



# Notice of Privacy Practices

Effective Date: May 15, 2017

**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.** *Individuals receiving the services of The Warren Center are minors. Therefore, please read the terms “you” and “your” to mean the minor. Personal Representatives such as parents, legal guardians, and surrogate parents are treated as the individual when requesting action on behalf of the minor.*

## **We are required, by law to:**

- Keep your health information private;
- Provide you with this Notice on your first contact. The notice is also available at all locations;
- Act according to the terms of this notice; and
- Notify you in the event your protected health information is breached.

## **We will not:**

- Sell your protected health information (PHI), except as authorized by law, without your consent;
- Use your PHI to solicit you for fundraising activities;
- Use your PHI for any purposes related to marketing.

*We may, at any time, make changes to the terms of this notice.*

## **When we make changes we will:**

- Update the notice posted in all of our facilities;
- Update the notice posted on our website;
- Offer a copy of the updated notice during your next appointment or home visit.

## **How We May Use or Disclose Your Information:**

**For Treatment-** We may use your information to provide you with services. For example, we may disclose your information to doctors, nurses or other care providers outside of The Warren Center who are involved with your care.

**For Payment-** We may use and disclose your information for the purposes of receiving payment on your behalf. For example, we may need to give your insurance company information about care you received so your insurance will pay for your care or we may need to notify your insurance company about a treatment you are about to receive in order to determine if your insurance will cover the treatment.

**For Health Care Operations-** We may use and disclose your information for our health care operations. For example, we may use your information to evaluate the quality and competence of our health care workers or we may disclose your medical information to our internal administrators in order to resolve a complaint you may have filed.

**Treatment Alternatives-** We may use and disclose information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

**Health-Related Benefits and Services-** We may use and disclose medical information to tell you about health-related benefits, services, or medical education classes that may be of interest to you.



**Individuals Involved in Your Care or Payment for your Care-** Unless you object, we may share or discuss information with your family, friends, or others involved in your care or payment for your care. Your provider can only discuss the information that the person involved needs to know about your care or payment for your care. If you object to this kind of disclosure, please let your provider know.

**Research-** Under certain circumstances, we may use and disclose your information for research purposes. For example, a research study may be conducted to determine the effective of one treatment approach over another.

**Limited Data Set Information-** We may disclose limited information to third parties for purposes of research, public health and health care operations. This limited data set will not include any information which could be used to identify you directly.

**As Required by Law-** We will disclose your medical information when required to do so by federal, state or local law. For example, we are required to report child abuse to the appropriate state, county, or law enforcement authority.

**Incidental Disclosures-** Certain incidental disclosures of your medical information occur as a byproduct of lawful and permitted use and disclosure of your medical information. For example, persons in a waiting room may over hear the name of another visitor. We will take all reasonable precautions to protect your privacy.

**Disclosures to Business Associates-** In certain circumstances, we may need to share your medical information with a business associate (e.g., grant development, fundraising, computer system vendor, etc.) so it can perform a service on our behalf. We will have a written contract in place with the business associate requiring it to protect the privacy of your medical information.

**Public Health Activities-** We may disclose your medical information to public health agencies as required or authorized by state law to support public health activities.

**Serious & Imminent Threat to Health or Safety-** We may use and disclose medical information about you when necessary to prevent a serious and imminent threat to your health or safety or the health or safety of the public.

**Health Oversight Activities-** We may disclose your medical information to a health oversight agency for activities authorized by law. For example, audits, investigations, inspections and licensure. These activities are necessary for the government to protect public health, monitor government programs, and comply with civil rights laws.

**Lawful Subpoena or Court Order-** If you are involved in a lawsuit or a dispute, we may disclose your medical information in response to a court or administrative order. We may also disclose your medical information in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute. In most circumstances, we will not disclose your medical information until efforts have been made to notify you of the request or to obtain an order protecting the information requested.

**Law Enforcement-** We may disclose your medical information if asked to do so by a law enforcement official or otherwise designated individual.

