



## NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

***PLEASE REVIEW IT CAREFULLY.***

### **WHAT DOES THIS NOTICE COVER?**

Information about your health condition, healthcare treatment, or payment for healthcare **treatment that could reasonably identify who you are**; information in the possession of IntraCare Health Center. This applies to all personnel, volunteers, contractors, trainees, or anyone working at IntraCare Health Center who might have access to your health information.

### **HOW INTRACARE HEALTH CENTER WILL USE YOUR HEALTH INFORMATION**

IntraCare Health Center is permitted to use or to disclose to others outside IntraCare Health Center your health information without permission from you for basic types of activities and several specific situations or circumstances. They are described below:

**Treatment-** We are permitted to use your health information or disclose it to others outside of IntraCare Health Center to provide proper medical care to you.

**Payment-** We are permitted to use your health information or disclose it to others outside of IntraCare Health Center to submit bills for the services you receive.

**Health care operations-** We are permitted to use your health information or disclose it to others outside of IntraCare Health Center to run the program and ensure high quality services.

**Appointment Reminders-** We may use or disclose your health information to send you reminders to tell you have an appointment for treatment.

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

**Fundraising Activities-** We may use or disclose your health information to contact you for fundraising activities for IntraCare Health Center, by IntraCare Health Center, or on our behalf by others.

**Participating Directory-** We may include certain limited information about you in the agency's participation directory while you are participating at the agency such as your name, program of the agency, and your religious affiliation.

**Individuals Involved in Your Care or payment for Your Care-** We may disclose your health information 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 your health information for research purposes.

**As Required by Law-** We will disclose your information when required by law.

**To Avoid a Serious Threat to Health or Safety-** We may use and disclose your health information to prevent a serious



threat to your health and safety of the public or another person.

**Organ and Tissue Donation-** If you are an organ donor and/or recipient, we may release medical information to organizations that handle organ procurement or organ, eye, or tissue transplantation or to an organ donation bank to support the process.

**Workers' Compensation-** We may release medical information about you for workers' compensation or similar programs.

**Public Health Risks-** We may disclose medical information about you to prevent or control disease, injury, or disability; to report births and deaths; to report child abuse or neglect; to report reactions to medications or problems with products; to notify people of recall 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; and/or notify the appropriate government authority if we believe a participant has been the victim of abuse, neglect or domestic violence.

**Military and Veterans-** If you are a member of the armed forces, we may release your medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.

**Health Oversight Activities-** We may disclose medical information to a health oversight agency for activities authorized by law.

**Lawsuits and Disputes-** If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process 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 medical information is asked to do so by a law enforcement official in response to court order, subpoena, warrant summons or similar process; to identify or locate a suspect, fugitive, material witness, or missing persons; about the victim of a crime, if, under certain limited 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 at the clinic; and, in emergency circumstance to report a crime, the location of the crime or victim, or the identity, description or location of the person who committed the crime.

**Coroners, medical Examiners and Funeral Homes-** we may release medical information to a coroner or medical examiner.

**National Security and Intelligence Activities-** We may release medical information about you to authorized federal officials for intelligence, counterintelligence and other national security activities authorized by law.

**Protective Services for the President or Others-** We may disclose medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.

**Inmate-** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional or law enforcement officials.



## OUR RIGHTS REGARDING YOUR HEALTH INFORMATION

**Authorization to Use Your Information-** For us to use or disclose your information, other than as described above, we will need to obtain your written authorization which you may revoke at any time to stop any future uses and disclosures.

**Right to Have Access to Your information-** You have the right to review and photocopy and/all portions of your healthcare information except for psychotherapy notes, information that may be used in a civil, criminal, or administrative action, or were prohibited by law.

**Right to amend Your Information-** You have the right to make changes to your health information.

**Right to Request Confidential information be provided in a Certain Way-** You may request that when we send your information to you, we do so in a specific way that is convenient for you.

**Right to Restrict Your Information-** You have the right to restrict the use of your confidential health information. However, the organization may refuse your restriction if it conflicts with providing you with quality healthcare or in an emergency.

**Right to an Accounting of Our Disclosures of Your Information-** you have the right to know who has accessed your confidential healthcare information and for what purpose.

**Right to a Paper Copy of This Notice-** you have the right to possess a copy of this Privacy notice upon request. This copy can be in the form of an electronic transmission or on paper.

## INTRACARE HEALTH CENTER DUTIES REGARDING YOUR HEALTH INFORMATION

We are required to protect the privacy of your information, established Policies and Procedures that do so, provide this Notice about your privacy practices, and to follow practices in the Notice. WE reserve the right to changes these Policies and Procedures for protecting health information. When we make a significant change in how we use or disclose your health information, we will also change this Notice and post the new Notice in waiting rooms and registration areas. You can request a written copy of the most recent change to this Notice at any time. IntraCare Health Center may deny you access to your protected health information if a licensed health care provider determines that releasing it could endanger you or someone else; your protected health information refers to a third party and releasing it could harm that person; or providing access to a personal representative could harm you or another person.

## HOW TO MAKE A COMPLAINT ABOUT YOUR INFORMATION IS USED

If you believe we have not properly protected your privacy, violated your privacy rights, or you disagree with a decision we made about access to your protected health information, you may contact the IntraCare Health Center Privacy Officer in writing within 90 days of this discovery. You may also send a written complaint to the U.S. Department of Health and Human Services within 180 days of discovery. The IntraCare Health Center Venter Privacy Officer can provide you with the appropriate address upon request. You will not be penalized for filing a complaint, to act on any of the information provided in the Notice or for more information about our privacy practices, you can contact the IntraCare Health Center Privacy Officer: (855) 893-5637, Fax: (817) 666-3873, and mail IntraCare Health Center Privacy Officer. 2340 E Trinity Mills Rd #250, Carrollton, TX 75006