



## 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.

**Your Information.  
Your Rights.  
Our Responsibilities.**

**Please review it carefully.**

**The City of El Paso Public Health Department (DPH) creates a record of the medical care you receive. We understand that your medical information is personal, and we are committed to protecting your medical information. This notice applies to all of your medical information received or created by DPH and describes how DPH may use and disclose your medical information. This notice also describes your rights and DPH's obligations when using and disclosing your medical information.**

### **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. You have a right to:

**Request a copy of this Privacy Notice.** You can request a copy of this notice at any time, even if you have agreed to receive the notice electronically.

**Request Restrictions.** You may request that we restrict or limit how your medical information is used or disclosed for treatment, payment, or healthcare operations. We do **NOT** have to agree to this restriction, but if we do agree, we will comply with your request except under emergency circumstances. To request a restriction, submit the following in writing: (a) the information to be restricted, (b) what kind of restriction you are requesting (i.e. on the use of information, disclosure of information or both), and (c) to whom the limits apply. You may also request that we limit the disclosure to family members, other relatives, or close personal friends that may or may not be involved in your care.

**Request Confidential Communications.** You may request that we send communications of your medical information in a specific manner or to a different address. Your request must specify how or where you want to be contacted. DPH will accommodate reasonable requests.

**Inspect and Request a Copy of Your Medical Information.** Upon request, you have the right to inspect and request a copy of your medical information that is maintained by DPH in the designated record set, whether it is in paper format or contained in an electronic record. DPH may charge a fee for this service. DPH may deny access in accordance with state or federal law. If DPH denies your request, you may have the right to request a review of that denial. Texas law requires that requests for copies be made in writing and that we provide copies or a narrative summary within 15 days of your request.

**Request Amendment of Your Medical Information.** You may request an amendment of your medical information maintained in a designated record set. We may refuse your request if you ask us to amend information that:

- Was not created by DPH;
- Is not part of the medical information kept by or for DPH;
- Is not part of the information which you would be permitted to inspect and/or copy; or
- Is accurate and complete in the record. If we deny your request, we will notify you in writing within 60 days of your request, and you will have the right to file a statement of disagreement in your client record.

**An Accounting of Disclosures.** You have the right to receive a list of certain disclosures we have made of your health information. To request this accounting of disclosures, you must submit your request in writing and must include the name(s) of the program, clinic, or facility from which a list of disclosures is requested. We will provide you with an accounting of the disclosures to include who we shared your health information with and why, except for those about treatment, payment, health care operations, and certain other reasons, such as when you have authorized or asked that the DPH disclose the information.

### **USES AND DISCLOSURES OF MEDICAL INFORMATION PERMITTED WITHOUT YOUR AUTHORIZATION**

The privacy laws allow DPH to use or disclose your medical information without your authorization and without an opportunity for you to object in the following circumstances:

**Treatment:** We are permitted to use and disclose your medical information to those involved in your treatment.

**Payment:** We are permitted to use and disclose your medical information to bill and collect payment for the services provided to you.

**Health Care Operations:** We are permitted to use or disclose your medical information for the purposes of oversight agency, which are activities that support DPH and ensure that quality services are provided.

**Appointment Reminders, Treatment Alternatives, and Other Health-Related Benefits:** We may contact you by telephone, mail, or both to provide appointment reminders, information about treatment alternatives, or other health-related benefits and services that may be of interest to you.

**Health Information Exchanges:** The Department of Public Health may participate in health information exchanges. This is a health information system that stores your patient health information. **It will be visible to and able to be used by providers unless you OPT-OUT of participating.** Please contact the Compliance Officer at the number located below.

**Required by Law:** We will disclose your medical information when required to do so by federal, state, or local law.

**Public Health:** We may disclose your medical information for public health activities. Public health activities are mandated by federal, state, or local government for the collection of information about disease, vital statistics (like births and deaths), or injury by a public health authority. We may disclose medical information, if authorized by law, to a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition. We may disclose your medical information to report reactions to medications, problems with products, or to notify people of recalls of products they may be using.

**Abuse, Neglect, or Domestic Violence:** We may notify government authorities if we believe a client is a victim of neglect or abuse. We will make this disclosure only when specifically authorized or required by law, or when the client agrees to the disclosure.

**Health Oversight Activities:** We may disclose your health information to a health oversight agency for activities authorized by law. These oversight activities might include audits, investigations, inspections and licensure, or disciplinary actions or other government oversight activities. These activities are necessary for the government to monitor the healthcare system, government benefit programs, and compliance with civil right laws.

