

When it comes to your health information, you have certain rights. This notice describes how your health information may be used and disclosed and how you can get access to this information. Please read it carefully.

Get an electronic or paper copy of your medical record

- You can ask to see and/or get a copy of your medical record and other health information we have about you. Ask us how to do this.
- You have a right to access your own medical record within 15 business days of the request.

Ask us to correct your medical record

- You can ask us to address health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request but will tell you why in writing within 60 days.

Request private communications

- You can ask us to contact you in a certain way (for example, by mail instead of phone).
- We will say “yes” to all reasonable requests.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations.
 - We are not required to agree to your request, and we may say “no” if it would affect your care.
- If you pay in full for a service or health care item, you can ask us not to share that information with your health insurer.
 - We will say “yes” unless a law requires us to share that information.

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

- You can request a list of times we shared your information in the last six years, except for treatment, payment, or operations.
- We will give you all of the information we have shared except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting per year for free but may charge a reasonable fee based on the cost of completing the accounting if you ask for another one within 12 months.

Get a copy of this privacy notice

- You can ask for a paper copy of this notice anytime. We will provide you with a paper copy quickly.

Choose someone to act for you

- A legal guardian or someone with medical power of attorney can use these rights for you.
- We will make sure the person has this authority before we take any action.

File a complaint if you feel your privacy has been violated

- You can complain to our Privacy Program Manager, the HHS Office for Civil Rights, or the Texas Ombudsman.

Privacy Program Manager

3242 Remond Dr

Dallas, TX 75211

214-743-1295

Hipaaprivacy@metrocareservices.org

U.S. Department of Health and Human Services Office
for Civil Rights

200 Independence Avenue, S.W.

Washington, D.C. 20201

1-877-696-6775

www.hhs.gov/ocr/privacy/hipaa/complaints/

Health and Human Services Ombudsman Office

P.O. Box 12668

Austin, Texas 78711

1-800-252-8154

We will not take any action against you for filing a complaint.

For some health information, you have both the right and choice to tell us to:

- You can decide if we share information with family or others involved in your care.
- You can choose whether we share your information during a disaster.
- You can opt out of fundraising messages.
- 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 prevent a serious threat to health or safety.

We will never share your information unless you give us written permission for:

- Marketing
- Sell your information
- Most psychotherapy notes
- Certain Substance Use Treatment Records (need your authorization or a subpoena/court order)
- We will not disclose information about you related to HIV/AIDS without you or your LAR's specific written permission, unless the law requires or allows us to disclose the information.

Our Uses and Disclosures: We typically use or share your health information in the following ways.

For your treatment: To help your healthcare providers care for you including other local authorities, community centers and Health and Human Services. Example: A doctor treating you for an injury asks another doctor about your overall health condition.

To run our organization: We can use and share your health information to run our practice, improve your care, and contact you when necessary. Example: We use health information about you to manage your treatment and services.

To bill for your services: We can use and share your health information to bill your insurance or other payors. Example: We give information about you to your health insurance plan so that they will pay for your services.

Other ways we use or share your health information:

We are allowed or required to share your information in other ways that may benefit the public good, such as public health and research. We have to meet many conditions in the law before sharing your information for these purposes. These include:

- Help with public health and safety issues, such as:
 - Preventing disease
 - Helping with product recalls
 - Reporting adverse reactions to medications
 - Reporting suspected abuse, neglect, or domestic violence
 - Preventing or reducing a serious threat to anyone's health or safety
- We can use or share your information for health research.
- We will share information about you if state or federal laws require us, including with the Department of Health and Human Services (HHS), as we are a part of the HHS service delivery system.
- We can share health information about you with organizations that handle organ and tissue donations.
- We can share health information with a coroner, medical examiner, or funeral director when a person dies.
- For Workers' Compensation claims.
- For law enforcement purposes or with a law enforcement official.
- With health oversight agencies for activities authorized by law.
- For special government functions such as military, national security, and presidential protection.
- In response to a court or administrative order or subpoena.

Learn more at:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Our Responsibilities:

- We are required by law to keep your health information private and secure.
- We will let you know promptly if there is a breach that may have affected the privacy or security of your information.
- We must follow the duties and privacy practices in this notice and give you a copy of it if requested.
- We will not use or share your information other than what is described here unless you tell us we can in writing. If you tell us we can, you can change your mind at any time and let us know in writing.

- Metrocare utilizes advanced transcription technology to document services for the purpose of improving accuracy and quality of care. This technology securely records and/or transcribes sessions, and the recording is permanently deleted after the service has concluded and the provider has finalized their documentation. The transcriptions are treated with the same high level of confidentiality as your medical records and are protected under applicable privacy laws. By meeting with a Metrocare provider to receive services, you consent to the use of this technology during your sessions. If you prefer not to have your sessions recorded and/or transcribed using this technology, you may opt out at any time by notifying us in writing or verbally before your session begins. Opting out will not impact your access to care or services.
- We may share information that we obtain or create about you with other health care providers or other health care entities, such as your health plan or health insurer, as permitted by law, including through Health Information Exchanges (HIEs) in which we participate. Exchange of health information can provide faster access, better coordination of care and assist providers in making more informed decisions. You have the right to opt out of an HIE in which Metrocare participates and disable access to your health information that would otherwise be available through HIE by informing us of your decision not to have your information shared.

Changes to the Terms of this Notice:

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