



The Steven A. Cohen
Military Family Clinic
at Metrocare

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

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 from the Steven A. Cohen Military Family Clinic at Metrocare, 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.

Get an electronic or paper copy of your medical record:

- You can look, get a copy of or get a summary of the health information that we have about you
- We have 15 business days after receiving your request for your health information or summary to provide them to you & you may have to pay a reasonable fee for it.
- 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

Ask us to correct your medical record:

- You can ask us to correct information in your records if you think the information is wrong. We may say “no” to your request, but we will tell you why in writing
- 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.

Request confidential communications:

- 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.

Ask us what to limit what we use or share:

- 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.



Get a list of those with whom we've shared information

- 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.
- There will be no charge for one list per year.

Get a copy of this privacy notice:

- 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.

Choose someone to act for you:

- 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

File a complaint if you feel your rights are violated:

You can complain if you feel we have violated your rights by contacting:

- Metrocare Client Rights Protection Office
214-743-1296
1345 River Bend Drive, Dallas, TX 75247
- You can also file a complaint within 180 days with:
Consumer Services and Rights Protection/Ombudsman Office
(512) 206-5670 (Austin)
(800) 252-8154 (toll free)
P.O. Box 12668, Austin, Texas 78711

U.S. Department of Health and Human Services Office for Civil Rights
1-877-696-6775
200 Independence Avenue, S.W., Washington, D.C. 20201
www.hhs.gov/ocr/privacy/hipaa/complaints/

We will not retaliate against you for filing a complaint.

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.

In these cases, you have both the right and choice to tell us to:

- 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.



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.

In these cases we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

In the case of fundraising:

- 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 the Steven A. Cohen Military Family Clinic at Metrocare, 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

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

Treat you (Treatment):

We can use or disclose your health information to provide, coordinate, or manage healthcare or related services. This includes providing care to you. **With your written permission**, we may consult with another health care provider about you, and refer you to another health care provider.

Run our organization (Operations) We can also use or disclose your health information for health care operations:

- 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.

Bill for your services (Payment):

- **With your written permission**, we can use or disclose your health information to obtain payment for providing health care to you under a health plan such as Tricare.

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, the Steven A. Cohen Military Family Clinic at Metrocare 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 to the Cohen Veterans Network research/outcome program. 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.

For government benefit programs:

- We may use or disclose your health information as needed to operate a government benefit program, such as Medicaid.

To your legally authorized representative (“LAR”):

- We may share your health information with a person appointed by a court to represent your interests.

Judicial and Administrative Proceedings:

- 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:



- 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.

To the U.S. Secretary of Health and Human Services:

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.

YOUR RIGHTS UNDER THE DRUG ABUSE PREVENTION TREATMENT AND REHABILITATION ACT

If you are also being treated for alcohol or drug abuse, the Steven A. Cohen Military Family Clinic at Metrocare will not tell any unauthorized person outside of the Steven A. Cohen Military Family Clinic at Metrocare that you have been admitted to the Steven A. Cohen Military Family Clinic at Metrocare 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 you 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.



The Right to File a Complaint

If you are unhappy or unsatisfied with any service or any staff member from Metrocare Services, you have the right to file a complaint.

If you feel that any of your rights have been violated, you may also file a complaint.

Filing a Complaint with Metrocare:

1. Contact Metrocare's Client Rights Protection Office directly at **(214) 743-1296** and speak with someone about your complaint; or

2. Submit your complaint in writing by mail to the following address:

**Client Rights Protection Office
Metrocare Services
1345 River Bend Drive, Suite 200
Dallas, Texas 75247**

3. Ask a staff member if you need help submitting your complaint by telephone or in writing to the Client Rights Protection Office on your behalf.

Please be prepared to provide the following information when filing a complaint:

- Your name, date of birth and phone number
- Name and date of birth of the individual who receives services from Metrocare if not same person
- Details of your complaint

Complaints may be submitted anonymously. However, without knowing your identity or additional information the Client Rights Protection Office may not be able to assist you further.

Complaints are assessed within 24 hours and prioritized in the order that it was received and based on the nature of the complaints.

Review:

Once your complaint is submitted, the Client Rights Protection Office will:

- Review your complaint,
- Contact you for further information as needed, and
- Notify you about the steps taken or that will be taken to address or resolve your complaint.

If you do not hear from anyone at Metrocare within 5 business days after submitting your complaint, please contact the Client Rights Protection Office at (214) 743-1296 for further assistance.

Resolution:

You should receive a call from the Client Rights Protection Office or another appointed person regarding an available resolution or the steps that will be taken in regards to resolving your complaint within 5 business days from the date the complaint was received.

Complaints are generally resolved within 14 business days of the initiation of a review.

