

## How We May Use and Disclose PHI About You Without Your Authorization

- For Treatment. We may use your PHI to provide you with medical treatment or services. We may disclose PHI about you to doctors, nurses, technicians, medical students or other VBHS personnel who are involved in your care. We also may disclose PHI about you to people outside the VBHS who may be involved with medical care.
- For Payment. We may use and disclose PHI about you so that we may bill for treatment and services you receive at VBHS and can collect payment from you, an insurance company or another party. For example, we may need to give information about surgery you received at VBHS to your health plan so that the plan will pay us or reimburse you for the surgery. We may also disclose information about you to other healthcare facilities for purposes of payment as permitted by law.
- For Healthcare Operations. We may use and disclose PHI about you for operations of VBHS. For example, we may use PHI to evaluate the performance of our staff in caring for you.
- Appointment Reminders. We may use and disclose PHI to contact you to remind you that you have an appointment for treatment or medical care.
- Health Promotion and Disease Prevention. We may use and disclose PHI to tell you about disease prevention and health care programs that may be of interest to you.
- Fundraising Activities. We may contact you to raise money for fundraising activities at VBHS. Unless you give us permission to use additional information, we would limit use of your information, such as your name, address and telephone number, and the dates you received treatment or services at VBHS.
- Inpatient Directory. We may include certain limited information about you in VBMC's directory while you are a patient at VBMC so your family, friends and clergy can visit you and generally know how you are doing. You may specifically request that we not include you in the directory when you register.
- Business Associates. We may arrange to provide some services through contracts with business associates to provide certain administrative services to support our health care operations. Our contracts require that they safeguard any PHI that we give them.
- Individuals Involved in Your Care/Disaster Relief. We may release PHI about you to a friend or family member who is involved in your medical care. In addition, we may disclose PHI about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.
- Research. Under certain circumstances, we may use and disclose PHI about you for research purposes. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of PHI to balance research needs with patients' needs for privacy of their PHI. When required by law, we will ask for your specific written authorization if the researcher will have access to your name, address or other information that reveals who you are or will be involved in your care at the VBHS.
- As Required by Law. We will disclose PHI about you when required to do so by federal, state or local law.
- To Avert a Serious Threat to Health or Safety. We may use and disclose PHI about you when necessary to prevent a serious threat to your health or safety or the health and safety of the public or another person.
- Organ and Tissue Donation. If you are an organ or tissue donor, we may release PHI about you to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank.
- Workers' Compensation. We may release PHI about you for workers' compensation or similar programs.
- Public Health Risks. We may disclose to authorized public health or government officials PHI about you for public health activities. These activities generally include the following:
  - \* To a person subject to the jurisdiction of the Food and Drug Administration (FDA) for purposes related to the quality, safety or effectiveness of an FDA-regulated produce or service;
  - \* To prevent or control disease, injury or disability;
  - \* To report disease or injury;
  - \* To report births and deaths;
  - \* To report child abuse or neglect;
  - \* To report reactions to medications and food or problems with products
  - \* To notify people of recalls or replacements of products they may be using;
  - \* To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
  - \* To notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence.
- Health Oversight Activities: We may disclose PHI about you to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections and licensure.

- Legal Proceedings. We may disclose PHI about you in response to a subpoena or other legal demand.
- Law Enforcement. We may release PHI about you if asked to do so by law enforcement official in certain circumstances.
- Coroners, Medical Examiners and Funeral Directors. We may release PHI about you to a coroner or medical examiner. We may also release PHI to funeral directors so they can carry out their duties.
- Specialized Government Functions. We may release PHI about you to authorized federal officials for national military and veteran activities, intelligence, counterintelligence and other national security activities authorized by law.

## **Additional Protections for Certain PHI.**

Under Texas law, special privacy protections apply to HIV-related information, alcohol and substance abuse information, mental health information and genetic information. Some parts of this general Notice of Privacy Practices may not apply to these types of information.

## **Other Uses of Your PHI Require Authorization**

Other uses and disclosures of PHI not covered by this Notice or the laws that apply to us will be made only with your written authorization. If you provide us authorization to use or disclose PHI about you, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose PHI about you for the reasons covered by your written authorization. However, we may continue to use or disclose that information to the extent we have relied on your authorization. You also understand that we are unable to take back any disclosures we have already made with your authorization, and that we are required to retain our records of the care that we provided to you.

## **Your Rights Regarding PHI About You**

### **You have the following rights regarding PHI we maintain about you:**

- Right to Inspect and Copy. You have the right to inspect and copy PHI that may be used to make decisions about your care. In order to inspect and copy PHI that may be used to make decisions about you, you must submit your request in writing. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request. We may deny your request to inspect and copy in certain limited circumstances. If you are denied access to PHI, you may request in writing that the denial be reviewed. To request a review, contact the Privacy Office.
- Right to Amend. If you think that PHI we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the VBHS. To request an amendment, your request must be made in writing. In addition, you must give a reason that supports your request.
- We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that: i) was not created by us, unless the person or entity that created the information is no longer available to make the amendment; ii) is not part of the PHI kept by or for the VBHS; iii) is not part of the information that you would be permitted to inspect and copy; or iv) is accurate and complete. We will provide you with written notice of action we take in response to your request for an amendment.
- Right to an Accounting of Disclosures. You have the right to request an accounting of certain disclosures we made of PHI about you. We are not required to account for any disclosures we specifically requested or for disclosures related to treatment, payment or healthcare operations or made pursuant to an authorization signed by you. To request an accounting of disclosures, you must submit your request in writing to the Privacy Office.
- Right to Request Restrictions. You have the right to request a restriction or limitation on the PHI we use or disclose about you for treatment, payment or healthcare operations. You also have the right to request a limit on the PHI we disclose about you to someone who is involved in your care or the payment for your care, such as a family member or friend. To request a restriction, you must contact the Privacy Office. We are not required to agree to your request. If we agree to your request, we will comply with your request unless the information is needed to provide you emergency treatment.
- Right to Request Confidential Communications. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must submit a written request to the Privacy Office.
- Right to a Paper Copy of this Notice. You have the right to a paper copy of this Notice at your first treatment encounter at VBHS. You may get an additional copy of this Notice at any time by contacting the Privacy Office.