting of Disclosures:** All of our Clients have the right to request an "accounting of disclosures." An "accounting of disclosures" is a list of certain disclosures our organization has made of your protected health information for purposes other than for treatment, payment, healthcare operations and certain other activities. In order to obtain an accounting of disclosures, you must submit your request in writing to the *CHILDREN'S BEREAVEMENT CENTER OF SOUTH TEXAS* or call (210) 736-4847 for further information. All requests for an "accounting of disclosures" 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 12 month period is free of charge, but our practice may charge you for additional lists within the same 12 month period. Our organization will notify you of the costs involved with additional requests, and you may withdraw your request before you incur any costs.
- 6. Right to a Paper Copy of This Notice:** You are entitled to receive a paper copy of our notice of privacy practices even if you have a notice electronically. You may ask us to give you a copy of this notice at any time. To obtain a paper copy of this notice, contact the *CHILDREN'S BEREAVEMENT CENTER OF SOUTH TEXAS* or Administrator, or call (210) 736-4847 for further information.
- 7. Right to File a Complaint:** If you believe your privacy rights have been violated, you may file a complaint with our organization and with the Secretary of the Department of Health and Human Services. To file a complaint with our organization, contact the *CHILDREN'S BEREAVEMENT CENTER OF SOUTH TEXAS* or call (210) 736-4847 for further information. All complaints must be submitted in writing. You will not be retaliated against for filing a complaint.