



This Notice of Privacy Practices describes how health information about you may be used and disclosed, and how you can get access to this information. This Notice describes:

- Your Information
- Your Rights and Choices
- Our Responsibilities and Uses and Disclosures

PLEASE REVIEW THIS NOTICE CAREFULLY!

TYPE OF HEALTH INFORMATION WE COLLECT FROM AND CREATE ABOUT YOU

When you receive treatment or benefits (such as Medicaid) from Metrocare Services, we will obtain and/or create health information about you. Health information includes any information that relates to:

1. Your past, present, or future physical or mental health or condition;
2. The health care provided to you; and
3. The past, present, or future payment for your health care.

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.

<p>Get an electronic or paper copy of your medical record</p>	<ul style="list-style-type: none"> • You can look at or get a copy of the health information that we have about you • You can choose to get a summary of your health information instead of a copy. • We have 15 business days after receiving your request for your health information or summary to provide them to you • There are some reasons why we will not let you see or get a copy of your health information, and if we deny your request we will tell you why. You can appeal our decision in some situations • If you want a summary or a copy of your health information, you may have to pay a reasonable fee for it.
<p>Ask us to correct your medical record</p>	<ul style="list-style-type: none"> • You can ask us to correct information in your records if you think the information is wrong. • We will not destroy or change our records, but we will add the correct information to your records and make a note in your records that you have provided the information. • We may say “no” to your request, but we will tell you why in writing



<p>Request confidential communications</p>	<ul style="list-style-type: none"> You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a specific address. We may say “yes” to all reasonable requests.
<p>Ask us what to limit what we use or share</p>	<ul style="list-style-type: none"> You can ask us to limit some of the ways we use or share your health information. We will consider your request, but the law does not require us to agree to it. If we do agree, we will put the agreement in writing and follow it, except in case of emergency. We cannot agree to limit the uses or sharing of information that are required by law.
<p>Get a list of those with whom we’ve shared information</p>	<ul style="list-style-type: none"> You can get a list of when we have given health information about you to other people in the last six years. The list will not include disclosures for treatment, payment, health care operations, national security, law enforcement, or disclosures where you gave your permission. The list will not include disclosures made before April 14, 2003. There will be no charge for one list per year.
<p>Get a copy of this privacy notice</p>	<ul style="list-style-type: none"> You can ask for a paper copy of this notice at any time, even if you agreed to receive the notice electronically. We will provide you with a copy promptly.
<p>Choose someone to act for you</p>	<ul style="list-style-type: none"> If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action.
<p>File a complaint if you feel your rights are violated</p>	<p><u>WE WILL NOT RETALIATE AGAINST YOU FOR FILING A COMPLAINT.</u></p> <ul style="list-style-type: none"> You can complain if you feel we have violated your rights by contacting: <p>Metrocare Client Rights Protection Office Phone: 214-743-1296 1345 River Bend Drive, Suite 200, Dallas, TX 75247</p>



NOTICE OF PRIVACY PRACTICES

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996
 DRUG ABUSE PREVENTION TREATMENT AND REHABILITATION ACT

	<ul style="list-style-type: none"> You can also file a complaint <u>within 180 days</u> with: <p>Texas Health and Human Services Commission Ombudsman for Behavioral Health Toll-free: (800) 252-8154 Fax: 888-780-8099 P.O. Box 13247, Austin, Texas 78711-3247</p> <p>U.S. Department of Health and Human Services Office for Civil Rights Centralized Case Management Operations 200 Independence Avenue, S.W. Room 509F HHH Building Washington, D.C. 20201 Toll-free: (800) 368-1019 Fax: (202) 619-3818 E-mail: OCRComplaint@hhs.gov</p>
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YOUR CHOICES

For certain health information, you can tell us your choice about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

<p>In these cases, you have both the right and choice to tell us to:</p>	<ul style="list-style-type: none"> Share information with your family, close friends, or others involved in your care. Share information in a disaster relief situation Include your information in a hospital directory. Contact you for fundraising efforts. <p>If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.</p>
<p>In these cases we never share your information unless you give us written permission:</p>	<ul style="list-style-type: none"> Marketing purposes Sale of your information Most sharing of psychotherapy notes
<p>In the case of fundraising:</p>	<ul style="list-style-type: none"> We may contact you for fundraising efforts, but you can tell us not to contact you again.



