



THE CARRUTH CENTER NOTICE OF PRIVACY PRACTICES

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.

EFFECTIVE August 1, 2017

This Notice of Privacy Practices (the “*Notice*”) tells you about the ways we may use and disclose your personal health information (“*PHI*”) and your rights and our obligations regarding the use and disclosure of your medical information. This Notice applies to The Carruth Center including its providers and employees (the “*Practice*”).

I. OUR OBLIGATIONS:

We are required by law to:

- Maintain the privacy of your PHI, to the extent required by state and federal law;
- Give you this Notice explaining our legal duties and privacy practices with respect to PHI about you;
- Notify affected individuals following a breach of unsecured PHI under federal law; and
- Follow the terms of the version of this Notice that is currently in effect.

II. HOW WE MAY USE AND DISCLOSE PERSONAL HEALTH INFORMATION ABOUT YOU:

The following categories describe the different reasons that we typically use and disclose PHI. These categories are intended to be general descriptions only, and not a list of every instance in which we may use or disclose your PHI. Please understand that for these categories, the law generally does not require us to get your authorization in order for us to use or disclose your PHI.

A. For Treatment: We may use and disclose PHI about you to provide you with health care treatment and related services, including coordinating and managing your health care. We may disclose PHI about you to health care providers and personnel who are providing or involved in providing health care to you (both within and outside of the Practice). For example, should your care require referral to or treatment by another provider of a specialty outside of the Practice, we may provide that provider with your PHI in order to aid the provider in his or her treatment of you.

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

C. For Health Care Operations: We may use and disclose PHI about you for our health care operations. These uses and disclosures are necessary to operate and manage our practice, to promote quality care, and to contact you when necessary. For example, we may need to use or disclose your PHI in order to assess the quality of care you receive or to conduct certain cost management, business management, administrative, or quality improvement activities.

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

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E. Business Associates: There are some services (such as billing or legal services) that may be provided to or on behalf of our Practice through contracts with business associates. When these services are contracted, we may disclose your PHI to our business associate so that they can perform the job we have asked them to do. To protect your PHI, however, we require the business associate to appropriately safeguard your information.

F. As Required by Law: We will disclose PHI about you when required to do so by federal, state, or local law or regulations. This may include sharing your PHI with the Department of Health and Human Services if it wants to see that we are complying with federal privacy law.

G. Individuals Involved in Your Care or Payment for Your Care: We may disclose PHI about you to a friend or family member who is involved in your health 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 (with an opportunity for you to agree or object when required under the law), or in accordance with your prior authorization.

H. To Avert an Imminent Threat of Injury to Health or Safety: We may use and disclose PHI about you when necessary to prevent or decrease a serious and imminent threat of injury to your physical, mental or emotional health or safety or the physical safety of another person. Such disclosure would only be to medical or law enforcement personnel.

I. Public Health Risks: We may disclose PHI about you to public health authorities for public health activities. As a general rule, we are required by law to disclose certain types of information to public health authorities, such as the Texas Department of State Health Services. The types of information generally include information used:

- To prevent or control disease, injury, or disability (including the reporting of a particular disease or injury).
- To report births and deaths.
- To report suspected child or elderly or disabled abuse or neglect.
- To report reactions to medications or problems with medical devices and supplies.
- To notify people of recalls of products they may be using.
- To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.
- To notify the appropriate government authority if we believe a child or adult 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.
- To provide information about certain medical devices.
- To assist in public health investigations, surveillance, or interventions.

J. Health Oversight Activities: We may disclose PHI to a health oversight agency for activities authorized by law. These oversight activities include audits, civil, administrative, or criminal investigations and proceedings, inspections, licensure and disciplinary actions, and other activities necessary for the government to monitor the health care system, certain governmental benefit programs, certain entities subject to government regulations which relate to health information, and compliance with civil rights laws.

K. Disaster Relief Situation: We may disclose your PHI to disaster relief organizations that seek your PHI to coordinate your case, 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 practicably can.

L. Facility Directories: We may use or disclose certain aspects of your PHI in order to maintain a directory of individuals in the facility. We will provide you with an opportunity to agree or object to such a disclosure whenever we practicably can.

M. Legal Matters: If you are involved in a lawsuit or a legal dispute, we may disclose PHI about you in response to a court or administrative order, subpoena, discovery request, or other lawful process. In addition to lawsuits, there may be other legal proceedings for which we may be required or authorized to use or disclose your PHI, such as investigations of health care providers, competency hearings on individuals, or claims over the payment of fees for medical services.

