### ABOUT THIS NOTICE

This notice tells you about your privacy rights, Harris County Protective Services for Children and Adults (HCPS’) duty to protect the health information that identifies you, and how HCPS may use or disclose health information that identifies you without your written permission. This notice does not apply to health information that does not identify you or anyone else.

### YOU HAVE THE RIGHT TO:

- Request a restriction on certain uses and disclosures of your information. However, HCPS is not required to agree to a requested restriction.
- Receive confidential communications of protected health information.
- Inspect and obtain a copy of your health record. HCPS may charge a reasonable fee to cover costs.
- Request changes to your health record. Requests for changes must be in writing.
- Obtain an accounting of disclosures of your health information.
- Request communications of your health information by alternative means or at alternative locations. For example, only send appointment messages by mail, no telephone messages.
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken. Revocations must be in writing.
- Right to get a written notice of a breach if we discover a breach of your unsecured health information and determine through a risk assessment that notice is required. Notification may be required if the breach compromises the security or privacy of your health information.

### HCPS’ DUTY TO PROTECT YOUR HEALTH INFORMATION

- HCPS is required by law to protect the privacy of your health information. This means that HCPS will not use or disclose your health information without your authorization except in the ways we explain to you in this notice. We must abide by this notice.
- HCPS will ask you for your written authorization to use or disclose your health information in ways other than those stated in this notice. If you give such an authorization, you may revoke it at any time, but HCPS will not be liable for uses or disclosures made before you revoked your authorization.
- If HCPS changes the content of this notice, the new notice will be made available at our facilities and on our website https://hcps.harriscountytx.gov/ within 30 days of the effective date of the changed notice. The new notice will apply to all health information maintained by HCPS, no matter when we received or created the information.
- HCPS will only disclose your psychotherapy notes with your permission or as otherwise required or permitted by law.

### HOW HCPS USES AND DISCLOSES YOUR INFORMATION

1. **Treatment.**

HCPS 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, HCPS can disclose your health information to refer you to a high-risk clinic or a hospital for services. HCPS may also contact you to remind you of an appointment or to tell you about other health related information that may be of interest to you.

2. **Payment.**

HCPS may use or disclose health information about you to pay or collect payment for your health care. For example, HCPS can use or disclose your health information to bill your insurance company, Medicaid, or other funding sources such as Texas Department of Health, for health care provided to you. You have the right to restrict disclosure of certain health information to insurance companies if you have paid out of pocket in full for such health services provided to you and will not seek reimbursement from third parties for such services.

3. **Health Care Operations.** HCPS may use or disclose health information about you for health care operations. Health care operations include: (1) Conducting quality assessment, improvement activities, training health-care professionals; and (2) the general administrative activities of HCPS.

4. **Family Member, Other relative, Close Personal Friend, or Personal Representative.**

Unless you object, HCPS may disclose health information about you to a family member, other relative, close personal friend or personal representative when the health information is related to that person’s involvement with your care or payment for your care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest. In our sole discretion, we reserve the right to deny a family member, other relative, close friend or personal representative access to your health information even if you have authorized such access, in certain circumstances, such as preventing you from abuse or neglect.

5. **Health Oversight Activities.** HCPS may sometimes use or disclose health information about you for health oversight activities. Health oversight activities include audits, inspections, and investigations of possible fraud.

6. **Public Health.** HCPS may disclose health information about you to a public health authority for purposes of preventing or controlling disease, injury, or disability, or to reporting vital statistics; and problems with FDA-regulated products or activities.

7. **Victims of Abuse, Neglect, or Domestic Violence.** If HCPS believes you are the victim of abuse, neglect, or domestic violence we may disclose health information about you to a governmental agency that requires reports of abuse, neglect, or domestic violence as mandated by Texas law.

8. **Serious Threat to Health or Safety.** HCPS may use or disclose health information about you if we believe the use or disclosure is needed to prevent or lessen a serious and immediate threat to the health and safety of a person or the public.
9. **As Required by Law.** HCPS may use or disclose health information about you when a law requires the use or disclosure. We may share information about you in response to a court order or administrative order, or in response to a subpoena. We may also use or share health information about you for worker’s compensation claims, for law enforcement purposes or special government functions such as military, national security and presidential protective services or as otherwise required by law.

10. **Contractors.** HCPS may disclose health information about you to a contractor if the contractor needs the information to perform services for us and agrees to protect the privacy of your information.

11. **Purposes Relating to Death.** HCPS may disclose health information about you to hospitals for the purpose of organ transplants, coroners, medical examiners, and funeral directors.

12. **Research.** HCPS may use or disclose health information about you for research if the HCPS Research Review Committee approves the use. The committee will ensure that your privacy is protected when your health information is used in research.

13. **HCPS Does Not Use Your Information For Marketing Purposes.** In the event, our policy changes, we will update this notice and we will always request your permission before we use your health information for any and all marketing purposes.

14. **Appointment Reminders, Treatment Alternatives and Health Related Benefits and Services.** We may use and disclose Health Information to contact you to remind you that you have an appointment with us. We also may use and disclose Health Information to tell you about treatment alternatives or health-related benefits and services that may be of interest to you.

### Complaint Process

If you believe that HCPS has violated your privacy rights, you have the right to file a complaint within 180 days of when you learned of the violation. Complaints can be filed with any of the agencies listed below. *There will be no retaliation for filing a complaint.*

- HCPS Privacy Officer at 2525 Murworth, HR Department, Suite A25, Houston, Texas 77054, telephone 713/394-4165
- Harris County Privacy Officer at 1310 Prairie, 15th Floor, Houston, Texas 77002, telephone 713/755-6929
- Region VI, Office of Civil Rights, U.S. Department of Health & Human Rights 1301 Young Street, Suite 1169, Dallas, TX 75202, telephone 214/767-4056
- You can also file a complaint on-line at: [https://www.hhs.gov/hipaa/filing-a-complaint/index.html](https://www.hhs.gov/hipaa/filing-a-complaint/index.html)