

# Your Information. Your Rights. Our Responsibilities.

## Travis County Notice of Privacy Practices



Compliance and Privacy Officer Phone: (512) 854-6278 Email: [privacy@traviscountytexas.gov](mailto:privacy@traviscountytexas.gov)

**Note:** This notice describes how medical information about you may be used and disclosed and how you can get access to this information. This notice is for your information only. It doesn't affect your benefits. **Please review it carefully.**

**Effective date:** This notice takes effect July 29, 2024, and stays in effect until replaced by another notice.

The Federal Health Insurance Portability and Accountability Act and the Texas Medical Records Privacy Act require us to protect the privacy and security of your health information. The Texas Identity Theft Enforcement and Protection Act requires us to protect your sensitive personal information.

### Your Rights

#### 1. Get a paper copy of this notice.

- You may request a paper copy of this notice by calling 512-854-6278 or asking the front office staff at any Travis County office that collects classified HIPAA Data.

#### 2. Get a copy of your health and claims records.

- You may ask to see or get a copy of your health and claims records and other health information that we have about you.
- We will provide a copy or a summary of your health and claims records in the format of your choice (paper, electronic, digital), usually within 15 days of your request.
- We may charge a fee to cover the costs of copying, packaging or mailing the information.
- HHSC may have full copies of your medical records if you are or have been a resident in a HHS facility. If you want a copy or want to correct your medical records, please contact your health care provider, your health plan or the HHS facility in which you were a resident.

#### 3. Ask us to correct health and claims records.

- You may ask us to correct your electronic and paper health and claims records if you think there is an error or if it is incomplete.
- We may say "no" to your request, but we will give you a reason in writing within 60 days.

#### 4. Request confidential communications.

- You may ask us to contact you in a specific way (for example: by cell or by office phone) or to send mail to a different address.
- We aren't required to agree to your request. We will consider all reasonable requests.
- If you will be in danger if we don't use the alternative contact information, we will agree with the request.

#### 5. Ask us to limit what we use or share.

- You may ask us not to use or share certain health information for treatment, payment or our operations.
- We aren't required to agree to your request. We will consider all reasonable requests.
- If you will be in danger if we don't use the alternative contact information, we will agree with the request.

#### 6. Know how we have shared your information.

- You may ask for a list of times that we have shared your health information, including who we shared it with and why we shared it. This list only covers information shared in the six years before the request date.
- We will include all health information disclosures except for those about treatment, payment and health care operations, as well as certain other disclosures (such as any disclosures we made to you).
- We will provide one set of records each year for free. If you ask for another set of records within 12 months, we will charge a fee to cover the costs of copying, packaging or mailing the information.

#### 7. Choose someone to act for you.

- If you want, you may give someone the right to act for you (examples: legal guardian, authorized representative, power of attorney and more). That person can exercise your rights and make choices about your health information. That person must show written proof that they have the right to act for you.
- We will make sure the person has the proper authority and can act for you before we honor their request for your health information. We may ask the person to verify their identity (examples: driver's license, state ID, court order, passport).

#### 8. File a complaint if you feel your rights are violated.

- There will be no retaliation for filing a complaint.
- You may file a complaint with the Travis County Compliance and Privacy Office (CAP) by calling 512-8541114 or sending an email to [privacy@traviscountytexas.gov](mailto:privacy@traviscountytexas.gov)
  - You may also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, Region VI, 1301 Young St., Suite 1169, Dallas, TX 75202. You can call 800-368-1019 (toll-free), fax 214-767-0432 or to file a complaint online visit the [Health Information Privacy webpage](#). If you are hearing or speech impaired, you may call 800-537-1697 (TTY).
  - For complaints regarding the violation of your right to confidentiality by an alcohol or drug abuse treatment program, contact the United States Attorney's Office for the judicial district where the violation happened.

### Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, tell us.

You have both the right and choice to tell us to:

- Share information with your family, close friends or others involved in payment for your care.
- Share information in a disaster relief situation.

### Our Uses and Disclosures

How do we use or share your health information? The Texas Health and Human Services Commission can:

#### 1. Help manage the health care treatment you receive.

We may use your health information and share it with professionals who are treating you. Additional privacy protection under state and federal law apply to substance abuse information, mental health information, certain disease-related information, or genetic information. We will not use or share these types of information unless expressly authorized by law. We will not use or disclose genetic information for underwriting purposes.

**Example:** A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.

#### 2. Run our organization.

We may use and disclose your information to run our organization and contact you when necessary.

**Example:** We use health information about you to develop better services for you.

#### 3. Pay for your health services.

We may use and disclose your health information to pay for your health services. We are not allowed to use genetic information to decide whether we will give you benefits.

**Example:** We may share information about you with your health care provider to coordinate payment for health services.

#### 4. Manage your plan.

We may disclose your health information for health plan (CHIP, Medicaid or other government health program) administration.

**Example:** We may share information about you with our contracted health plans to better manage your plan.

#### How else can we use or share your health information?

We are allowed or required to share your information in other ways — usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information visit [Health Information Privacy](#).

### Your information can help by:

#### 1. Address public health and safety issues.

We may share health information about you for certain situations:

- 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

#### 2. Do research.

- We may use or share your information for health research.
- We make efforts to protect your information.

#### 3. Comply with the law.

- We will share information about you if state or federal laws require it, including with the U.S. Department of Health and Human Services if it wants to see if we are complying with federal privacy law.

#### 4. Respond to organ and tissue donation requests and work with medical examiner or funeral director.

- We may share health information about you with organ donation organizations, if you are an organ donor.
- We may share your health information with a coroner, medical examiner or funeral director.

#### 5. Address workers' compensation, law enforcement and other government requests.

- We may use or share health information about you:
  - 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 protective service.

#### 6. Respond to lawsuits and legal actions.

- We may share health information about you in response to a court or administrative order or in response to a subpoena.

#### 7. Protect your health and safety

- For certain health information, you can tell us your choices about what we share. If you can't tell us your preferences — for example, if you are unconscious — we may share your information if we believe it is in your best interest. We may also share your information when needed to reduce a serious and immediate threat to health or safety.
- Without your permission, we won't share this information except in the situations described above.
- We never share your information unless you give us permission for:
  - Market and fundraise
  - Sell your information
- We will always obtain your authorization to use or share your psychotherapy notes, if there is a payment from a third party, or for any other disclosure not described in this notice or required by law. You have the right to cancel your authorization by writing to [privacy@traviscountytexas.gov](mailto:privacy@traviscountytexas.gov)

### Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We must not use or share your information other than as described here, unless you tell us in writing we can. You may change your mind at any time. You must let us know in writing, if you change your mind.

Additional resources can be found online at [HIPAA](#), [Texas Medical Records Privacy Act](#) and [Texas Identity Theft Enforcement and Protection Act](#).

### Changes to the Terms of this Notice

We may change the terms of this notice. The changes will apply to all information we have about you. The new notice will be available upon request, on [our website](#) and we will send you a copy (electronically or through mail). We will post updated notices on our [public website](#), [Your Texas Benefits](#).

This Notice of Privacy Practices applies to all of Travis County medical facilities and medical programs.