OUR RESPONSIBILITIES

The following notice tells you about our duty to protect your health information, your privacy rights, and how we may use or disclose your health information.

PROTECT THE PRIVACY AND SECURITY OF YOUR HEALTH INFORMATION

The law requires us to protect the privacy of your health information. This means that we will not use or let other people see your health information without your permission except in the ways we tell you in this notice. We will safeguard your health information and keep it private. This protection applies to all health information we have about you, no matter when or where you received or sought services. We will not tell anyone if you sought, are receiving, or have ever received services from us, unless the law allows us to disclose that information.

REQUEST FOR YOUR PERMISSION TO USE OR DISCLOSE YOUR HEALTH INFORMATION

We will ASK you for your written permission (authorization) to use or disclose your health information. There are times when we are allowed to use or disclose your health information without your permission, as explained in this notice. If you give us your permission to use or disclose your health information, you may take it back (revoke it) at any time. If you revoke your permission, we will not be liable for using or disclosing your health information before we knew you revoked your permission. To revoke your permission, send a written statement, signed by you, to Metrocare Services, providing the date and purpose of the permission and saying that you want to revoke it.

GIVE YOU NOTICE OF OUR LEGAL DUTIES AND PRIVACY PRACTICES AND FOLLOW IT.

We are required to give you this notice of our legal duties and privacy practices, and we must do what this notice says. We will ask you to sign an acknowledgement that you have received this notice. We can change the contents of this notice and, if we do, we will have copies of the new notice at our facilities and on our website, www.dallasmetrocare.com. The new notice will apply to all health information we have, no matter when we got or created the information.

Our employees are required as part of their jobs and by law to protect the privacy of your health information. We do not let our employees see your health information unless they need it as part of their jobs. We will punish employees who do not protect the privacy of your health information.

- We will not disclose information about you related to HIV/AIDS without your specific written permission, unless the law allows us to disclose the information.
- If you are being treated for alcohol or drug abuse, your records are protected by federal law and regulations found in the Code of Federal Regulations at Title 42, Part 2.

OUR USES AND DISCLOSURES

Health information about you may be exchanged with and between the Texas Health and Human Services Commission, other local, state, and federal government agencies, local mental health or intellectual and



developmental disability (“IDD”) authorities, community MH/IDD centers, contractors of mental health and IDD services, other healthcare providers, and insurance companies ***without your permission.***

We typically use or share your health information in the following ways:

<p>Treat you (Treatment)</p>	<p>We can use or disclose your health information to provide, coordinate, or manage healthcare 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.</p>	<p><i>Example: Terrell State Hospital or Denton State Supported Living Center. If you have been treated there we may ask about your treatment and overall health condition was there.</i></p>
<p>Run our organization (Operations)</p>	<p>We can also use your health information for health care operations:</p> <ul style="list-style-type: none"> • Activities to improve health care, evaluating programs, and developing procedures; • Case management and care coordination; • Reviewing the competence, qualifications, performance of health care professionals and others; • Conducting training programs and resolving internal grievances; • Conducting accreditation, certification, licensing, or credentialing activities; • Providing medical review, legal services, or auditing functions; and • Engaging in business planning and management or general administration. 	<p><i>Example: North Texas Behavioral Health Authority (“NTBHA”) and state agency program audits. We use health information about you to manage your treatment and services.</i></p>
<p>Bill for your services (Payment)</p>	<p>We can use or disclose your health information to obtain payment for providing health care to you or to provide benefits to you under a health plan such as the Medicaid program.</p>	<p><i>Example: Superior, Molina, or the Texas Medicaid and Healthcare Partnership (“TMHP”). We give information about you to your health insurance plan so it will pay for your services.</i></p>

WHAT ELSE WE CAN DO WITH YOUR INFORMATION

We are allowed or required to share your information in other ways. Usually it is in ways that serve the public good, such as public health, public safety and research. Unless you are receiving treatment for



alcohol or drug abuse, Metrocare Services is permitted to use or disclose your health information also without your permission for the following purposes:

