



## **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.

### **Our Duties**

We are required by law to maintain the privacy of your medical information and to provide you with notice of our legal duties and privacy practices. We are required to abide by the terms of the Notice of Privacy Practices currently in effect. We reserve the right to change those terms, and any changes made will be effective for all medical information we maintain. A copy of a revised notice will be available from our Privacy Officer by calling (956) 795-4910 or by writing to City of Laredo Health Department, c/o Privacy Officer, 2600 Cedar, Laredo, Texas, 78044-2337. You may also address questions regarding our privacy practices, your privacy rights, or requests for additional information regarding your privacy to this person.

### **Permitted Uses and Disclosures**

#### **1. Treatment**

The health department may 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, the health department can use or disclose your health information to refer you to a community program for services. The health department may also contact you to remind you of an appointment or to tell you about treatment alternatives, additional benefits, or other health-related information that may be of interest to you.

#### **2. Payment**

The health department may use or disclose health information about you to pay or collect payment for your health care. For example, the health department can use or disclose your health information to bill your insurance company for health care provided to you.

#### **3. Health Care Operations**

The health department may use or disclose health information about you for health care operations. Health care operations include:

- Conducting quality assessment and improvement activities.
- Reviewing the competence, qualifications, and performance of health care professionals or health plans.
- Training health care professionals and others.
- Conducting accreditation, certification, licensing, or credentialing activities.

- Providing medical review, legal services, or auditing functions.

For example, the health department may use or disclose your health information to make sure providers bill only for care you receive.

### **Disclosures Without Authorization**

We may use and disclose medical information about you, without your specific authorization, as follows:

- **Disclosures Required by Law:** We may be required by federal, state, or local law to disclose your medical information.
- **Public Health Activities:** We may disclose your medical information to a public agency, such as the Food and Drug Administration (FDA), if you experience an adverse effect from any of the drugs, supplies, or equipment we use.
- **Victims of Abuse, Neglect, or Domestic Violence:** We may be required to disclose your medical information if we feel that you have been abused or neglected or if you may have been exposed to a communicable disease or are at risk of contracting or spreading a disease or condition.
- **Health Oversight Activities:** We may be required to disclose your medical information to Medicare or a related agency if they select your case for a medical review.
- **Judicial and Administrative Proceedings:** We may have to disclose your medical information if we receive a subpoena from a judge or administrative tribunal.
- **Law Enforcement:** We may have to disclose your medical information in conjunction with a criminal investigation by a federal or state law enforcement agency.
- **Military Personnel:** We may disclose your medical information to the appropriate command authorities.
- **Worker's Compensation:** We may disclose your medical information to comply with laws regarding worker's compensation.
- **Secretary of Health and Human Services:** The health department must disclose health information about you to the Secretary of Health and Human Services when the Secretary wants it to enforce privacy protections.

### **Client Rights**

You have certain rights with respect to your medical information.

#### **Requesting Restrictions**

You may ask us to limit our use or disclosure of your protected health information. We are not required to agree to your request, but if we agree to it, we will abide by your request except as required by law, in emergencies, or when the information is necessary to treat

you. Your request must be in writing, describe the information that you want restricted, state if the restriction is to limit our use or disclosure, and state to whom the restriction applies. You may revoke your restriction at any time by contacting our Privacy Officer.

**Confidential Communications**

You may ask that we communicate with you in a particular way or at a certain location to maintain your confidentiality. Your request must be in writing, specify an alternate way that we can contact you confidentially, and explain how you intend to satisfy your financial responsibility.

**Inspect and Copy**

You may request access to inspect and copy your medical information maintained in our records, including medical and billing records. Your request must be in writing.

**Amendment**

You may ask us to amend your health information if you believe that it is incorrect or incomplete. Your request must be in writing and must include a reason to support your amendment.

**Accounting of Disclosures**

You may request a list of non-routine disclosures that we have made of your medical information over the previous six years.

**Paper Copy of This Notice**

You are entitled to receive a paper copy of our Notice of Privacy Practices upon request.

**File a Complaint**

If you believe that we have violated your privacy rights, you may file a complaint directly with our Privacy Officer or with the Secretary of the Department of Health and Human Services. We will not penalize you for complaining.

**Patient Authorizations for Certain Disclosures**

We will request your written authorization for uses and disclosures of your medical information that we did not identify in this notice or for those not otherwise permitted by law.

Effective Date: April 14, 2003