

NOTICE OF PRIVACY PRACTICES

(Effective Date April 14, 2003)

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.

This Notice of Privacy Practices describes how we may use and disclose your protected health information to carry out your plan of care, get paid for our services, administer our agency, and for other purposes permitted or required by law. This Notice also describes your rights with respect to your health information.

Throughout this Notice, we use the term “protected health information” (PHI). PHI is information about you that may identify you and that relates to your past, present or future physical or mental health or condition and related Randy Sams’ Outreach Shelter services.

Parents or guardians should be aware that the terms “you” or “your” used in this Notice refer to the person receiving services, which may be you, your child or someone under your care.

If you have any questions about this Notice of Privacy Practices, or if you wish to exercise any of your rights, please contact:

Privacy Officer
Randy Sams’ Outreach Shelter
402 Oak Street
Texarkana, TX 75501
(903) 792-7024

OUR RESPONSIBILITIES:

We are required by law to protect the privacy of your health information and will not use or disclose your health information without your written permission, except as described in this Notice.

We must provide you with this Notice about our privacy practices. It explains how, when, and why we may use and disclose your health information. You may request a copy of our Notice of Privacy Practices at any time.

We reserve the right to change the terms of our Notice of Privacy Practices. We also reserve the right to apply changes in this Notice retroactively to all PHI maintained by the Agency. We will post a copy of the current Notice at each site where we provide services and at our web site.

YOU HAVE A RIGHT TO:

Request that we limit certain uses and disclosures of your information. You have the right to request a restriction on the health information we use or disclose about you for treatment, payment, or health care operations. You also have the right to ask us to limit the PHI we disclose about you to someone who is involved in your care or payment for your care, such as a family member or friend. However, we are not required to agree to your request. If we do agree, we will honor your request unless the PHI is needed to provide you with emergency care.

See or get a copy of your information. You have the right to look at or get a copy of your health information. If you request a copy of the information, we may charge you a fee for the costs of the copying, mailing and supplies that are needed to grant your request. We may deny your request in certain limited circumstances. If you are denied the right to see or copy your PHI, you may request that the denial be reviewed. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

Correct or amend your information. If you believe that there is a mistake in your health information or that a piece of important information is missing, you have a right to ask that we correct or update your information. You may request an amendment for as long as we maintain your health information. In certain cases, we may deny your request for amendment, and if this occurs, you will be notified of the reasons that your request was denied. You have the right to file a statement of disagreement with the decision, and we may prepare a response to your statement. You may also ask that we include a copy of your request and our denial with all future disclosures of that specific health information.

Receive a list of certain disclosures of your information. You have the right to get a list (“accounting”) of disclosures that we have made of your PHI for most purposes other than treatment, payment, or health care operations. The list does not include: disclosures we have made directly to you or with your written authorization, to friends or family members involved in your care, for national security purposes, to corrections or law enforcement authorities while you were in custody, or disclosures made prior to April 14, 2003. The first accounting you request within a 12 month period will be provided free of charge, but you may be charged for the cost of providing additional accountings. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time.

Request confidential communications. You may ask that we contact you in a certain way or at a certain location, such as only at work or by U.S. Mail. We will accommodate all reasonable requests. Please realize, we reserve the right to contact you by other means and at other locations if you fail to respond to any communication from us that requires a response.

Withdraw your consent to use or disclose PHI, except to the extent that action has already been taken. You may withdraw or “revoke” consent in writing at any time. Upon receipt of the written revocation, we will stop using or disclosing your PHI, except to the extent that we have already taken action in reliance on the consent. For example, we may disclose PHI to an insurance company for service rendered prior to the date that consent was revoked. We may refuse to continue to provide services to an individual that revokes his or her consent. *To exercise any of your above rights, please submit your request in writing to the Privacy Officer at the address on page 1 of this Notice.*

You also have the right to request a paper copy of this Notice. You may request a paper copy of this Notice at any time by calling us at the number above, or by asking for one when you are at one of our offices. Even if you have agreed to receive the Notice electronically, you are still entitled to a paper copy of the Notice.

USING AND DISCLOSING YOUR HEALTH INFORMATION

The following categories describe different ways we may use and disclose PHI for treatment, payment or for operations of our agency. The examples included with each category do not list every type of use or disclosure that may fall within that category.

For Treatment: We may use your PHI to provide you treatment or services. For example, information obtained by a counselor or other Randy Sams' Outreach Shelter service provider will be recorded in your record and used to determine your plan of care. People in different divisions of Randy Sams' Outreach Shelter also may share medical information about you in order to coordinate the different services you may need. We may also, with your authorization, disclose your medical information to another healthcare provider who is involved in your care.

