CON HIPAA

Notice of Privacy Practice

Effective Date: February 1, 2025 / Revised Date: February 1, 2025

This Joint Notice describes the privacy practices of Citizens Medical Center (**CMC**) and Citizens Medical Professionals (**CMP**), how we may use and disclose medical information about you and how you can access your medical information. Citizens Medical Center and Citizens Medical Professionals share Protected Health Information (PHI) for the treatment, payment and healthcare operations and as permitted by HIPAA and this Notice.

We are required by law to maintain the privacy and security of our protected health information. We will let you know promptly if a breach occurs that may have compromised the privacy or security of our information. We must follow the duties and privacy practices described in this Notice and give you a copy of it. We will not use or share your information other than that described here, unless you tell us we can in writing. If you tell us we can, you may change your mind at any time by letting us know in writing.

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical records and other health information we have about you. *See page 4 for how to do this.*
- We will provide a copy or a summary of your health information in accordance with applicable state and federal requirements. We may charge a reasonable, cost-based fee.
- You may revoke an authorization to use or disclose your health information, except to the extent that action has already been taken in reliance of your authorization. *See page 4 for how to do this.*

Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. *See page 4 for how to do this.*
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example: mobile, home or office phone) or send mail to a different address. *See page 4 for how to do this.*
- We will say “yes” to all reasonable requests.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment or our operations. We are not required to agree to your request. For example, we may say “no” if it would affect your care. *See page 4 on how to do this.*
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurance. We will say “yes” unless law requires us to share that information.

Get a list of those with whom we’ve shared information

- You can ask for a list (accounting) of the times we have shared your health information for six years prior to the date you ask, who we shared it with and why. *See page 4 on how to do this.*
- We will include all the disclosures except for those about treatment, payment, health care operations and

certain other disclosures (such as any you asked us to make). We will provide one accounting a year for free, but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this Privacy Notice

- You can ask for a paper copy of this Notice at any time, even if you have agreed to receive the Notice electronically.
- You may also view a copy of this Notice on our website: citizensmedicalcenter.org

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has the authority to act for you before we take any action.

File a complaint if you feel your privacy rights have been violated

- You can complain if you feel we have violated your privacy rights by contacting us using the Compliance Office.
- You can file a complaint with the Department of Health and Human Services Office for Civil Rights.
- We will not retaliate against you for filing a complaint.

For certain health information, you may tell us choices about what we share.

You have the right to tell us to:

- Share information with your family, close friends, or others involved in your care.
- Share information in a disaster relief situation.
- Include your information in a hospital directory.
- If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

We never share your information unless you give us written permission to do so for:

- Marketing purposes.
- Sale of your information, as this activity is defined under HIPAA.
- In most instances, sharing psychotherapy notes.

Fundraising

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

Our Uses and Disclosures
How do we typically use or share your health information? We typically use or share your health information in the following ways.

Treatment

- We can use your health information and share it with other professionals who are treating you, and for recommending treatment alternatives, care coordination, and alternative settings of care.

Run our organization

- We can use and share your health information to run our organization and improve patient care.
  Example: We may combine health information about many patients to evaluate the need for new services or treatments to improve the quality of patient care.

Bill for our services

- We can use and share your health information to bill and get payment from health plans or other entities. Example: We give information about you to your health insurance plan so it will pay for our services.

For Payment

- We can use and share your health information for payment of premiums due to us, to determine your coverage, and for payment of health care services you receive. Example: We might tell a doctor if you are eligible for coverage and what percentage of the bill might be covered.

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as the ways mentioned below. We must meet certain conditions in the law before we can share your information for these purposes.

Public health and safety: We can share health information about you for certain situation such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety.

Student Immunizations: We may disclose proof of your child's immunizations to their school based on your verbal or written permission.

Research: We can use or share your information for health research under certain circumstances.

Compliance with the law: We will share information about you if federal, state, or local law or regulations require it, including with the Department of Health and Human Services, if they want to see that we are complying with federal privacy law.

Organ and tissue donation: We can share health information about you with organ procurement organizations.

Medical Examiners or funeral directors: We can share health information with a coroner, medical examiner or funeral director when an individual dies.

Workers' compensation, law enforcement and other governmental entities: We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special governmental functions such as military, national security and presidential protective services.

Service provider: We can share health information about you with service providers that assist us and who have the same contractual obligation to safeguard the information.

De-identified information: We may use health information about you to create de-identified information. This is information that has gone through a rigorous process so that the risk that the information can identify you is very small. Once health information is de-identified in compliance with HIPAA, we may use or disclose it for various purposes, such as research or development of new health care technologies, and the de-identified information will no longer be subject to this Notice, or your rights described herein. We may receive payment for the de-identified information.

Lawsuits and legal actions: We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Electronic Health Information Exchange (HIE)

- We use HIEs to exchange electronic health information about you with other health care providers or entities that are not part of our health care system. Information exchanged between providers or entities may be stored in their own systems.
- Our health care system and these other providers or entities can use the HIEs to see your electronic health information for the purposes described in this Notice, to coordinate your care and also allowed by law.
- We monitor who can view your information within our health care system, but other individuals and entities who use the HIEs may disclose your information to others subject to each HIEs rules.
- You may opt out of all HIEs by providing a written request to the Compliance Office. If you opt-out, others may still request your information through the HIEs, but your information will not be viewable through the HIEs. You may opt back in to the HIEs at any time. *See last page on how to do this.*
- You do not have to participate in any HIE to receive care.

Destruction of Medical Records

- **CMC and CMP** follow state law regarding destruction of your medical records. Your medical records may be destroyed after 10 years from your last date of treatment. If you were under 18 years of age at the time you were last treated, **CMC** and **CMP** may authorize disposal of those medical records relating to you on or after the date of your 20th birthday, or on or after the 10th anniversary of the date on which you were last treated, whichever is later.

Hospital or Clinic: To get an electronic or paper copy of your medical records, contact the Health Information Management Department at the hospital at: (361) 572-5019 or visit our organization website citizensmedicalcenter.org

Compliance Office: For requests related to authorization, amendment, confidential communication, restriction, list of those which whom we have shared information, revocation or an authorization, opting in or out of the HIE, or to file a complaint, contact us at: (361) 574-1703.

Texas Health and Human Services: To obtain further information about the federal privacy rules or to submit a complaint to the Texas Department of State Health Services Privacy Division you may contact the Department by telephone at (877) 541-790 toll free. If you are hearing or speech impaired, you may call (800)735-2989. https://www.hhs.texas.gov/regulations/legal-information/hipaa-privacy-laws/reporting-a-privacy-incident

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Your signature below indicates that you have been given a copy of this Joint Notice of Privacy Practices for Citizens Medical Center and Citizens Medical Professionals. If you have any questions about this Joint Notice of Privacy Practices, please call the Compliance Office at (361) 574-1703.

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Patient Signature Date

_____ _____

Parent/Guardian Signature (if patient under 18) Date