



Teen Health Center, Inc.

Providing free medical and mental health care to Galveston County youth since 1985

NOTICE OF PRIVACY PRACTICES

This notice describes how PROTECTED HEALTH INFORMATION (PHI) about you may be used and disclosed and how you can get access to this information. *Please review it carefully.*

WHO WILL FOLLOW THIS NOTICE

We may use your PHI for treatment, payment, research or fundraising purposes as described in this notice. All staff employed or contracted to provide services at the Teen Health Center and those under supervision of staff will follow these privacy practices.

ABOUT THIS NOTICE

This notice will tell you about the ways we may use and disclose your PHI. We also describe your rights and certain obligations we have regarding the use and disclosure of PHI. We are required by law to:

- make sure that PHI that identifies you is kept private;
- give you this notice of our legal duties and privacy practices with respect to your PHI; and
- follow the terms of the notice that are currently in effect.

HOW WE MAY USE AND DISCLOSE PHI ABOUT YOU

The following categories describe different ways that we use and disclose your (PHI). For each category of uses or disclosures we will explain what we mean and give examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one or more of the categories.

- For Treatment. We may use PHI about you to provide you with medical treatment or services. We may disclose PHI about you to doctors, nurses, technicians, medical students or other Teen Health Center personnel who are involved in your care. Different sections of the Teen Health Center also may share PHI about you in order to coordinate the different things you need, such as prescriptions. We also may disclose PHI about you to people outside the Teen Health Center who may be involved in your medical care.
- For Payment. We are permitted to use and disclose your PHI so that the treatment and services you receive at the Teen Health Center may be billed and payment may be collected from a third party.
- To Business Associates for Treatment, Payment, and Health Care Operations. We are permitted to disclose your PHI to our business associates in order to carry out treatment payment or health care operations.
- For Healthcare Operations. We may use and disclose PHI about you for operations of the Teen Health Center. These uses and disclosures are necessary to run the Teen Health Center and make sure that all of our patients receive quality care. For example, we may use PHI to evaluate the performance of our staff in caring for you. We may also combine PHI about many patients to decide what additional services the Teen Health Center should offer, what services are not needed and whether certain new treatments are effective. We may also combine PHI we have with PHI from other school based health centers/health care facilities to compare our performance and to make improvements in the care and services we offer. We may also disclose information to doctors, nurses, technicians, medical students and other Teen Health Center personnel for educational purposes. We may also disclose information about you to other healthcare facilities as permitted by law.
- Appointment Reminders. We may use and disclose PHI to contact you to remind you that you have an appointment for treatment for medical or mental health care.
- Treatment Alternatives. We may use and disclose PHI to tell you about possible treatment options that may be of interest to you.
- Health-Related Benefits and Services. We may use and disclose PHI to tell you about health-related benefits or services that may be of interest to you.
- Fundraising Activities. We may contact you to raise money for fundraising activities at the Teen Health Center. Unless you give us permission to use additional information, we would limit use of your information to contact information such as your name, address and telephone number, and the dates you received treatment or services at the Hospital. If you do not want to be contacted for fundraising efforts you may opt out of such fundraising efforts by the following procedures described in fundraising letters you receive or by notifying the Executive Director in writing at P.O. Box 925 Galveston, Texas 77550.
- Individuals Involved In Your care or Payment for Your Care. We may release PHI about you to a friend or family member who is involved in your health care. We may also give information to someone who helps pay for your care. In addition, we may disclose PHI about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.
- Research. Under certain circumstances, we may use and disclose PHI about you for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received treatment for the same condition. All research projects, however are subject to a special approval process. This process evaluates a proposed research project and its use of PHI to balance needs with patients' needs for privacy of their PHI. Before we use or disclose PHI for research, the project will be approved through this process. However, we may disclose PHI about you to people preparing to conduct a research project, for example, to help them look for patients with specific medical needs, so long as the PHI review does not leave the

Teen Health Center. When required by law, we will ask for your specific written authorization if the researcher will have access to your name, address or other information that reveals who you are/who will be involved in your care at the Teen Health Center.