For Payment: We may use your PHI to secure payment for your treatment or services. For example, the information on a bill sent to you, your insurance company or Medicare or Medicaid may include information that identifies you, as well as the treatment provided to you. We may also tell your health plan about treatment you are going to receive to determine whether your plan will cover it. If you receive services not covered by insurance, we may also send information to the state or federal agency or other grant source that pays for those services.

For Operations of our Agency: Some uses and disclosures of your health information are needed to run our organization. For example, we may use your health information to evaluate the quality of the services you have received from our staff, to meet funding requirements, and to maintain licensure or accreditation status. We may also need to provide some of your health information to our accountants, attorneys, and consultants in order to make sure that we're complying with the law.

WE MAY USE AND DISCLOSE PHI ABOUT YOU IN THE FOLLOWING CIRCUMSTANCES WITHOUT YOUR AUTHORIZATION OR OPPORTUNITY TO AGREE OR OBJECT, PROVIDED THAT WE COMPLY WITH CERTAIN CONDITIONS THAT MAY APPLY.

When a Disclosure is Required by Federal, State, or Local Law, Judicial or Administrative Proceedings, or by Law Enforcement. We may disclose your protected health information if we are ordered by a court, or if a law requires that we report specific information to a government agency or law enforcement authorities, such as suspected abuse or neglect.

Public Health and Health Oversight Activities. We may disclose your PHI to public health or legal authorities charged with preventing or controlling disease, injury, or disability. We are also permitted to provide some health information to a coroner, medical examiner or funeral director, as necessary for them to carry out their duties. We may disclose your PHI to an oversight agency for activities authorized by law, including audits and inspections, as necessary for licensure and accreditation and for the government to monitor the health care system, government programs, and compliance with civil rights.

Organ Donation. If you are an organ donor, we may disclose certain necessary health information to assist the appropriate organ procurement organization.

Research. We may use or disclose certain information that does not directly identify you for research, public health or healthcare operations if the recipient of that information agrees to protect that information.

Abuse, Neglect or Domestic Violence. We may disclose PHI in certain cases to proper government authorities if we reasonably believe that a patient or client has been a victim of domestic violence, abuse or neglect.

To Avoid Harm. If one of our staff members believes that it is necessary to protect you, or to protect another person or the public, we may provide PHI to the police or others who may be able to prevent or lessen the possible harm.

Specific Government Functions. For example, if you are a member of the armed forces, we may release PHI about you as required by military command authorities. We may also disclose your PHI for national security purposes, such as protecting government officials or performing intelligence investigations.

Workers' Compensation. We may disclose your PHI for workers' compensation or similar programs that provide benefits for work-related injuries or illnesses.

Appointment Reminders and Health-Related Benefits or Services. Unless you tell us in writing that you would prefer not to receive them, we may contact you to provide appointment reminders or information about alternative programs and services that may be of interest to you.

Communications with Family, or Friends Involved in Your Care or Payment for Your Care. If you have identified family or friends who you choose to be involved in your care, our staff may disclose limited PHI to them to help with services or payment for services. You have the right to limit or object to such disclosures.

Food and Drug Administration (FDA). For example, we may disclose PHI to the FDA relative to adverse events with respect to food, supplements, product and product defects to enable product recalls, repairs, or replacement.

Correctional Institutions. If you are or become an inmate of a correctional institution, we may disclose to the institution or its agents PHI necessary for your health and the health and safety of other individuals.

Emergencies. For example, we may provide your health information to a paramedic who is transporting you in an ambulance.

Notification. We may use or disclose your PHI to notify or help you in notifying a family member, personal representative, or another person responsible for your care, of your location, and general condition.

USES AND DISCLOSURES THAT REQUIRE YOUR WRITTEN AUTHORIZATION

Other uses and disclosures of PHI not covered by this Notice or the laws that apply to us will be made only with your written authorization. You may revoke the authorization, in writing, at any time to stop further uses and disclosures that were covered by that written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the services that we provided to you.

TO REPORT A PROBLEM

If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the U.S. Department of Health and Human Services. We will not retaliate against you for filing a complaint. *All complaints must be submitted in writing to the Privacy Officer at the address on the first page of this notice.*

FOR MORE INFORMATION: If you have questions about anything in this Notice or about any of our privacy practices, you may contact the Privacy Officer at the address on the first page of this notice.