**Coroners, Medical Examiners & Funeral Directors-** We may disclose medical information to a coroner, medical examiner or funeral director to identify a deceased person or determine the cause of death. We may also disclose medical information to funeral directors as necessary to carry out their duties.

#### **Other Uses of Medical Information:**

All other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written authorization. If you provide us authorization to use or disclose your medical information, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose your medical information for the purposes



identified in your written revocation, unless we have already acted in reliance on your authorization.

**You Have Rights With Regards To How We Use Your Medical Information: To inquire or to exercise any right, please contact The Warren Center's Privacy Officer (contact information is below):**

**Right to Request Limits on Uses or Disclosures of PHI-** You have the right to ask that we limit how your information is used or disclosed. You must make the request in writing and tell us what information you want to limit and to whom you want the limits to apply. In most cases we are not required to agree to a restriction. Upon your written request we are required to restrict disclosure of your information to a payer (e.g. insurance company) if you make full payment for the service at the time of service. If we agree to a restriction you can ask us verbally to remove the restriction at any time.

**Right to Choose How We Communicate with You-** We will agree to reasonable requests. To carry out the request, we may also ask you for another address or another way to contact you, for example, mailing to a post office box. Requests must be made in writing to The Warren Center's Privacy Officer.

**Right to See and Get Copies of Your Records-** In most cases, you have the right to review or get copies of your records. You must make the request in writing and you may be charged a fee for the cost of copying your records.

**Right to Request a Correction or Update of Your Records-** You may ask us to change (amend) information in your records if you think there is a mistake. In certain cases, we may deny your request for a change. If we deny your request, you have the right to file a statement with the Privacy Officer, stating that you disagree. We may prepare a response to your statement and will provide you with a copy of this response.

**Right to Get a List of Disclosures-** You may ask us for an accounting of disclosures we made of your medical information to the extent the law requires.

**Right to Get a Paper Copy of this Notice-** You may ask us for a paper copy of this notice at any time.

**Right to Revoke Permission-** If you sign an authorization to use or disclose information, you can cancel that authorization at any time. You must make the request in writing. This will not affect information that has already been shared.

**Further Questions:**

If you have any questions or wish to make a complaint about our practices, please contact **The Warren Center's Privacy Officer, Pam Ruatta**, at (972) 490-9055. We will take your complaint seriously and will investigate the circumstances.

You can also contact The U.S. Department of Health and Human Services, Office for Civil Rights if you want to file a complaint or to report a problem with how we have used or disclosed information about you. You can learn more about your rights or file a complaint at <http://www.hhs.gov/hipaa/>.

You may learn more about your rights in Texas, and also file a complaint with the Texas Health and Human Services Commission at <http://www.hhsc.state.tx.us>

We will not retaliate against you for filing a complaint.

*Protected Health Information (PHI) includes the following: name, address, all elements (except years) of dates, telephone and fax number, email address, social security number, medical record number, health plan beneficiary number, account number, certificate or license number, any vehicle or other device serial number, web URL, internet protocol (IP) address, finger or voice print, photographic image, and any other characteristic that could uniquely identify the individual.*



# Acknowledgement of Receipt of The Warren Center's Notice of Privacy Practices Policy

Child's name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

By signing below, I am acknowledging that:

- I am either the patient or the patient's personal representative;
- I have received a copy of The Warren Center's "Notice of Privacy Practices"; and
- I understand that I may contact the person named in the Notice if I have questions about the content of the Notice.

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

\_\_\_\_\_  
Signature of patient or parent/legal guardian/surrogate/legally responsible person

\_\_\_\_\_  
Date

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**TO BE COMPLETED BY STAFF ONLY IF SIGNATURE REQUESTED BUT NOT OBTAINED**

*Except in an emergency treatment situation, The Warren Center's therapists and employees will make a good faith effort to obtain a written acknowledgment of receipt of the notice of privacy practices.*

Patient/personal representative refused to sign form

Other reason acknowledgment form was not obtained: \_\_\_\_\_

\_\_\_\_\_  
Signature of staff member

\_\_\_\_\_  
Date