

NOTICE OF PRIVACY PRACTICES

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.

When you receive treatment from Center for Life Resources (CFLR), we will obtain and/or create health information (protected health information) about you. Health information includes any information that relates to your physical or mental health or condition, the health care provided to you, the payment for your health care, and individually identifiable information, such as your name, address, telephone number, or social security number.

This notice tells you about our duty to protect your health information, your privacy rights, and how we may use or disclose your health information. It is effective beginning April 15, 2014. CFLR, its employees, contractors and agents, and each of its programs will follow this notice.

CFLR's Duties:

- ~ The law requires us to protect the privacy of your health information. This means that we will not use or let other people see your health information without your permission except in the ways we tell you in this notice. We will safeguard your health information and keep it private. This protection applies to all health information we have about you, no matter when or where you received or sought services. We will not give permission to any person to interview, photograph, film, or record you without your written agreement. We will not tell anyone if you sought, are receiving, or have ever received services from CFLR, unless the law allows us to disclose that information.
- ~ We will ask you for your written permission (authorization) to use or disclose your health information, except when we are allowed or required to use or disclose your health information without your permission, as explained in this notice. If you give us your permission to use or disclose your health information, you may take it back (revoke it) at any time. If you revoke your permission, we will not be liable for using or disclosing your health information before we knew you revoked your permission. To revoke your permission, send a written statement, signed by you, to the CFLR office where you gave your permission, providing the date and purpose of the permission and saying that you want to revoke it.
- ~ We are required to give you this notice of our legal duties and privacy practices at the first service delivery. If the first service delivery is by telephone, a copy of this notice will be mailed to you on the same day as the service. We must do what this notice says. We can change the contents of this notice and, if we do, we will have copies of the new notice at our offices and on our website, www.cflr.us. The new notice will apply to all health information we have, no matter when we received or created the information.
- ~ We are required to notify you of any breach of your unsecured protected health information.
- ~ We will notify you of any unauthorized acquisition of your computerized health information that compromises the security, confidentiality, or integrity of the information, as required by law.
- ~ Our employees must protect the privacy of your health information as part of their jobs. We instruct our employees not to look at your health information unless they need it as part of

their jobs. We will discipline employees who do not protect the privacy of your health information.

- We reserve the right to change our practices and make the new provisions effective for all health information we maintain. Should our information practices change, we will post the amended Notice of Privacy Practices in our office and our website. You may request that a copy be provided to you by contacting the Privacy Officer at (325) 646-9574, PO Box 250, Brownwood, Texas, 76801.

Your Privacy Rights at CFLR

- ~ **Access**. You can look at or get a copy of the health information that we have about you. If you want a copy of your health information, you may have to pay a reasonable fee for it. There are some reasons why we will not let you see or get a copy of your health information, and if we deny your request we will tell you why. You can appeal our decision in some situations. To inspect or request a copy of your health information, please send your request in writing to CFLR, P.O. Box 250, Brownwood, Texas 76801, Attention: Medical Records.
- ~ **Amend**. You can ask us to change information in your records if you think the information is wrong. We will not destroy or change our records, but we can put the new information in your records and make a note in your records that you have provided the information. Sometimes we may not add this information, but will make a note of your request in your records. In order to request an amendment, please submit your written request to CFLR, P.O. Box 250, Brownwood, Texas 76801, Attention: Medical Records.
- ~ **Accounting**. You can get a list of when we have given health information about you to other people for a time period not longer than six years. The list will not include disclosures for treatment, payment, health care operations, national security, law enforcement, or disclosures where you gave your permission (unless specifically required by law). The list will not include disclosures made before April 14, 2003. There will be no charge for one list per year. To request this list, you must submit your request in writing to CFLR, P.O. Box 250, Brownwood, Texas 76801, Attention: Medical Records.
- ~ **Restrictions**. You have the right to request a restriction or limitation on the medical information CFLR uses or discloses about you for treatment, payment, or health care operations. You also have the right to request a limit on the health information CFLR discloses about you to someone who is involved in our care or the payment of your care. We will consider your request, but the law does not require us to agree to it, except when the request pertains solely to a healthcare item or service for which CFLR has been paid out of pocket in full and: (i) the restriction pertains to payment or a healthcare operation and (ii) the disclosure is not otherwise required by law. If we do agree to your request to restrict, we will put the agreement in writing and follow it, except in case of emergency. We cannot agree to limit the uses or sharing of information that are required by law. To request a restriction, please make your request in writing to CFLR, P.O. Box 250, Brownwood, Texas 76801, Attention: Medical Records, and indicate: (i) what information you want to limit; (ii) whether you want to limit CFLR's use and disclosure and; (iii) to whom you want the limits to apply.
- ~ **Confidential Communications**. You can ask us to contact you at a different place or in some other way. We will agree to your request as long as it is reasonable. To you must

make your request to CFLR, P.O. Box 250, Brownwood, Texas 76801, Attention: Medical Records. Your request must specify how or where you wish to be contacted.