SPECIAL SITUATIONS

- As Required By Law. We will disclose PHI about you when required to do so by federal, state or local law.
Texas State Law. Special privacy protections apply to HIV-related information, alcohol and substance abuse information, mental health information and genetic information. Some plans of this general Notice of Privacy Practices may not apply to these types of information. If your treatment involves this information, you will be provided an explanation of how the information will be protected. For further information, please contact the Teen Health Center. This contact information is listed on the last page of this Notice.
- Organ and Tissue Donation. If you are an organ or tissue donor, we may release PHI about you to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank.
- Military and Veterans. If you are a member of the armed forces of the United States or another country, we may release PHI about you as required by military command authorities.
- Workers' Compensation. We may release PHI about you for workers' compensation or similar programs.
- Public Health Risks. We may disclose to authorize public health or government officials PHI about you for public health activities. These activities generally include the following:
 - to prevent or control disease, injury or disability;
 - to report disease or injury,
 - to report births and deaths
 - to report child abuse or neglect;
 - to report reactions to medications and food or problems with products;
 - to notify people of recalls or replacements 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 patient has been the victim of abuse, neglect or domestic violence. We only make this disclosure if you agree or when required or authorized by law.
- Health Oversight Activities. We may disclose PHI about you to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections and licensure.
- Lawsuits and Disputes. If you are involved in a lawsuit or a dispute, we may disclose PHI about you in response to a court or administrative order. We may also disclose PHI about you in response to a subpoena, discovery request or other legal demand by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.
- Law Enforcement. We may release PHI about you if asked to do so by a law enforcement official:
 - in response to a court order, subpoena, warrant, summons or similar process;
 - to identify or locate a suspect, fugitive, material witness, or missing person;
 - about the victim of a crime if, under certain circumstances, we are unable to obtain the person's agreement;
 - about a death we believe may be the result of criminal conduct
 - about criminal conduct we believed occurred at the Teen Health Center;
 - in emergency circumstances to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime; and
 - to authorized federal officials so they may provide protection for the President and other authorized persons or conduct special investigations.
- To Avert a Serious Threat to Health or Safety. We may use and disclose your PHI when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to law enforcement in order to help prevent the threat.
- Armed Forces and Military Personnel. If you are a member of the armed forces, we may release your PHI as required by military command authorities. We may also release PHI about foreign military personnel to the appropriate foreign military authority.
- Coroners, Medical Examiners and Funeral Directors. We may release PHI about you to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person to determine the cause of death. We may also release PHI to funeral directors so they can carry out their duties.
- National Security and Intelligence Activities. We may release PHI about you to authorized federal officials for intelligence, counterintelligence and other national security activities authorized by law.
- When your Written Authorization is Required. Other uses and disclosure of PHI not covered by this Notice or the laws that apply to us will be made only with your written authorization on a Teen Health Center authorization form. If you provide us authorization to use or disclose PHI about you, you may revoke that authorization, we will no longer use or disclose PHI about you for the reasons covered by your written authorization. However, we may continue to use or disclose that information to the extent we have relied on your authorization. You also understand that we are unable to

take back any disclosures we have already made with your authorization, and that we are required to retain our records of the care that we provided to you. You may obtain a paper authorization form by contacting:

Teen Health Center

P.O. Box 925 Galveston, Texas 77553

409-772-5750

SPECIAL PROTECTIONS FOR ALCOHOL AND DRUG ABUSE INFORMATION. Alcohol and drug abuse information has special privacy protections. The Teen Health Center will not disclose or provide any PHI relating to the patient's substance abuse treatment unless: (1) there is a patient authorization; (2) a court order requires disclosure of the information; (3) medical personnel need the information to meet a medical emergency; (4) qualified personnel use the information for the purpose of conducting scientific research, management audits, financial audits, or program evaluation; or (5) it is necessary to report a crime or a threat to commit a crime, or to report abuse or neglect as required by law.