Appeals Process:

If, after speaking with someone from the Client Rights Protection Office, your concern has not been satisfactorily resolved, you may contact the following to file a complaint:

- Regarding Mental Health Services:

**Department of State Health Services ("DSHS") of
Consumer Services and Rights Protection
Phone: 1-800-252-8154**

- Regarding Intellectual and Developmental Disabilities Services:

**Department of Aging & Disability Services ("DADS")
Office of Consumer Services and Rights Protection
Phone: 1-800-458-9858**

- Regarding any services you receive here as this is an ACHC accredited organization:

**Accreditation Commission for Health Care, Inc. ("ACHC")
Consumer Complaints Against ACHC Accredited
Organizations
Phone: Toll Free at 1-855-937-2242 or
(919) 785-1214**



This document is meant to inform individuals in service of their rights and responsibilities while they are undergoing services within the agency. To the extent permitted by law, patient rights may be delineated on behalf of the patient to his or her guardian, next of kin, or legally authorized responsible person if the patient: a) has been adjudicated incompetent in accordance with the law, b) is found to be medically incapable of understanding the proposed treatment or procedure, c) is unable to communicate his or her wishes regarding treatment, or d) is a minor. If there are any questions regarding the contents of this notice, please notify any staff member. Staff members are identified by the presence of name badges. Individuals have the right to ask for identification if one is not visible.

Individual Rights

1. Access to Care. You will be provided with impartial access to treatment and services within this agency's capacity and availability in keeping with applicable laws and regulations. This is true regardless of race, creed, sex, national origin, religion, disability or handicap, or source of payment for care or services.

2. Respect and Dignity. You have the right to considerate, respectful care and services at all times and under all circumstances. This includes recognition of psychosocial, spiritual, and cultural variables that may influence the perception of your illness, free from all forms of abuse or harassment.

3. Privacy and Confidentiality. You have the right, within the law, to personal and informational privacy. This includes the right to:

- Be interviewed and examined in surroundings that ensure reasonable privacy
- Expect that any discussion or consultation regarding care will be conducted discreetly
- Expect all written communications pertaining to care to be treated as confidential
- Expect medical records to be read only by individuals directly involved in care, quality-assurance activities, or the processing of insurance claims. No other persons will have access without your written authorization.

4. Right to Identify Staff Members. Staff members are identifiable by the presence of a Metrocare Services issued name badge. Individuals have the right to ask for identification if one is not visible.

5. Personal Safety. You have the right to expect reasonable safety regarding the agency's procedures and an environment free from all forms of abuse or harassment.

6. Identity. You have the right to know the identity and professional status of any person providing services and which physician or other practitioner is primarily responsible for your care.

7. Information. You have the right to obtain complete and current information concerning your diagnosis (to the degree known), your treatment, and any known prognosis. This information should be communicated in terms that you understand.

8. Communication. If you do not speak or understand the predominant language of the community, you should have access to an interpreter.

9. Consent. You have the right to information that enables you, in collaboration with staff, to make treatment decisions, be involved in your treatment, discharge planning, and be able to request to refuse treatment.

- Consent discussions will include an explanation of the condition, the risks and benefits of treatment, as well as the consequences of no treatment.
- Except in the case of incapacity or life-threatening emergency

10. Consultation. You have the right to accept or refuse medical/psychiatric care to the extent permitted by law. However, if refusing treatment prevents the practice from providing appropriate care in accordance with ethical and professional standards, your relationship with this agency may be terminated upon reasonable notice.

11. Charges. Regardless of the source of payment for care provided, you have the right to request and receive



itemized and detailed explanations of any billed services.

12. Rules and Regulations. You will be informed of the practice's rules and regulations concerning your conduct as a patient at this facility. You are further entitled to information about the initiation, review, and resolution of patient complaints. See Notice Regarding Your Right to File a Complaint for further details.

Individual Responsibilities

1. Keep Us Accurately Informed. You have the responsibility to provide, to the best of your knowledge, accurate and complete information about your present complaints, past illnesses, hospitalizations, medications, and other matters relating to your physical and mental health, including unexpected changes in your condition.

- This may include: your full legal name, address, telephone number, and date of birth, social security number, insurance coverage, employer when required, and residency status.

2. Follow Your Collaborative Plan of Care. You are responsible for following the plan of care collaboratively established between you and the healthcare professional. This may include following the instructions of mental health care personnel as they carry out the coordinated plan of care, implement the prescriber's orders, and enforce the applicable practice rules and regulations.

3. Keep Your Appointments. You are responsible for keeping appointments and, when unable to do so for any reason, for notifying the agency. After 3 no-shows you will be restricted to a walk-in basis or if applicable discharged from your service/program.

4. Take Responsibility for Noncompliance. You are responsible for your actions if you do not follow the agency recommendations. If you cannot follow through with the prescribed treatment plan, you are responsible for informing staff.

5. Be Responsible for Your Financial Obligations. You are responsible for ensuring that the financial

obligations of health care services are fulfilled as promptly as possible and for providing up-to-date insurance information.

6. Be Considerate of Others. You are responsible for being considerate of the rights of other individuals served and personnel and for assisting in the control of noise, not smoking, and the agency rules and regulations. You also are responsible for being respectful of the agency property and property of other persons visiting the agency.

7. I understand that intimidating (scaring and/or bullying others), threatening (verbally or physically), harassment (physical, emotional, or sexual), or assaultive behavior toward anyone will not be tolerated. This may result in suspension of services.

8. Adhere to local, state and national laws with regards to possession of illegal drugs, alcohol, or weapons.

9. I understand there may be additional expectations based on specific situations and that I will be advised of those expectations as they arise.

10. I understand if there is information I do not understand to then seek assistance. I must ask questions when needed during my care.

Advance Directives

At orientation or at any time during services you may request copy of information on advanced directives for medical &/or psychiatric care. You may also visit the following website to download a copy of this information.

https://www.dads.state.tx.us/news_info/publications/handbooks/advanceddirectives.html