- ~ **Right to Revoke an Authorization.** There are certain types of uses or disclosures that require your express authorization. For example, CFLR may not sell your information to a third party for marketing purposes without first obtaining your authorization. If you provide authorization for a particular use or disclosure of your information, you may revoke such authorization in writing by contacting the **Privacy Officer** at (325) 646-9574, PO Box 250, Brownwood, Texas, 76801. We will honor your revocation except to the extent that we have already taken action in reliance of the specific authorization.
- ~ **Right to Receive a Copy of this Document.** You can get a copy of this notice any time you ask for it.

The Methods in Which We May Use and Disclose Information about You

We may use or disclose your health information to provide care to you, to obtain payment for that care, or for our own health care operations.

Health information about you may be exchanged between CFLR, funding sources of mental health and intellectual/developmental disabilities and/or substance abuse services, CFLR programs, local mental health or mental retardation authorities, community MHMR centers, Texas Department of State Health Services (TDSHS) facilities, Texas Department of Aging and Disability Services (TDADS) facilities and other health care providers, for purposes of treatment, payment, or health care operations, without your permission. Alcohol and substance abuse information will only be released as allowed by law.

- ~ **Treatment.** We can use or disclose your health information to provide, coordinate, or manage health care or related services. This includes providing care to you, consulting with another health care provider about you, and referring you to another health care provider. For example, we can use your health information to prescribe medication for you. Unless you ask us not to, we may also contact you to remind you of an appointment or to offer treatment alternatives or other health-related information that may interest you.
- ~ **Payment.** We can use or disclose your health information to obtain payment for providing health care to you or to provide benefits to you under a health plan such as the Medicaid program. For example, we can use your health information to bill your insurance company for health care provided to you.
- ~ **Health Care Operations.** We can also use or disclose your health information for health care operations. For example, we may use or disclose use health information for:
 - Activities to improve health care, evaluate programs, and develop procedures;
 - Case management and care coordination;
 - Reviewing the competence, qualifications, performance of health care professionals and others;
 - Conducting training programs and resolving internal disputes;

- Conducting accreditation, certification, licensing, or credentialing activities;
- Providing medical review, legal services, or auditing functions;
- Engaging in business planning and management or general administration; and
- Managing software and databases in CFLR's operations.

Disclosures Requiring Authorization

~ **Psychotherapy Notes.** Psychotherapy notes where your mental health professional documents and analyzes the contents of a conversation during a counseling session may not be shared without your authorization, except in the following circumstances:

- The mental health professional may use them to provide you with further treatment;
- The mental health professional may disclose them :
 - To students, trainees or practitioners in mental health who are learning under supervision to practice or improve their skills in group, joint, family, or individual counseling;
 - As necessary to defend himself or herself or CFLR in a legal proceeding initiated by you or your personal representative;
 - As required/allowed by law;
 - To government authorities to avert a serious and imminent threat to the health or safety of you or another person;
 - To the United States Department of Health and Human Services when that agency requests them; and
 - To medical examiners and coroners, if necessary, to determine your cause of death.

All other uses and disclosures of psychotherapy notes require your written authorization. You have the right to revoke such authorization in writing.

~ **Fundraising:** CFLR engages in certain fundraising activities. For example, CFLR may contract with New Milestones Foundation, Inc. to perform fundraising activities. Information used and disclosed for fundraising is generally limited to your name, race, age, gender, birthday, address, and dates of service with CFLR. Prior to engaging in a fundraising activity, we will first get your authorization unless we communicate with you face-to-face or as otherwise permitted by law.

All other uses and disclosures of your information for fundraising purposes require your written authorization. You have the right to revoke such authorization in writing.

~ **Marketing.** Marketing *generally* includes a communication made to describe a health-related product or service that may encourage you to purchase or use the product or service. If we receive any money for the communication, we will first get your authorization unless we communicate with you face-to-face, or to give you a promotional gift of nominal value, or as otherwise permitted by law.

All other uses and disclosures of your information for marketing purposes require your written authorization. You have the right to revoke such authorization in writing.

- ~ **Sale of your Medical Information.** We will not sell your health information for marketing purposes without first obtaining your written authorization. You have the right to revoke such authorization in writing.

