



NOTICE OF PRIVACY PRACTICES

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

PLEASE REVIEW CAREFULLY

When you receive treatment or benefits from Central Plains Center, we will obtain and/or create health information (protected health information) about you. Health information includes any information that relates to your past, present or future physical or mental health conditions, the healthcare provided to you, the past, present or future payment for your healthcare, 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 14, 2003.

Central Plains Center 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 Central Plains Center, unless the law allows us to disclose that information.
- We will ask you for your written permission (authorization or consent) to use or disclose your health information. There are times when we are allowed to use or disclose your health information without your permission, as explained in this notice. If you give us permission to use or disclose your health information, you may revoke it at any time. If you revoke your permission, we will not be liable for using or disclosing your health information before we were made aware you revoked your permission. To revoke your permission, send a written statement, signed by you to the Central Plains Center office where you gave your permission, providing the date and purpose of the permission and saying 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. 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. The new notice will apply to all health information we have, no matter when received or created the information.
- Our employees must protect the privacy of your health information as part of their jobs. We do not let our employees see your health information unless they need to as part of their jobs. We will discipline employees who do not protect the privacy of your health information.
- We will report any information about a crime committed by you either at Central Plains Center or against any person who works for Central Plains Center or about any threat to commit such a crime unless prevented by Federal Law.
- We will report any information about suspected child abuse or neglect to appropriate state or local authorities unless prevented by Federal 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 this information.

Your Privacy Rights at Central Plains Center:

- You can look at or get a copy of the health information we have about you. You may have to pay a reasonable fee for the information. **You will have to ask for a copy of your records in writing.** There are some reasons that we



will be unable to allow you to see or receive a copy of your information. If your request is denied, we will let you know the reason. You can appeal our decision in some situations.

- You can ask us to correct information in your records you think is incorrect. We will not change our records, but we will add the information and note that you provided the information.
- You can obtain a list of entities we have shared your health information with in the past six years. However, the list will not include disclosures for treatment, payment, healthcare operations, national security, law enforcement or disclosures in which you gave your permission. There will be no charge for one list per year.
- You can ask us to limit some of the ways we use or share your health information. Your request will be considered, but the law does not require Central Plains Center to agree to the request. If it is agreed, the agreement will be put in writing and followed, except in case of an emergency. We cannot limit the uses or sharing of information that is required by law.
- You can ask us to contact you at an alternate location or in another way. We will agree to any reasonable request.
- You can request and receive a copy of this notice at any time.

Treatment, Payment, and Healthcare Operations

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

Health information about you may be exchanged between Central Plains Center, funding sources of Mental Health, intellectual and Developmental Disabilities and Substance Abuse Services, Central Plains Center Programs, local Mental Health or Intellectual and Developmental Disability Authority, community MH/MR Centers, MH/IDD facilities and other healthcare providers, for purposes of treatment, payment or healthcare 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 healthcare or related services. This includes providing care to you, consulting with another healthcare provider about you and referring you to another healthcare provider. For example, we can use your healthcare information to prescribe medication for you. Unless you request 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 healthcare 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 healthcare provided to you.

Notice to applicants and recipients of financial assistance or payments under federal benefit programs: any information provided by you may be subject to verification through matching programs.

Healthcare Operations: We can also use or disclose your health information for healthcare operations.

- Activities to improve healthcare, evaluation programs, and developing procedures
- Service Coordination and care coordination
- Reviewing the competence, qualifications, performance of healthcare professionals and others
- Conducting training programs and resolving internal grievances
- Conducting accreditation, certification, licensing, or credentialing activities
- Providing medical review, legal services or auditing functions
- Engaging in business planning and management or general administration

Unless you are receiving treatment for substance abuse, Central Plains Center is permitted to use or disclose your health information without your consent for the following purposes:

- ❖ **When required by law.** We may use or disclose your health information as required by state or federal law.
- ❖ **To report suspected child abuse or neglect.** We may disclose your health information to a government authority if necessary to report abuse or neglect of a child.



- ❖ **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 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 a government authority if Central Plains Center thinks that you are a victim of abuse.** We may disclose your health information to a person legally authorized to investigate a report that you have been abused or denied your rights.
- ❖ **The Disability Rights of Texas.** We may disclose your health information to Disability Rights of Texas in accordance with federal law, to investigate a complaint by you or on your behalf.
- ❖ **For public health and oversite 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 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 healthcare to you.
- ❖ **To locate you if you are missing from a facility.** We may disclose some information about you to law enforcement personnel so that they can find you and return you to the facility.
- ❖ **For government benefit programs.** We may use or disclose your health information as needed to operate a government benefit program, such as Medicaid.
- ❖ **To you Legally Authorized Representative (LAR).** We may share your health information with a person appointed by a court to represent your interests.
- ❖ **If you are receiving services for Intellectual and Developmental Disability (IDD).** We may give health information about your current physical and mental condition to your parent if you are a minor or your legal guardian.
- ❖ **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 the information. Some types of court or administrative proceedings we may disclose your health information for are:
 - **Commitment proceedings** for involuntary commitment or court ordered treatment services.
 - **Court ordered examinations** for 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.

If any part of your health information identifies you as an alcohol or drug user, or your health information indicates that you have been treated at a Central Plains Center facility or that you are being treated for alcohol or drug abuse, Central Plains Center will not disclose that part of your health information to any person outside of Central Plains Center without your written permission except as allowed by law.

Federal and State laws prohibit re-disclosure or information about alcohol or drug treatment without your permission. Central Plains Center may only disclose information about your treatment for alcohol or drug abuse without your permission in the following circumstances:

- Pursuant to a special court order that complies with 42 Code of Federal Regulations Part 2Subpart E
- To medical personnel in a medical emergency.
- To qualified personnel for research, audit, or program evaluation.
- To report suspected child abuse or neglect.
- To Disability Rights of Texas and/or the Texas Department of Family and Protective Services as followed by law, to investigate a report that you have been abused or denied your rights.



- Federal and state law prohibits re-disclosure of information about alcohol or drug abuse treatment without your permission.

COMPLAINT PROCESS:

If you believe that Central Plains Center has violated your privacy rights, you have the right to file a complaint. You may file a complaint by contacting:

Central Plains Center Consumer Rights Officer
Debbie Johnson
debbiej@clplains.org
(806)291-4470
715 Houston Street
Plainview, Texas 79072

You may also file a complaint with:

HHS Office of the Ombudsman
(877)787-8999
PO Box 13247
Austin, Texas 78711-32474

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.

Central Plains Center will not retaliate against you for filing a complaint.