

## **NOTICE OF PRIVACY RIGHTS**

***Clients are provided a copy of this Notice of Privacy Rights in Spanish and English at the time they sign the Center Patient and Center Rights and Responsibilities and upon request.***

### **TO OUR CLIENTS/PATIENTS**

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE READ IT CAREFULLY.

This notice applies to all the records of your care generated by this Center, whether made by the Center or an associated provider. Our policies on protecting your health information extend to all professional authorized persons who have a need to know to provide care to you. The policies apply to all areas of the Center including all Center staff, the front desk, billing and administration. It also applies to any entity or individual with whom we contract services, such as referral providers.

### **Your Protected Health Information**

As our patient, we create paper and electronic medical records and documents concerning you and your health, as well as the care and services we provide to you. We need this record to provide continuity of care and to comply with certain legal requirements. We are required by law to:

- make sure that your protected health information is kept private,
- provide you with this Notice of Client Privacy Rights, and
- make sure the law and your legal rights are in effect.

### **HOW WE USE, DISCLOSE AND SAFEGUARD YOUR PERSONAL HEALTH INFORMATION**

- **Information We Collect.** We collect the following types of information: personal identification, name, email address, phone number, and other contact details. Service usage information, details about the services you request or use. We do not sell, rent, or lease patient lists or data to third parties for marketing purposes.
- **Treatment.** We use information previously compiled about you to provide you with current or future health care treatment or services. Therefore, we may, and most likely will, disclose your information to doctors, nurses and other health care personnel who are involved in your care.
- **Payment.** We may use and disclose medical information about you concerning services and procedures so they may be billed and collected from you, your insurance company or third-party reimbursement entity such as Workers Compensation.
- **Operational Uses.** We may use and disclose medical information about you in order to operate the Center efficiently and make sure our patients receive quality of care.
- **Appointment and Patient Recall Reminders.**
  - We may use and disclose your health information to contact you to remind you regarding appointments or for medical care that you are to receive.
  - Mobile Phone Contact Information.
  - By providing your mobile phone number you consent to receive SMS/MMS communications from the Center.
  - Message Frequency may vary.
  - Standard message and data rates may apply depending on your carrier.
  - You may opt-out of receiving these messages at any time by replying with "STOP" to any text message you receive from us. After opting out, you will receive a confirmation message, and we will cease sending SMS messages to your number.
  - We are committed to ensuring the security of your information. Your phone number will be handled in accordance with our Privacy Policy. No mobile information will be shared with third parties or affiliates for marketing/promotional purposes.
  - If you need assistance or have questions about our SMS service, reply with "HELP" to any SMS message you receive.
- **External Entities.** In an emergency, we may disclose information about you to an entity assisting in disaster relief so that your family can be notified about your condition, status, and location.
- **Research.** We may participate in research concerning the use of certain treatment protocols that have proper governmental and Center approval. In that case, we would secure your informed consent that will identify all aspects of your involvement, risks and benefits and possible disclosures.
- **Required by Law.** We will disclose medical information about you when required to do so by federal, state, or local law.
- **To Avert a Serious Threat to Health or Safety.** We may use and disclose your health information to people who need to know when necessary to prevent a serious threat to either your health or the health and safety of others.
- **Organ and Tissue Donation.** If you are an organ donor, we may disclose medical information to organizations that handle organ procurement and transplantation.



