

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 READ CAREFULLY.

Effective Date: January 2018

The Notice of Privacy described below is for the sole purpose of complying with the Health Insurance Portability and Accountability Act of 1996 (HIPAA), HIPAA Privacy and Security Rules, The Health Information Technology for Economic and Clinical Health of 2009 (HITECH), and with the Texas Medical Privacy Act, Texas Health & Safety Code § 181.

INTRODUCTION TO PRIVACY

We are required by law to maintain the privacy of your medical information. We are also required to give you this Notice about our privacy practices, our legal duties, and your rights concerning your medical information. We must follow the privacy practices that are described in this Notice while it is in effect. We reserve the right to change our privacy practices and the terms of our Notice effective for all medical information that we maintain, including medical information we created or received before we made the changes. If we make a significant change in our privacy practices, we will amend this Notice and make the new Notice available upon request.

You may request a copy of our Notice at any time. For more information about our privacy practices, or additional copies of this Notice, please contact us using the information listed on the last page of this Notice.

USES AND DISCLOSURES OF MEDICAL INFORMATION

We use and disclose medical information about you for treatment, payment, charitable care, and health care operations.

Treatment: We may use and disclose your medical information to a physician or other health care provider in order to provide treatment to you. This includes coordination of your care with other health care providers, and with health plans, charitable organizations involved with your care, consultation with other providers, and referral to other providers related to your care.

Payment: We may use and disclose your medical information to obtain payment, or charitable care, for services we provide to you. Payment includes submitting claims to health plans and other insurers, charitable grant applications, justifying our charges, or charitable requests, for and demonstrating the medical necessity of the care we deliver to you, determining your eligibility for health plan benefits, or charitable benefits, for the care we furnish to you, obtaining precertification or preauthorization for your treatment or referral to other health care providers, participating in utilization review of the services we provide to you and the like. We may disclose your medical information to another health care provider or entity subject to the Federal Privacy Rules so they can obtain payment or continue with your health care.

Health Care Operations: We may use and disclose your medical information in connection with our health care operations. Health care operations include:

- Quality assessment and improvement activities
- Reviewing the competence or qualifications of health care professionals, evaluating practitioner and provider accreditation, certification, licensing or credentialing activities

- Reviewing the competence of volunteers, advocates, and unlicensed assistive personnel activities utilized in your care, that have been given access to your information as authorized by the Privacy Officer
- Reviewing the competence or qualifications of interns and students activities, from universities and area healthcare training programs, utilized in your care
- Medical Review
- Legal services and auditing, including fraud and abuse detection and compliance
- State Mandatory Reporting for Texas (Positive STI Test/ Abuse)
- Business planning and development
- Business management and general administrative activities, including management activities relating to privacy, customer service, resolution of internal grievances, and creating de-identified medical information or a limited data set

We will not disclose your medical information to another person without your authorization, except that we may electronically disclose your medical information to another person without your authorization in furtherance of treatment, payment, charitable care, or health care operation activities. We may disclose your medical information to another provider, health plan, or charitable organization that is subject to the Privacy Rules, as long as that provider, plan, or charitable organization has a relationship with you and the medical information is for their health care quality assessment and improvement activities, competence and qualification evaluation and review activities, or fraud and abuse detection and prevention, and charitable grant applications, including State Mandatory Reporting for Texas.

On Your Authorization: You may give us written authorization to use your medical information or to disclose it to anyone for any purpose. You must give us your authorization to electronically disclose your medical information to another person, except for electronic disclosures made in furtherance of treatment, payment, charitable care, or health care operation activities. If you give us an authorization, you may revoke it in writing at any time. Unless you give us a written authorization, we cannot use or disclose your medical information for any reason except those described in this Notice.

Psychotherapy Notes: Except as otherwise permitted by law, we will not use or disclose your psychotherapy notes without your written authorization.

To Your Family & Friends: We may disclose your medical information to a family member, friend, or other person to the extent necessary to help with your medical care, payment for your health care, or charitable care requirements. We may use or disclose your name, clinic location, and general condition or death to notify, or assist in the notification of (including identifying or locating) a person involved in your care. We may also disclose your medical information to whomever you give us permission. If you are not present, or in the event of your incapacity or an emergency, we will disclose your medical information based on our professional judgement of whether the disclosure would be in your best interest and well-being. We will also use our professional judgement and our experience with common practice to allow a person to pick up prescriptions, medication samples such as prenatal vitamins, medical supplies, Report of Pregnancy, Medicaid forms, or other similar forms of medical information.

Disaster Relief: We may use or disclose your medical information to a public or private entity authorized by law or by its charter to assist in disaster relief efforts.

Health-Related Services: We may use your medical information to contact you with information about health-related benefits and services, charitable services, or about treatment alternatives that may be of

interest to you, such as other charitable health services in the community. We may disclose your medical information to a business associate or charitable organization to assist us in these activities.

Business or Charitable Associate: We may contract with one or more third parties (business or charitable associates) in the course of our business operations. An example would be the Rose.org, a breast and mammogram non-profit organization. We may disclose your medical information to business or charitable associates who may have access to or be given your medical information in order to provide the contracted services. We require that our business or charitable associates sign an agreement to safeguard the privacy and security of your medical information.

Marketing: Except as otherwise permitted by state and federal law, we will not use or disclose your medical information for marketing purposes without your written authorization. However, we may communicate with you in the form of face-to-face conversations about services and treatment alternatives. We may also provide you with promotional gifts of nominal value. We may also communicate about certain patient assistance and prescription drug saving or discount programs.