When required by law	We may use or disclose your health information as required by state or federal law.
To report suspected child abuse or neglect	We may disclose your health information to a government authority if necessary to report abuse or neglect of a child.
To address a serious threat to health or safety	We may use or disclose your health information to medical or law enforcement personnel if you or others are in danger and the information is necessary to prevent physical harm
For research	We may use or disclose your health information if a research board says it can be used for a research project, or if information identifying you is removed from the health information. Information that identifies you will be kept confidential.
Report to a government authority if we think that you are a victim of abuse	We may disclose your health information to a person legally authorized to investigate a report that you have been abused or have been denied your rights.
To Disability Rights Texas	We may disclose your health information to Disability Rights Texas in accordance with federal law, to investigate a complaint by you or on your behalf.
For public health and health oversight activities	We will disclose your health information when we are required to collect information about disease or injury, for public health investigations, or to report vital statistics.
To comply with legal requirements	We may disclose your health information to an employee or agent of a doctor or other professional who is treating you, to comply with statutory, licensing, or accreditation requirements, as long as your information is protected and is not disclosed for any other reason.
Reporting death	If you die, we may disclose health information about you to your personal representative and to coroners or medical examiners to identify you or determine the cause of death.
To a correctional institution	If you are in the custody of a correctional institution, we may disclose your health information to the institution in order to provide health care to you.



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<p>For government benefit programs</p>	<p>We may use or disclose your health information as needed to operate a government benefit program, such as Medicaid.</p>
<p>To your legally authorized representative (“LAR”)</p>	<p>We may share your health information with a person appointed by a court to represent your interests.</p>
<p>Receiving services for intellectual disabilities (mental retardation)</p>	<p>We may give health information about your current physical and mental condition to your parent, guardian, relative, or friend if you are receiving services for mental retardation.</p>
<p>Judicial and Administrative Proceedings</p>	<p>We may disclose your health information in any criminal or civil proceeding if a court or administrative judge has issued an order or subpoena that requires us to disclose it. Some types of court or administrative proceedings where we may disclose your health information are:</p> <ul style="list-style-type: none"> • Commitment proceedings for involuntary commitment for court-ordered treatment or services. • Court-ordered examinations for a mental or emotional condition or disorder. • Proceedings regarding abuse or neglect of a resident of an institution. • License revocation proceedings against a doctor or other professional.
<p>To the U.S. Secretary of Health and Human Services</p>	<p>We must disclose your health information to the United States Department of Health and Human Services when requested in order to enforce the privacy laws.</p>
<p>Health Information Exchange (“HIE”)</p>	<p>A limited set of your health information can be made available to other healthcare providers through the HIE to see your electronic health information for the purposes described in this Notice, such as coordinating your care with other healthcare providers as allowed by law. You may opt-out of the HIE by sending a written request to Client Rights Protection Office, Metrocare Services, 1345 River Bend Drive, Suite 200, Dallas, Texas 75247. You may opt back in at any time. You do not have to participate in the HIE to receive care.</p>



YOUR RIGHTS UNDER THE DRUG ABUSE PREVENTION TREATMENT AND REHABILITATION ACT

If you are also being treated for alcohol or drug abuse, Metrocare Services will not tell any unauthorized person outside of Metrocare Services that you have been admitted to Metrocare Services or that you are being treated for alcohol or drug abuse, without your written permission. We will not disclose any information identifying you as an alcohol, drug, or substance user, except as allowed by law.

Metrocare Services may only disclose information about your treatment for alcohol or drug abuse *without your permission* in the following circumstances:

- Pursuant to a special court order that complies with 42 Code of Federal Regulations Part 2 Subpart E;
- To medical personnel in a medical emergency;
- To qualified personnel for research, audit, or program evaluation;
- To report suspected child abuse or neglect;
- To Disability Rights Texas and/or the Texas Department of Family and Protective Services, as allowed by law, to investigate a report that you have been abused or have been denied your rights.

Federal and State laws prohibit **re-disclosure** of information about alcohol or drug abuse treatment without your permission.

Violation of these laws that protect alcohol or drug abuse treatment records is a crime, and suspected violations may be reported to appropriate authorities in accordance with federal regulations. Federal laws and regulations do not protect any information about suspected child abuse or neglect from being reported under state law to appropriate state or local authorities.

For complaints against alcohol or drug abuse treatment programs, contact the United States Attorney's Office for the judicial district in which the violation occurred. To locate this office, consult the blue pages in your telephone book.

For further information, contact Metrocare Client Rights Protection Office at (214) 743-1296.