

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

When you receive services or treatment from Down Home Ranch (DHR), we will obtain and/or create health information protected health information (PHI) about you. Health information includes any information that relates to your physical or mental health or condition, the health care provided to you, the payment for your health care, and individually identifiable information, such as your name, address, telephone number or social security number.

This notice tells you about our duty to protect your health information, your privacy rights, and how we may use or disclose your health information. It is effective beginning March 20, 2019.

DHR's Duties:

- 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 give permission to any person to interview, photograph, film, or record you without your written agreement. We will not tell anyone if you sought, are receiving, or have ever received services from DHR, unless the law allows us to disclose that 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 DHR administration office, providing the date and purpose of the permission and saying that you want to revoke it. Send the statement to Executive Director, Down Home Ranch, Attention: Revoke PHI, 20250 FM 619 Elgin TX 78621 or email leadership@downhomeranch.org.
- We are required to give you this notice of our legal duties and privacy practices at the first service delivery. We must do what this notice says. We can change the contents of this notice and, if we do, we will have copies of the new notice at our offices or on our website. The new notice will apply to all health information we have, no matter when we received or created the information.
- Only DHR has access and collects information that you voluntarily submit through our website or by email. This is not a secure way to communicate with DHR. We will not rent or sell any information that is collected. We will only use the information given to us for the purpose of the correspondence.
- Our employees must protect the privacy of your health information as part of their jobs. We instruct our employees not to look at your health information unless they need it as part of their jobs. We will discipline employees who do not protect the privacy of your health information.
- We will report any information about a crime committed by you either at DHR or against any person who works for DHR or about any threat to commit such a crime unless law prevents it.
- We will report any information about suspected abuse or neglect to appropriate state or local authorities unless law prevents it.

Your Privacy Rights at DHR

- You can look at or get a copy of the health information that we have about 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 ask us to change information in your records if you think the information is wrong. We will not destroy or change our records, but we can put the new information in your records and make a note in your records that you have provided the information. Sometimes we may not add this information, but will make a note of your request in your records.
- You can get a list of when we have given health information about you to other people.
- 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.
- You can ask us to contact you at a different place or in some other way. We will agree to your request as long as it is reasonable.
- You can get a copy of this notice any time you ask for it.

Treatment, Payment, and Health Care Operations

We may use or disclose your health information to provide care to you, to obtain payment for that care, or for our own health care operations.

Health information about you may be exchanged between DHR, funding sources for services, DHR programs, local mental health and intellectual developmental disability authorities (LMHA/ LIDDA), Texas Department of Health and Human Services (HHSC) and other health care providers, for purposes of treatment, payment, or health care operations, without your permission.

Treatment: We can use or disclose your health information to provide, coordinate, or manage health care 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.

Payment: 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.

Health Care 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 disputes;
- Conducting accreditation, certification, licensing, or credentialing activities;
- Providing medical review, legal services, or auditing functions;
- Engaging in business planning and management or general administration; and
- Managing software and databases in DHR's operations.

DHR is permitted to use or disclose your health information 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 abuse or neglect or denial of rights.** We may disclose your health information to a government authority if necessary to report abuse, neglect or denial of rights.
- **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.
- **To Disability Rights Texas (DRTx).** We may disclose your health information to DRTx, in accordance with federal law, at their request.
- **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.
- **For purposes relating to 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 guardian and/or legally authorized representative (LAR).** We may share your health information with a person appointed by a court to represent your interests or to a person who has a valid power of attorney for you.
- **In 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. For example, 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 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.

COMPLAINT PROCESS:

If you believe that DHR has violated your privacy rights, you have the right to file a complaint. DHR will not retaliate against you if you file a complaint.

You may complain by contacting:

Executive Director
Attention: Complaint
20250 FM 619
Elgin, TX 78621
(512) 856-0128
leadership@downhomeranch.org

You may also file a complaint with:

HHSC Office of the Ombudsman
1-877-787-8999 (toll free)
P.O. Box 12668
Austin, Texas 78711

HHSC Consumer Rights and Services
1-800-458-9858 (toll free)
Mail Code E-249
PO Box 149030-78714
Austin, Texas 78751

*Region VI, Office for Civil Rights
U.S. Department of Health and Human Services
Hotline (800) 368-1019
1301 Young Street, Suite 1169
Dallas, Texas 75202
OCRComplaint@hhs.gov

Office of Attorney General
P.O. Box 12548
Austin, Texas 78711
(800) 463-2100 (toll free)
www.oag.state.tx.us

*You must file your complaint within 180 days of when you knew or should have known about the event that you think violated your privacy rights.

You may get more information by contacting an executive at Down Home Ranch by call 512-856-0128