N. Law Enforcement, National Security and Intelligence Activities: In certain circumstances, we may disclose your PHI if we are asked to do so by law enforcement officials, or if we are required by law to do so. We may disclose your PHI to law enforcement personnel, if necessary to prevent or decrease a serious and imminent threat of injury to your physical, mental or emotional health or safety or the physical safety of another person. We may disclose PHI about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

O. Fundraising: We may use or disclose certain limited amounts of your PHI to send you fundraising materials. You have a right to opt out of receiving such fundraising communications. 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.

P. Electronic Disclosures of Medical Information: Under Texas law, we are required to provide notice to you if your PHI is subject to electronic disclosure. This Notice serves as general notice that we may disclose your PHI electronically for treatment, payment, or health care operations or as otherwise authorized or required by state or federal law.

Q. Mental Health Information: We will not disclose mental health records containing your identity, diagnosis, evaluation, or treatment unless authorized by law or upon your written consent.

II. YOUR WRITTEN AUTHORIZATION IS REQUIRED FOR OTHER USES AND DISCLOSURES

A. Authorization Required: Psychotherapy Notes, Marketing, and Sale of Medical Information. There are times we may need or want to use or disclose your PHI for reasons other than those listed above, but to do so we will need your prior authorization. In these cases, we will never use or share your information absent written authorization by you:

- Most uses and disclosures of “psychotherapy notes”;
- Marketing purposes; and
- Sale of medical information.

B. Right to Revoke Authorization: Other uses and disclosures of your PHI not covered by this Notice or the laws that apply to us will be made only with your written authorization. If you provide us with written authorization to use or disclose your PHI for such other purposes, you may revoke that authorization in writing at any time. If you revoke your authorization, we will no longer use or disclose your PHI for the reasons covered by your written authorization. You understand that we are unable to take back any uses or disclosures we have already made in reliance upon your authorization, and that we are required to retain our records of the care that we provided to you.

IV. YOUR RIGHTS REGARDING YOUR PERSONAL HEALTH INFORMATION:

Federal and state laws provide you with certain rights regarding the PHI we have about you. The following is a summary of those rights.

A. Right to Inspect and Copy: Under most circumstances, you have the right to inspect and/or copy your PHI that we have in our possession, which generally includes your medical and billing records. To inspect or copy your PHI, you must submit your request to do so in writing to the Practice’s HIPAA Officer at the address listed in Section VI below.

If you request a copy of your information, we may charge a fee for the costs of copying, mailing, or certain supplies associated with your request. The fee we may charge will be the amount allowed by state law.

We may also provide you with a summary of your PHI, rather than the entire record, or we can provide you with an explanation of the PHI which has been provided to you, so long as you agree to this alternative form and pay the associated fees.

If your requested PHI is maintained in an electronic format (e.g., as part of an electronic medical record, electronic billing record, or other group of records maintained by the Practice that is used to make decisions about you) we will provide you with the requested PHI in the electronic form and format requested, unless you agree to accept it in another format. If it is not readily producible in the requested electronic form and format, we will provide access in a readable electronic form and format as agreed to by the Practice and you.

In certain very limited circumstances allowed by law, we may deny your request to review or copy your PHI. We will give you any such denial in writing. If you are denied access to PHI, you may request that the denial be reviewed. Another licensed health care professional chosen by the Practice 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.

B. Right to Amend: If you feel the PHI we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by the Practice. To request an amendment, your request must be in writing and submitted to the HIPAA Officer at the address listed in Section VI below. In your request, you must provide a reason as to why you want this amendment. If we accept your request, we will notify you of that in writing.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that (i) was not created by us (unless you provide a reasonable basis for asserting that the person or organization that created the information is no longer available to act on the requested amendment), (ii) is not part of the information kept by the Practice, (iii) is not part of the information which you would be permitted to inspect and copy, or (iv) is accurate and complete. If we deny your request, we will notify you of that denial in writing.

C. Right to an Accounting of Disclosures: You have the right to request an "accounting of disclosures" of your PHI. This is a list of the disclosures we have made for up to six years prior to the date of your request of your PHI, but does not include disclosures for Treatment, Payment, or Health Care Operations (as described in Sections II A, B, and C of this Notice) or disclosures made pursuant to your specific authorization (as described in Section III of this Notice), or certain other disclosures.