YOUR RIGHTS REGARDING PHI ABOUT YOU. You have the following rights regarding PHI we maintain about you:

- Right to Inspect and Receive a Copy. You have the right to inspect and copy of your PHI that may be used to make decisions about your care. Usually this includes medical and billing records. This right does not include psychotherapy notes, information compiled for use in a legal proceeding or certain information maintained by laboratories.
In order to inspect and copy PHI that may be used to make decisions about you, you must submit your request in writing to the appropriate Medical Correspondence Unit, listed on the last page of this Notice, for the location at which you were treated. If your request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request. We may deny your request to inspect and copy in certain limited circumstances. If you are denied access to PHI, you may request in writing that the denial be reviewed. To request a review, contact the Privacy Office. This contact information is listed on the last page of this Notice. A licensed healthcare professional will conduct the review. We will comply with the outcome of the review.
- Right to Amend. If you think that 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 or for the Teen Health Center. To request an amendment, your request must be made in writing and submitted to the appropriate Medical Correspondence Unit, listed on the last page of this Notice, for the location at which you were treated. In addition, you must give a reason that supports your request. 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:
 - was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
 - is not part of the PHI kept by or for the Teen Health Center;
 - is not part of the information that you would be permitted to inspect and copy; or
 - is accurate and complete.We will provide you with written notice of actions we take in response to your request for amendment.
- Rights to an Accounting of Disclosures. You have the right to request an "accounting of disclosures." This is a list of certain disclosures we made of PHI about you. We are not required to account for any disclosures you specifically requested or for disclosures related to treatment, payment of healthcare operations or made pursuant to an authorization signed by you. To request an accounting of disclosures, you must submit your request in writing to the Privacy Office. This contact information is listed on the last page of this Notice. Your request must state a time period, which may not be longer than six years and may not include dates before April 14, 2003. We will attempt to honor your request. If you request more than one accounting in any 12-month period, we may charge you for our reasonable retrieval, list preparation and mailing costs for the second and subsequent requests. We will notify you of the costs involved and you may choose to withdraw or modify your request at that time before any costs are incurred.
- 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 healthcare operations. You also have the right to request a limit on the PHI we disclose about you to someone who is involved in your care or the payment for your care, such as a family member or friend. *To request a restriction, you must contact the Teen Health Center. This contact information is listed on the last page of this Notice.* We are not required to agree to your request. If we agree to your request, we will comply with your request unless the information is needed to provide you emergency treatment.
- Right to Request Confidential Communications. You have the right to request that we communicate with you about health care matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must submit a written request to the Teen Health Center. This contact information is listed on the last page of this Notice. We will not ask you the reason for your request. Your request must specify how or where you wish to be contacted. We will attempt to accommodate reasonable requests.
- Right to a Paper Copy of This Notice. You have the right to a paper copy of this Notice at your first encounter with the Teen Health Center. You may get additional copy of this notice at any time by contacting the Teen Health Center. This contact information is listed on the last page of this Notice.

CHANGES TO THIS NOTICE

We reserve the right to change this Notice. We reserve the right to make the revised or changed Notice effective for PHI about you we already have as well as any information we receive in the future. We will post copies of the current Notice at the Teen Health Center. The Notice will contain on the first page, in the bottom right-hand corner, the effective date. In addition, each time you have a visit at the Teen Health Center for treatment or healthcare services we will make available copies of the current notice. Any revisions to our Notice will also be posted on our website.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the Teen Health Center. To file a complaint with the Teen Health Center, please call or write to the Teen Health Center. This contact information is listed on the last page of this Notice. You will not be penalized for filing a complaint.

FOR MORE INFORMATION OR FURTHER QUESTIONS PLEASE CONTACT:

Teen Health Center

P.O. Box 925 Galveston, Texas 77553

409-766-5750

If you were treated at a Clinic or other site locations, you should contact that location for additional information. You may obtain a copy of this notice electronically at our website: <http://teenhealthinc.org/>