



NUECES COUNTY HOSPITAL DISTRICT (NCHD) PRIVACY NOTICE

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.

Dear Nueces Aid Member:

When the Nueces County Hospital District (NCHD) provides you health care services through the Nueces Aid Program, we receive personal health information (PHI) about you. Health information includes any information that identifies you.

NCHD is committed to protecting the privacy of your PHI. This Privacy Notice tells you about your privacy rights, our duty to protect your PHI and how we may use and disclose your PHI without your written permission.

NCHD's DUTIES UNDER THE LAW

- A. The law requires NCHD to protect your personal health care information (PHI);
- B. give you this Privacy Notice of our legal duties with respect to your PHI; and
- C. follow this Privacy Notice until a new Privacy Notice takes its place.

We are permitted to change our Privacy Notice at any time. If we make major changes, we will send you a copy of our new Privacy Notice within 60 days after it takes effect, as long as you are still a Nueces Aid member.

HOW NCHD USES AND DISCLOSES YOUR PERSONAL HEALTH INFORMATION (PHI)

A. Administering the Nueces Aid Program. NCHD most often uses and discloses your PHI in the following situations. In such cases, we are permitted to use and disclose your PHI without your written permission.

- 1. **Treatment.** NCHD does not provide health care for its members directly. Instead, we arrange and pay to have care provided by hospitals, doctors and other providers. We will disclose your PHI to your health care provider if they request the information to provide you care.
- 2. **Payment.** NCHD may use and or disclose your PHI to pay for your health care. For example, when your doctor or hospital sends a claim to NCHD to get paid for your care, it includes information about your illness and treatment.

- 3. **Health care operations.** NCHD may use and disclose your PHI for the following activities:
 - a. activities to evaluate and improve the quality of health care provided to you; and
 - b. administration of the Nueces Aid Program. For example, NCHD may use your PHI to tell you about Nueces Aid benefits and other services.

- 4. **Disclosures to Contractors.** NCHD contracts with people or companies to help administer the Nueces Aid program. We may disclose your PHI to a contractor if the contractor:
 - a. needs the information to perform services for NCHD; and
 - b. promises in writing to protect the privacy of that information.

For example, we may disclose your PHI to a contractor that helps us evaluate the quality of healthcare provided to you.

B. Other Uses and Disclosures. The law allows NCHD to use or disclose your PHI in other ways without your written permission. These ways are generally described below.

- 1. **To a family member, relative, or close personal friend.** NCHD may disclose your PHI to a family member, other relative or close personal friend when that person is directly involved in your care or payment for your care. We will only disclose your PHI if you have had an opportunity to stop or limit the disclosure before it happens.
- 2. **Exchange of information with other public benefit programs.** NCHD may disclose your PHI to a government agency or program offering public benefits if:
 - a. the information relates to whether you qualify for or are enrolled in the Nueces Aid Program, and the law requires or specifically allows the disclosure; or
 - b. the other government agency has the same privacy protections as NCHD, has programs that serve similar groups of people, and the information is needed to coordinate or improve how the Nueces Aid Program is run.
- 3. **Health oversight activities.** NCHD may disclose your PHI to a government agency authorized to conduct health oversight activities.
- 4. **Public health activities.** NCHD may disclose your PHI for public health activities, including to a public health authority to prevent or control disease, injury, or disability.

This Notice takes effect on April 14, 2003 and stays in effect until it is replaced.

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5. **Victims of abuse, neglect, or domestic violence.** If NCHD believes you are the victim of abuse, neglect, or domestic violence, NCHD may disclose your PHI to a government agency that receives reports of abuse, neglect, or domestic violence.
 6. **To stop a serious threat to health or safety.** NCHD may disclose your PHI to avert a serious threat to someone's health or safety. For example, we may disclose your PHI to law enforcement authorities to apprehend someone who has escaped from lawful custody.
 7. **For other law enforcement purposes.** NCHD may disclose your PHI to law enforcement officials for a variety of enforcement purposes, such as responding to requests for information about an actual or suspected victim of a crime.
 8. **For court and administrative proceedings.** NCHD may disclose your PHI in the course of a court or administrative proceeding.
 9. **When required by law.** NCHD must disclose your PHI when the law requires the disclosure. For example, NCHD must disclose your PHI to the federal government if they ask for the information to enforce privacy protections.
 10. **Other uses and disclosures.** NCHD may use or disclose your PHI:
 - a. to create health information that does not identify any specific individual;
 - b. to a prison, jail, or law enforcement facility where you are in custody;
 - c. for national security or military purposes; or
 - d. to comply with workers' compensation laws or similar laws.
- C. **Disclosures That Require Your Written Permission.** You must give NCHD special permission to use or disclose your PHI in some other way not generally described above. The permission must be in writing on a form called an authorization. You may cancel your permission in writing at any time. However, your cancellation will not affect any action we have already taken based on your permission.

YOUR PRIVACY RIGHTS REGARDING YOUR PERSONAL HEALTH INFORMATION (PHI)

You have the right to:

- A. **view and copy your PHI.** Your request must be in writing and we may charge a fee for the costs of copying, mailing and supplies necessary to comply with your request. NCHD is permitted to deny your request in certain situations. You may have the right to appeal our decision.
- B. **to request, in writing, NCHD to change your PHI, if you believe the information is incorrect or**

incomplete. NCHD can only change information we created. For example if your doctor created your PHI, we cannot correct the information. In such cases, you will have to contact your doctor directly.

- C. **to request, in writing, a list of all the times our contractors or we have released your PHI.** This list will **not** include disclosures made in the normal course of providing services to you through the Nueces Aid Program. It also will not include disclosures we have made when you have given us written permission to release information. We will provide you with the first list at no charge.
- D. **tell us where and how to send you messages that include your PHI,** if you think sending information in the usual way could put you in danger. Your request must be in writing. For example, you can ask us to send your information to you at work instead of at your home address, or call you at work instead of at home.
- E. **request, in writing, additional restrictions on the use or disclosure of you PHI.** You may ask NCHD to put more limits on the use or disclosure of your PHI that the law requires. You must be specific about the additional limits you want, however, NCHD is not required to agree to the additional limits.
- F. **request a copy of this notice.** You have the right to request a copy of this Privacy Notice from NCHD at any time.
- G. **complain.** If you think NCHD has violated your privacy rights, you may file a written complaint by contacting NCHD at the address listed below. You also may file a written complaint with the United States Department of Health and Human Services. Upon request, NCHD will provide you with the correct address for that Department. **You will not be punished in any way for making a complaint to us or the Department of Health and Human Services.**

Please send all written requests to Nueces County Hospital District at the address below.

CONTACT INFORMATION AND FILING COMPLAINTS

If you have questions, need request forms, or would like to file a complaint with NCHD about our privacy practices, please contact NCHD at the following address:

Nueces County Hospital District
Attention: Privacy Officer
555 North Carancahua, Suite 950
Corpus Christi, Texas 78478
Phone (361) 808-3339 Fax (361) 808-3277

Si quiere recibir este aviso en español, favor de llamar al Nueces County Hospital District al (361) 808-3339.

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