- **Public Health Issues and Risks.** We may report your health information as required by law or by your authorization concerning certain health conditions to prevent or control disease, injury or disability, births and deaths, child or elder abuse or neglect, reactions to medications or products, recalls of products, and notice of exposure to a condition.
- **Victims of Abuse, Neglect or Domestic Violence.** We may disclose your health information to law enforcement, social services, or other government agencies authorized to receive the report if we have reason to believe that you are a victim of abuse, neglect, or domestic violence.
- **Investigations and Government Activities.** We may disclose your health information to a local, state or federal agency for oversight activities authorized by law that may concern inspections, licensure, illegal conduct, or compliance with other laws and regulations including civil rights laws.
- **Lawsuits and Disputes.** If you are involved in a lawsuit or dispute, we may disclose your health information in response to a subpoena, court subpoena or court order, discovery request or other lawful process by someone else involved in the dispute.
- **Law Enforcement.** We may release your health information to law enforcement officials in response to a court order, subpoena, warrant, summons or similar process, to identify or locate a suspect witness or missing person, concerning a victim of a crime, about a death we believe may involve criminal actions, criminal conduct in progress, crimes on Center premises, or emergency situations to report a crime or details of a crime.
- **Coroners, Medical Examiners and Funeral Directors.** We may release your health information to a coroner or medical examiner or funeral directors as necessary for them to carry out their duties.
- **Military and National Security.** If you currently serve in the military or are a veteran, we may disclose your health information to the military upon proper request. We may also disclose your information to federal officials conducting national security and intelligence activities.
- **Workers' Compensation.** We may disclose your information if required by workers' compensation laws and other similar laws and regulations.

## **YOUR PRIVACY RIGHTS**

You have the right to:

- **Inspect and copy your health information.** You may ask to review and get a copy of health information about you that the Center keeps for as long as the Center has it. If you request to review your health information, the Center will determine whether to allow you to review some or all of the health information you asked for. The Center may charge a fee for any copies that you ask for. Please make this request in writing to the Center's Health Information Manager.
- **Amend your health information if you feel it is wrong or not complete.** You may request that we amend the health information the Center keeps. If the Center accepts your request to amend your health information, the change will become a permanent document in your health care record. Please make this request in writing to the Center's Health Information Manager.
- **Request a limit to the health information we disclose.** You may ask the Center not to use or disclose your health information. Your request must describe the specific limits you are requesting. The Center may deny your request. Please make this request in writing to the Center's Health Information Manager.
- **Request a list of disclosures we have made of your health information.** You can request a list of disclosures of your health information that the Center has made. This list will not include routine disclosures of your health information for the treatment, payment, or business operations purposes described above. Please make this request in writing to the Center's Health Information Manager.
- **Request confidential communications from us.** We will not disclose your health information except as described in this Notice. However, you may ask us to contact you by another means or at a different address or to limit the number or type of people who have access to your health information. Please make this request in writing to the Center's Health Information Manager.
- **Receive a paper copy of this Notice from us.** You may request a copy of this Notice at any time.
- **Contact Us.** If you have any questions or concerns about the Notice of Privacy Rights or our data practices, please contact us by email at [patientinquiry@communicaresa.org](mailto:patientinquiry@communicaresa.org) or the customer help desk number (210) 233-7067.

## **YOUR RIGHT TO COMPLAIN**

**Complaints:** If you believe that your privacy rights have been violated, you may file a complaint with the Center or with the Secretary of the Department of Health and Human Services. All complaints must be submitted in writing, and all complaints will be investigated.

## **CHANGES TO THIS NOTICE**

**Changes to This Notice.** We reserve the right to change this Notice at any time. We will post a copy of the current notice in the Center with the effective date in the upper right-hand corner of the first page. The updated privacy notice will also be posted on the Center's website. You may request a copy of the current notice each time that you visit the Center for services or by calling the Center and requesting that the current notice be sent to you in the mail.



**PATIENT CONSENT**

☐ By signing and submitting this form, you are consenting to receive texts and appointment reminders, and other patient communication from CommuniCare at the number provided, including messages sent by an auto dialer. Consent is not a condition of purchase. Messages & data rates may apply. Message frequency varies. Unsubscribe at any time by replying STOP or HELP for assistance.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PATIENT FULL NAME:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_ **PATIENT ID#** \_\_\_\_\_

**CELL PHONE NUMBER:** \_\_\_\_\_

If you have any questions or concerns about the Notice of Privacy Rights or our data practices, please contact us by email at [patientinquiry@communicaresa.org](mailto:patientinquiry@communicaresa.org) or the customer help desk number (210) 233-7067.

This NOTICE includes CommuniCare Health Clinics and our Family of Affiliated Clinics and Practices identified below.