**Legal Proceedings and Law Enforcement Purposes:** We may disclose your medical information in the course of judicial or administrative proceedings in response to an order of the court or other appropriate legal process. Certain requirements must be met before the information is disclosed. If asked by a law enforcement official, we may disclose your client information under limited circumstances provided that the information:

- Is released pursuant to legal process, such as a warrant or subpoena: Pertains to a victim of crime and you are incapacitated;
- Pertains to a person who has died under circumstances that may be related to criminal conduct;
- Is about a victim of crime and we are unable to obtain the person's agreement;
- Is released because of a crime that has occurred on these premises; or
- Is released to locate a fugitive, missing person, or suspect.

**Workers' Compensation:** We may disclose your medical information to the extent authorized by and to the extent necessary to comply with laws relating to worker's compensation or other similar programs established by law.

**Custodial Situations:** If you are an inmate in a correctional institution or under the lawful custody of law enforcement, we may release your medical information to the correctional institution or law enforcement official as allowed or required by law.

**Military, National Security and Intelligence Activities, Protection of the President:** We may disclose your medical information for specialized governmental functions, such as separation or discharge from military service, requests as necessary by appropriate military command officers (if you are in the military), authorized national security and intelligence activities, as well as authorized activities for the provision of protective services for the President of the United States, other authorized government officials, or foreign heads of state. • Research, Organ Donation, Coroners, Medical Examiners, and Funeral Directors. When a research project and its privacy protections have been approved by an Institutional Review Board or privacy board, we may release client information to researchers for research purposes. We may release your medical information to a coroner or medical examiner to identify a deceased or a cause of death. Also, we may release your medical information to a funeral director where such a disclosure is necessary for the director to carry out his duties.

**Research, Organ Donation, Coroners, Medical Examiners, and Funeral Directors.** When a research project and its privacy protections have been approved by an Institutional Review Board or privacy board, we may release client information to researchers for research purposes. We may release your medical information to a coroner or medical examiner to identify a deceased or a cause of death. Also, we may release your medical information to a funeral director where such a disclosure is necessary for the director to carry out his duties.

#### **Changes to the Terms of this Notice**

We may change this Notice when the law or our practices change. We reserve the right to make the revised or changed Notice effective for health information we already have about you as well as any information we receive in the future. You will not automatically receive a new Notice. If we change this Notice, we will post the revised Notice in our facilities and on our website. You may also obtain any revised Notice from our office.

#### **OUR PROMISE TO YOU**

We are required by law and regulation to protect the privacy of your medical information, to provide you with this notice of our privacy practices with respect to protected health information, and to abide by the terms of the notice of privacy practices in effect. We will not retaliate against you for filing a complaint.

#### **QUESTIONS AND CONTACT PERSONS FOR REQUESTS**

**If you have any questions or want to make a request pursuant to the rights described above, please contact:**

DPH Compliance Officer, 200 N. Kansas, El Paso TX 787 Phone (915) 212-7781. Email: [DPH-ComplianceOfficer@elpasotexas.gov](mailto:DPH-ComplianceOfficer@elpasotexas.gov)

**If you feel your privacy rights have been violated, you may file a complaint with the:** [Texas Attorney General](#):  
PO BOX 12548 Austin TX, 78711-2548 or call 1-800-252-8011

**If you feel your privacy rights have been violated, you may file a complaint with the United States Department of Health and Human Services, send a letter to:** [Office for Civil Rights 200 Independence Avenue, S.W., Washington, D.C. 20201.](#)

**Why do I have to sign a form?**

*The law requires your doctor, hospital, or other health care provider to ask you to state in writing that **you received the notice**. The law does not require you to sign the “acknowledgement of receipt of the notice.” Signing does not mean that you have agreed to any special uses or disclosures (sharing) of your health records. Refusing to sign the acknowledgement does not prevent a provider or plan from using or disclosing health information as HIPAA permits.*

**If you refuse to sign the acknowledgement, the provider must keep a record of this fact.**

**I have received the Notice of Privacy Practices provided by the City of El Paso Department of Public Health**

\_\_\_\_\_  
**Signature of Patient, Legal representative, or Legal Guardian**

\_\_\_\_\_  
**Printed Name of Patient, Legal representative, or Legal Guardian**

**Date:** \_\_\_\_\_