



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.

Austin Public Health (APH) creates a record of the medical care you receive at APH. We understand that your medical information is personal, and we are committed to protecting it. This notice describes how APH may use and disclose your medical information and applies to all of your medical information received or created by APH. This notice also describes your rights and APH's obligations when using and sharing your medical information. We will protect your medical information regardless of social, economic or immigration status.

YOUR RIGHTS

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you. You have a right to:

- **Request a copy of this Privacy Notice.** You can request a paper copy of this notice at any time, even if you have agreed to receive the notice electronically.
- **Privacy Requests.** You have a right to request that your information be kept private. For treatment, payment, or healthcare operations you may request privacy, that is, you may request that we restrict or limit how your medical information is used or disclosed. (Health care operations are activities that support APH and ensure that quality services are provided.) However, APH does not have to agree to every request to restrict a disclosure of your information. We will always agree to a request for privacy if (a) you or someone on your behalf has paid us in full for a health service or device, and (b) the disclosure would be made to a health plan for purposes of payment or health care operations and the disclosure is not required by law. If we do agree to this request for privacy, we will comply with your request except under emergency circumstances. To make a privacy request, submit the following in writing: (a) a description of the information to be restricted, (b) what kind of restriction you are requesting (i.e. on the use of information, disclosure of information or both), and (c) to whom the limits apply. You may request that we do not disclose your information to family members, other relatives, or close personal friends that may or may not be involved in your care.
- **Request Confidential Communications.** You may request that we send communications of your medical information in a particular way or to a different address. Your request must specify how or where you want to be contacted for follow-up. APH will accommodate reasonable requests.
- **Inspect and Request a Copy of Your Medical Information.** You have the right to inspect and request a copy of your medical information that is maintained by APH, whether it is in paper format or contained in an electronic record. APH may charge a fee for this service. APH may deny access in accordance with state or federal law. If APH denies your request, you may have the right to request a review of that denial. Texas law requires that requests for copies be made in writing and that we provide copies or a narrative summary within 15 days of your request.
- **Request Amendment of Your Medical Information.** You may request an amendment of your medical information. We may refuse your request if you ask us to amend information that:
 - Was not created by APH;
 - Is not part of the medical information kept by or for APH;
 - Is not part of the information which the law permits you to inspect and/or copy; or
 - Is accurate and complete in the record.

If we deny your request, we will notify you in writing within 60 days of your request, and you will have the right to file a statement of disagreement in your client record.

- **An Accounting of Disclosures.** You may request a list (accounting) of certain disclosures that APH has made of your medical information. Your request cannot be more than 6 years before the date of your request and must specify the begin and end date of the time period whose records you are requesting. You have the right to receive one list within any 12-month period at no cost to you. You will be charged a reasonable fee for any additional list requests made during a 12-month period.
- **Privacy Requests:** Send all privacy requests to **Kevin Waldrup, Information Administrator. RBJ 4th Floor, 15 Waller Street, Austin TX 78702. Phone (512) 972-5108. Email Kevin.Waldrup@austintexas.gov**

USES AND DISCLOSURES OF MEDICAL INFORMATION PERMITTED WITHOUT YOUR AUTHORIZATION

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The following circumstances describe when APH may legally use or disclose your medical information without your authorization and without an opportunity for you to object. Privacy laws permit APH to use and disclose your medical information:

- To those involved in your treatment.
- To bill and collect payment for the services provided to you.
- For the purposes of health care operations.
- To provide appointment reminders, information about treatment alternatives, or other health-related benefits and services that may be of interest to you.
- When required to do so by federal, state, or local law.
- For public health activities. Public health activities are mandated by federal, state, or local government for the collection of information about disease, vital statistics (like births and deaths), or injury by a public health authority. We may disclose medical information, if authorized by law, to a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition. We may disclose your medical information to report reactions to medications, problems with products, or to notify people of recalls of products they may be using.
- If we believe a client is a victim of neglect or abuse. We will make this disclosure only when specifically authorized or required by law, or when the client agrees to the disclosure.
- To a health oversight agency for activities authorized by law. These oversight activities might include audits, investigations, inspections and licensure, or disciplinary actions or other government oversight activities. These activities are necessary for the government to monitor the healthcare system, government benefit programs, and compliance with civil right laws.
- In the course of judicial or administrative proceedings in response to an order of the court or other appropriate legal process. Certain requirements must be met before the information is disclosed. If asked by a law enforcement official, we may disclose your client information under limited circumstances provided that the information:
 - Is released pursuant to legal process, such as a warrant or subpoena;
 - Pertains to a victim of crime and you are incapacitated;
 - Pertains to a person who has died under circumstances that may be related to criminal conduct;
 - Is about a victim of crime and we are unable to obtain the person's agreement;
 - Is released because of a crime that has occurred on APH premises; or
 - Is released to locate a fugitive, missing person, or suspect.
- To comply with laws relating to worker's compensation or other similar programs established by law.
- To a correctional institution or law enforcement official as allowed or required by law If you are an inmate in a correctional institution or under the lawful custody of law enforcement.
- For specialized governmental functions, such as separation or discharge from military service, requests as necessary by appropriate military command officers (if you are in the military), authorized national security and intelligence activities, as well as authorized activities for the provision of protective services for the President of the United States, other authorized government officials, or foreign heads of state.
- To researchers for research purposes when a research project and its privacy protections have been approved by an Institutional Review Board or privacy board. We may release your medical information to a coroner or medical examiner to identify a deceased or a cause of death. Also, we may release your medical information to a funeral director where such a disclosure is necessary for the director to carry out his duties.

OUR PROMISE TO YOU

We are required by law and regulation to protect the privacy of everyone's medical information. We are also required to provide you with this notice of our legal duties and privacy practices with respect to protected health information (PHI), to provide you with notice if you are affected by a breach of unsecured protected health information, and to abide by the terms of the notice of privacy practices in effect. PHI includes all individually identifiable health information used to identify you as a patient or provide you with health care services or healthcare coverage

QUESTIONS AND CONTACT PERSONS FOR REQUESTS

If you have any questions or want to make a request pursuant to the rights described above, please contact:

Vanessa Rollow, Information Administrator. BTC 2nd Floor, 6800 Burlleson Rd., Bldg. 310, Ste. 195, Austin TX 78744
Phone (512) 972-5465. Email vanessa.rollow@austintexas.gov

If you are concerned that your privacy rights have been violated, you may file a complaint with Austin Public Health by sending a letter to the address listed above and to the United States Department of Health and Human Services Office for Civil Rights, 200 Independence Avenue, S.W., Washington, D.C. 20201. APH will not retaliate against you for filing a complaint.

This notice is effective on the following date: **May 11, 2021.**

We may change our policies and the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request in our office.