Unless you are receiving treatment for alcohol or drug abuse, CFLR is permitted to use or disclose your health information without your permission for the following additional purposes:

- **When required by law.** We may use or disclose your health information as required by state or federal law.
- **To report suspected abuse or neglect or denial of rights.** We may disclose your health information to a government authority if necessary to report abuse, neglect or denial of rights.
- **To address a serious threat to health or safety.** We may use or disclose your health information to medical or law enforcement personnel if you or others are in danger and the information is necessary to prevent physical harm.
- **For research.** We may use or disclose your health information if a research board says it can be used for a research project, or if information identifying you is removed from the health information. Information that identifies you will be kept confidential.
- **To Advocacy, Inc.** We may disclose your health information to Advocacy, Inc., in accordance with federal law, at their request.
- **For public health and health oversight activities.** We will disclose your health information when we are required to collect information about disease or injury, for public health investigations, or to report vital statistics.
- **To comply with legal requirements.** We may disclose your health information to an employee or agent of a doctor or other professional who is treating you, to comply with statutory, licensing, or accreditation requirements, as long as your information is protected and is not disclosed for any other reason.
- **For purposes relating to death.** If you die, we may disclose health information about you to your personal representative and to coroners or medical examiners to identify you or determine the cause of death.
- **To a correctional institution.** If you are in the custody of a correctional institution, we may disclose your health information to the institution in order to provide health care to you.
- **For government benefit programs.** We may use or disclose your health information as needed to operate a government benefit program, such as Medicaid.

- **To your legally authorized representative (LAR).** We may share your health information with a person appointed by a court to represent your interests or to a person who has a valid power of attorney for you.
- **In judicial and administrative proceedings.** We may disclose your health information in any criminal or civil proceeding if a court or administrative judge has issued an order or subpoena that requires us to disclose it. For example, some types of court or administrative proceedings where we may disclose your health information are:
 - **Commitment proceedings** for involuntary commitment for court-ordered treatment or services.
 - **Court-ordered examinations** for a mental or emotional condition or disorder.
 - **Proceedings regarding abuse or neglect** of a resident of an institution.
 - **License revocation proceedings** against a doctor or other professional.
- **To the Secretary of Health and Human Services.** We must disclose your health information to the United States Department of Health and Human Services when requested in order to enforce the privacy laws.
- **Crimes.** We will report any information about a crime committed by you either at CFLR or against any person who works for CFLR or about any threat to commit such a crime unless law prevents it.
- ~ **Electronic Disclosure.** We may use and disclose your health information electronically. For example, your medical information is maintained on an electronic health record. If another provider requests a copy of your medical record for treatment purposes, we may forward such record electronically.
- **Other Uses and Disclosures.** Any other use or disclosure of your medical information will be made only upon your individual written authorization. You may revoke an authorization at any time provided that it is in writing and we have not already relied on the authorization.
- **If any part of your health information identifies you as an alcohol or drug user, CFLR will not disclose that part of your health information to any person outside of CFLR without your written permission except as allowed by law.**
- We will not disclose information about you related to HIV/AIDS or alcohol or substance abuse without your specific written permission, unless the law allows us to disclose the information.

COMPLAINT PROCESS:

If you believe that CFLR has violated your privacy rights, you have the right to file a complaint. **CFLR will not retaliate against you if you file a complaint.** You may complain by contacting:

CFLR
(325) 646-9574
PO Box 250,
Brownwood, Texas, 76801.

You may also file a complaint with:

TDSHS Consumer Services and Rights Protection/Ombudsman Office
(800) 252-8154 (toll free)
P.O. Box 12668
Austin, Texas 78711

TDADS Consumer Rights and Services
(800) 458-9858 (toll free)
Mail Code E-249
PO Box 149030-78714
Austin, Texas 78751

*Region VI, Office for Civil Rights
U.S. Department of Health and Human Services
Hotline (800) 368-1019 (toll free)
1301 Young Street, Suite 1169
Dallas, Texas 75202
OCRCComplaint@hhs.gov

Office of Attorney General
P.O. Box 12548
Austin, Texas 78711
(800) 463-2100 (toll free)
www.oag.state.tx.us

For complaints against alcohol or drug abuse treatment programs, contact the United States Attorney's Office for the judicial district in which the violation occurred. To locate this office, consult the blue pages in your telephone book.

***You must file your complaint within 180 days of when you knew or should have known about the event that you think violated your privacy rights. All complaints should be submitted in writing.**

ACKNOWLEDGEMENT

Please sign and date this acknowledgement page. Your signature on this page says that you have been given the CFLR's Notice of Privacy Practices. If you received this in the mail, after you have signed it, please return it to the CFLR office that mailed it to you.

Signature

Printed Name

Date