Fund-raising: We may use your demographic information, the dates of your health care, your department of service information, your treating provider, your health outcome information, and your insurance or charitable status to contact you for our fund-raising purposes. We may disclose this to a business associate or foundation to assist us in our fund-raising activities. If you would like more information on the Pregnancy Assistance Center North fund-raising activities you may contact the information provided on the last page of this Notice. You may also opt-out of any and all fund-raising communications by following the opt-out instructions in any fund-raising communication advertised or by using the contact information provided on the last page of this Notice.

Sale of Your Medical Information: Except as otherwise permitted by law, we will not sell your medical information to another person without your authorization.

Public Benefit: We may use your medical information as authorized by law for the following purposes deemed to be in the public interest or benefit:

- Public Health activities including disease and vital statistics, state mandated reporting, child abuse reporting, adult protective services, and FDA oversight.
- Employers, regarding work-related illness or injury
- Cancer Registry
- Birth Registry
- Health Oversight Agencies
- In response to court and administrative orders and other lawful processes
- To law enforcement officials pursuant to subpoenas and other lawful processes, concerning crime victims, suspicious deaths, crimes on our premises, reporting crimes in emergencies, and for purposes of identifying or locating a suspect or other person of interest.
- To coroners, medical examiners, and funeral directors
- To organ procurement organizations
- To avert a serious threat to health or safety
- In connection with certain research activities
- To correctional institutions regarding inmates
- As authorized by state worker's compensation laws
- To military, to federal officials for lawful intelligence, counterintelligence, and national security activities, and to correctional institutions and law enforcement regarding persons in lawful custody

INDIVIDUAL RIGHTS

Access: You have the right to review or receive a copy of your medical information, with limited exceptions. You may request that we provide copies in a format other than photocopies. We will use the format you request unless we cannot practicably do so. If we maintain your medical information in an electronic format, you may request and we shall provide you with the requested information in an electronic format. That format may include a patient portal to an electronic medical chart to allow you access to your medical record. If you request more information, than you have access to on the portal, then you must make a written request to obtain a copy of your medical information. Contact the information provided on the last page of this Notice for the *Release of Information* form. There is a charge for a copy of your medical information not located in your patient portal.

Accounting of Disclosures: You have the right to receive an accounting of all disclosures of your medical information that was not authorized by you and that was not disclosed for the purpose of treatment, payment, charity care, or health care operations. You must request this accounting in writing. You may request and we account for disclosures for a period of 6 years beginning on the date of the disclosure. You may send your written request to the contact information provided on the last page of this Notice.

Restrictions: You have the right to request that we place restrictions on our use or disclosure of your medical information. We are not required to agree to these restrictions; however, we will agree to your request not to disclose your medical information to a health plan, or charitable organization, for a particular item or service if the disclosure is to be made for payment, donation, or health care operation purposes and you have otherwise paid or received remuneration for the service in full. If we agree to your restriction request, we will abide by our agreement (except in an emergency). You must make this request in writing.

Confidential Communications: You have the right to request that we communicate with you about your medical information by alternative means or to alternate locations. You must make your request in writing. We must accommodate your request if: it is reasonable; specifies the alternative means or location; provides a satisfactory explanation of how payments or charitable contributions to your care will be handled under the alternative means or location you request.

Amendment: You have the right to request that we amend your medical information. Your request must be in writing and it must explain why the information should be amended. We may deny your request if we did not create the information you want amended and the originator remains available or for certain other reasons. If we deny your request, we will provide you a written explanation. You may respond with a statement or disagreement to be appended to the information you want amended. If we accept your request to amend the information, we will make reasonable efforts to inform others; (including people you name) of the amendment and to include the changes in any future disclosures of that information.

Electronic Notice: If you view this Notice on our Web site or by electronic mail (e-mail), you are also entitled to receive a copy of this Notice in written form. Please contact us as directed on the last page of this Notice to receive the Notice in written form.

Notice of Breach: If there is a breach involving the privacy or security of your unsecured medical information, we will notify you, government officials, and enforcement authorities (per regulations) as necessary and appropriate, and we will take steps to address the issue and mitigate any damages that the breach may have caused.

SECURITY OF YOUR INFORMATION

Pregnancy Assistance Center North (PACN) safeguards client information using various tools such as firewalls, passwords, and data encryption. We continually strive to improve these tools to meet or exceed industry standards. We also limit access to your information to protect against its unauthorized use. The only PACN workforce members and business or charitable associates who have access to your information are those who need it as part of their job. These safeguards help us meet both federal and state requirements to protect your personal health information.

MEDICAL RECORD DISPOSAL

Notice to the Patient or Client or the Legally Authorized Representative: PACN may authorize the disposal of the patient's or client's medical record on or after the medical record's 7th anniversary closed date. If the patient or client is younger than 18 years of age when last treated, we may authorize the disposal of medical records relating to the patient or client on or after the date of the patient's 21st birthday or on or after the 7th anniversary of the medical record's discharge date, whichever date is later.

QUESTIONS OR CONCERNS

If you would like more information about our privacy practices or have questions or concerns about this Notice, please contact the PACN HIPAA Officer at the number listed below.

If you believe your privacy rights have been violated, you may file a complaint in writing to:

Pregnancy Assistance Center North

ATTN: HIPAA Officer

PO BOX 7035

THE WOODLANDS, TX 77387-7035

Or

PACN@pacn.org

Or

281.367.1518 ext. 117

To email the DHHS Secretary or other Department Officials, send your message to hhsmail@os.dhhs.gov.