If we make disclosures through an electronic health records (EHR) system, you may have an additional right to an accounting of disclosures for Treatment, Payment, and Health Care Operations. Please contact the Practice's HIPAA Officer at the address set forth in Section VI below for more information regarding whether we have implemented an EHR and the effective date, if any, of any additional right to an accounting of disclosures made through an EHR for the purposes of Treatment, Payment, or Health Care Operations.

To request a list of accounting, you must submit your request in writing to the Practice's HIPAA Officer at the address set forth in Section VI below.

Your request must state a time period, which may not be longer than six years (or longer than three years for Treatment, Payment, and Health Care Operations disclosures made through an EHR, if applicable) and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper or electronically). 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. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

D. Right to Request Restrictions: You have the right to request a restriction or limitation on the PHI we use or disclose about you for Treatment, Payment, or Health Care Operations. You also have the right to request a restriction or limitation on the PHI we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend.

Except as specifically described below in this Notice, we are not required to agree to your request for a restriction or limitation. If we do agree, we will comply with your request unless the information is needed to provide emergency treatment. In addition, there are certain situations where we won't be able to agree to your request, such as when we are required by law to use or disclose your medical information. To request restrictions, you must make your request in writing to the Practice's HIPAA Officer at the address listed in Section VI of this Notice below. In your request,

you must specifically tell us what information you want to limit, whether you want us to limit our use, disclosure, or both, and to whom you want the limits to apply.

As stated above, in most instances we do not have to agree to your request for restrictions on disclosures that are otherwise allowed. However, if you pay or another person (other than a health plan) pays on your behalf for an item or service in full, out of pocket, and you request that we not disclose the PHI relating solely to that item or service to a health plan for the purposes of payment or health care operations, then we will be obligated to abide by that request for restriction unless the disclosure is otherwise required by law. 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).

E. 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 at home, not at work or, conversely, only at work and not at home. To request such confidential communications, you must make your request in writing to the Practice's HIPAA Officer at the address listed in Section VI below.

We 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.

F. Right to a Paper Copy of This Notice: You have the right to a paper copy of this Notice. You may ask us to give you a copy of this Notice at any time. To obtain a copy of this Notice, you must make your request in writing to the Practice's HIPAA Officer at the address set forth in Section VI below.

G. Right to Breach Notification: In certain instances, we may be obligated to notify you (and potentially other parties) if we become aware that your PHI has been improperly disclosed or otherwise subject to a "breach" as defined in and/or required by HIPAA and applicable state law.

V. 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 PHI 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 office. When changes have been made to the Notice, you may obtain a revised copy by sending a letter to the Practice's HIPAA Officer at the address listed in Section VI below or by asking the office receptionist for a current copy of the Notice.

VI. COMPLAINTS:

If you believe that your privacy rights as described in this Notice have been violated, you may file a complaint with the Practice at the following address or phone number:

The Carruth Center
Attn: Mimi Branham
11001 Hammerly Blvd.
Houston, Texas 77043
(713) 935-9088

To file a complaint, you may either call or send a written letter. The Practice will not retaliate against any individual who files a complaint. You may also file a complaint with the Secretary of the Department of Health and Human Services.

In addition, if you have any questions about this Notice, please contact the Practice's HIPAA Officer at the address or phone number listed above.

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PAGES 1 - 5 OF THIS NOTICE ARE FOR YOUR RECORDS. PLEASE SIGN AND RETURN THE PORTION BELOW FOR OUR RECORDS.

VII. ACKNOWLEDGEMENT AND REQUESTED RESTRICTIONS:

By signing below, you acknowledge that you have received this *Notice of Privacy Practices* prior to any service being provided to you by the Practice, and you consent to the use and disclosure of your medical information as set forth herein except as expressly stated below.

I hereby request the following restrictions on the use and/or disclosure (specify as applicable) of my information:

Please sign and return page 8 of this form to The Carruth Center’s business office. Keep pages 1 – 7 for your records.

Client’s Name: _____ Client’s DOB: _____

I acknowledge receipt of The Carruth Center at The Parish School’s Notice of Privacy Practices. Signing below does not indicate any agreement to special uses or disclosures of my child’s health records. I understand I may ask for an additional copy of the Notice of Privacy Practices from The Carruth Center at The Parish School at any time.

SIGNATURES:

Parent 1/Legal Representative: _____ Date: _____

Printed Name:

If Legal Representative, relationship to Patient:

Witness (optional): _____ Date: _____

Parent 2/Legal Representative: _____ Date: _____

Printed Name: _____

If Legal Representative, relationship to Patient:

Witness (optional): _____ Date: _____