



## **NOTICE OF PRIVACY PRACTICES**

**THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

If you have any questions about this notice, please contact our Privacy Officer at (915) 242-0674.

This Notice of Privacy Practices is provided to you as a requirement of the Health Insurance Portability and Accountability Act (HIPAA). It describes how PHIX may use or disclose your protected health information, with whom that information may be shared, and the safeguards in place to protect it. This notice also describes your rights to access, to amend, or to restrict the use and disclosure (except as required or authorized by law) of your protected health information.

Our intent is to make you aware of the possible uses and disclosures of your protected health information and your privacy rights. PHIX does not provide direct treatment services and is not an originator of your protected health information.

### **Understanding Your Health Record/Information**

Each time you visit a hospital, physician, dentist, or other healthcare provider, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment.

Your physician shares some of your health information with other physicians, specialists, hospitals in order to provide them with the information they need to treat you. For example, if you have to go to the Emergency Room, the Emergency Room physician can look up the medications prescribed by your physician, which will help you if you don't remember the dose or exact name of the drug.

The PHIX is a nonprofit organization in the community that helps your physicians exchange information.

Understanding what is in your record and how your health information is used helps you to:

- Ensure its accuracy.
- Better understand who, what, when, where, why and how others may access your health information.
- Make more informed decisions when authorizing disclosure to others.

## **Patient's Health Information Rights**

You have the right to:

- Opt out - You have the right to opt out, meaning that none of your health information will be viewable through the health information exchange system. Only your name, basic demographic information, and opt out status will be viewable through the PHIX system if you choose to opt out. To request to opt out, you must complete an opt out request form. The request may be submitted through your provider's office or it may be sent directly to the PHIX. If you send the form directly to the PHIX, the form must be signed by a Notary Public.

A request form is available on the PHIX website or at your physician's facility where you receive services. You may also obtain an opt out form in either place.

- Obtain a paper copy of the Notice of Privacy Practices upon request. You may ask us to give you a copy of this notice at any time. You may obtain a copy of this notice at our website, [www.phixnetwork.org](http://www.phixnetwork.org). To obtain a paper copy of this notice, contact the Privacy Officer at PHIX at (915) 242-0674.
- Amend your health record as provided in 45 CFR 164.528. If you feel that medical information we have about you is incorrect or incomplete, you may ask your physician or your healthcare provider to amend the information. You have the right to request an amendment for as long as the information is kept. To request an amendment, your request must be made in writing and submitted to your physician or healthcare provider in compliance with the respective policies and procedures of that physician or healthcare provider. You may send the request to us and we will forward to your physician. Your physician or healthcare provider may deny your request for an amendment if:
  - It is not in writing.
  - It does not include a reason to support the request.
  - The information was not created by that physician or healthcare provider.
  - The information is not part of the medical information kept in the record.
  - The information is not part of the information which you would be permitted to inspect and copy.

- The information is accurate and complete.
- Inspect and obtain a copy of your health record as provided for in 45 CFR 164.524 and required by § 181.102 of the Texas Health and Safety Code. Usually, this includes medical and billing records, but does not include psychotherapy notes. A request form is available on the PHIX website. If you request a copy of the information, a fee may be charged for the costs of copying, mailing, or other supplies associated with your request. We will provide records in an electronic format if you request and will do so within fifteen (15) business days of a written request.
- Obtain an accounting of disclosures of your health information as provided in 45 CFR 164.528. This is a list of the disclosures PHIX made of medical information about you. To request this list of disclosures, you must submit your request in writing to the Privacy Officer. A request form is available at the PHIX web site [www.phixnetwork.org](http://www.phixnetwork.org). Your request must state the time period, which may not be longer than three years. Your request should indicate in what form you want the list (for example, on paper or electronically). The first two lists you request within a twelve month period will be free. For additional requests within the twelve month period, we may charge you for the costs of providing the list.
- Request communications of your health information by alternative means or at alternative locations. Although you have the right to request confidential communication, this generally will not apply to PHIX because we will not be contacting you. Your provider is responsible for contacting you regarding treatment. To request confidential communications, you must make your request in writing to your provider or to the PHIX Privacy officer or designee. Your request must specify how or where you wish to be contacted. A request form is available at the PHIX web site ([www.phixnetwork.org](http://www.phixnetwork.org)).
- Authorize the disclosure of sensitive data about you such as mental health or substance abuse information to another entity. PHIX must have a completed authorization form signed by you at your doctor's healthcare provider's office, identifying what sensitive data is to be disclosed, to whom the information is to be disclosed, and for what time period. Your provider will provide this form to you.
- Revoke your authorization to use or disclose sensitive health information except to the extent that action has already been taken. To revoke your authorization, you should make your request in writing to PHIX or to your doctor. A request form is available on the PHIX website or at the healthcare provider's office where you receive care.

## **Our Responsibilities to You Regarding Protected Health Information**

PHIX is required to:

- Maintain the privacy of your health information.
- Provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you.
- Abide by the terms of this notice.
- Notify you if we are unable to agree to a requested restriction.
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative location.

We reserve the right to change our practices and to make any new practice effective for all protected health information we maintain. Should our information practices change, we will post that change on our website.

## **How We May Use or Disclose Your Protected Health Information**

We will not use or disclose your sensitive health information without your authorization, except as described in this notice. The following are examples of permitted uses and disclosures of your protected health information. These are examples only and do not represent a complete or exhaustive list of uses and disclosures.

### ***1. We will use your health information for treatment:***

Physicians, hospitals, outpatient facilities, ambulances, or other health care providers may look up information about you that is contained in the PHIX centralized record for you that would provide them assistance in your treatment. For example, if you have to go to the emergency room, the ER physician might look up information about the medications you are taking in order to know what medications to prescribe for you.

### ***2. We will use your health information for regular health operations:***

For example, we may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the healthcare and services provided by the doctors and hospitals that participate in PHIX.

There are some services provided in our organization through contacts with business associates. Examples include computer software services. When these services are used, we may disclose your health information to our business associates so they can perform the job we have asked them to do. To protect your health information, however, we require the business associate to appropriately safeguard your information.

### ***3. We may use your health information for research***

We may disclose limited information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information.

### ***4. We will disclose your health information if required by law***

We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers' compensation or other similar programs established by law.

As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, abuse, neglect or disability.

We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena.

We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigation, inspections and licensure.

### ***5. We will NOT use your health information to notify your family about your conditions***

We do not provide direct patient care, therefore we will not use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, your location, or general condition.

### ***6. We will NOT use your health information for payment:***

We do not provide direct patient care and therefore no billing or request for payment will be sent to a patient.

### ***7. We will NOT use your health information for marketing or fundraising***

We will not sell your personal health information to any other entity or individual. We will not contact you to provide information about health-related benefits and services that may be of interest to you.

We will not use or disclose to any state, federal, or local government, or foundation, any individually identifiable health information for the purpose of raising funds for our own benefit or for the benefit of any other organization without your prior written authorization.

### **For More Information or to Report a Problem**

If you have any questions and would like additional information, you may contact our Privacy Officer at PHIX, (915) 242-0674.

If you believe your privacy rights have been violated, you can file a complaint with the Privacy Officer, or with the Secretary of Health and Human Services. There will be no retaliation for filing a complaint.

**This Notice is effective as of: March 29, 2016**

**Revised: May 6, 2016**