

**EASTLAND COUNTY CRISIS CENTER'S
CRIME VICTIM ASSISTANCE CENTER
NOTICE OF PRIVACY PRACTICES Protected Health Information (HIPAA)**

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

THIS NOTICE OF PRIVACY PRACTICES (“*Notice*”) GIVES YOU INFORMATION REQUIRED BY LAW about the obligations and privacy practices of EASTLAND COUNTY CRISIS CENTER’S CRIME VICTIM ASSISTANCE CENTER (a “*Center*”, and “CVAC”).

Generally, “*health information*” means any information that is created or received by a healthcare provider, health plan, public health authority, employer, life insurer, school or university, or health care clearinghouse, and relates to the past, present, or future physical or mental health or condition of an individual, the provision of healthcare services to an individual, or payment related to the same.

CVAC provides services relating to family violence, sexual assault, stalking, dating violence and/or sex trafficking. CVAC receives and maintains your health information while providing these services to you.

Should you have any questions about this Notice, please contact your Center’s Privacy/Security Officer, Rhonda Howie, Executive Director.

WHO WILL FOLLOW THIS NOTICE?

All members of CVAC’s workforce, including employees, independent contractors, volunteers, and agents.

CVAC understands that your health information is personal and is committed to protecting this information. This Notice applies to all the records of your health information created or maintained by CVAC. This Notice tells you about the ways CVAC may use and disclose your health information. It also describes your rights and our obligations regarding the use and disclosure of your health information.

CVAC’S RESPONSIBILITIES

CVAC will:

- Maintain the privacy and security of your health and other personal information;
- Provide you with notice of our duties and privacy and security practices with respect to information CVAC collects and maintains about you;
- Abide by the terms of this Notice;
- Notify you if CVAC is unable to agree to any restriction you may request;
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations; and
- Notify affected individuals following a breach of unsecured protected health information.

METHODS IN WHICH CVAC MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

The following categories describe different ways CVAC may use and disclose your health information. These examples serve only as guidance and do not include every possible use or disclosure.

Treatment. CVAC may use and disclose your health information to other healthcare providers or those involved in your treatment or program services.

Healthcare Operations. CVAC may use and disclose your health information for its own operations. These uses and disclosures are necessary to operate CVAC in an efficient manner and to ensure that all CVAC participants receive their benefits.

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Health Services. CVAC may use your health information to contact you or give you information about treatment alternatives or other program- or health-related benefits and services that may be of interest to you.

As Required by Law. CVAC may disclose your health information when required to do so by federal or state laws or regulations, including disclosure to HHSC to audit CVAC records.

SPECIAL SITUATIONS

Health Oversight Activities. CVAC may disclose your health information to a health oversight agency for activities authorized by law. Health oversight agencies include public and private agencies authorized by law to oversee healthcare providers, health plans, and the healthcare industry in general. These activities are necessary to monitor providers or plans, government programs, eligibility or compliance, and to enforce civil rights and criminal laws.

Lawsuits and Disputes. If you are involved in certain lawsuits or administrative disputes, CVAC may disclose your health information in response to certain subpoenas, a court order, or administrative order.

Law Enforcement. CVAC may disclose your health information if asked to do so by a law enforcement official: (i) in response to a court order or subpoena; or (ii) if there is a probability of imminent physical injury harm to you or another person or immediate mental or emotional injury to you.

Coroners, Medical Examiners, and Funeral Directors. CVAC may release your health information to a coroner or medical examiner for activities such as identifying a deceased person or determining cause of death.

Personal Representatives. CVAC may disclose your health information to personal representatives appointed by you or designated by applicable law. However, CVAC is not required to disclose your health information to your personal representative in certain instances of abuse, neglect, or where disclosure is not in your best interest.

All disclosures will be made in accordance with the requirements of Texas and federal laws and regulations.

OTHER USES AND DISCLOSURES

Unless otherwise permitted or required by law, CVAC will not use or disclose your health information for any other purposes without your written authorization to do so. If you give CVAC such written authorization for a purpose not described in this Notice, then you may, in most cases, revoke such authorization in writing at any time. Your revocation will be effective for all your health information CVAC maintains, unless CVAC has already taken action in reliance on your prior authorization.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

You have the following rights regarding your health information received or maintained by Centers participating in the CVAC:

Right to Inspect and Copy. You have the right to inspect and copy your health information maintained by CVAC. Usually, this includes medical, dental, and billing records, but does not include psychotherapy notes.

To inspect and copy your health information, you must submit your request in writing to Rhonda Howie, Executive Director, your Center's Privacy/Security Officer. If you request a copy of the information, CVAC may charge a nominal, cost-based fee to carry out your request.

CVAC may deny your request to inspect and copy your health information in limited circumstances. If you are denied access to your health information, including psychotherapy notes, you may request that the denial be reviewed. CVAC will comply with the outcome of such review.

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Right to Amend. If you feel that your health information is incorrect or incomplete, you may ask CVAC to correct or amend the information. You have the right to request an amendment for as long as the information is kept by CVAC.

To request an amendment, your request must be made in writing and submitted to Rhonda Howie, Executive Director, your Center's Privacy/Security Officer, and you must provide a reason to support your request.

CVAC may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, CVAC may deny your request if you ask us to amend any medical or dental information that:

- CVAC did not create, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the medical or dental information maintained by CVAC;
- Is not part of the medical or dental information you could inspect and copy; or
- Is otherwise accurate and complete.

Right to an Accounting of Disclosures. You have the right to request an "accounting of disclosures." This is a list of the disclosures made of your health information for purposes other than treatment, payment, or healthcare operations.

To request such an accounting, you must submit your request in writing to Rhonda Howie, Executive Director, your Center's Privacy/Security Officer. Your request must state a time period, which may not be longer than six (6) years. Your request should indicate in what form you want the list (for example, on paper or electronically). The first list you request within a 12-month period will be provided to you by CVAC for free. For additional lists within the 12-month period, you may be charged for the cost of providing the list. CVAC will notify you of the cost involved, and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to Request Restrictions. You have the right to request a restriction or limitation on the health information CVAC uses or discloses about you for treatment, or healthcare operations. You also have the right to request a limit on the health information CVAC uses or discloses about you to someone involved in your care or for payment of your care. CVAC will comply with your request, unless the information is needed to provide you emergency treatment or disclosure is needed for certain authorized purposes, including disclosures for law enforcement purposes, in connection with cases of abuse, neglect or domestic violence, or as otherwise required by law.

To request restrictions you may make your request orally or in writing to any staff or volunteer of the CVAC. In your request you may indicate: (1) what information you want to limit; (2) whether you want to limit CVAC's use or disclosure; and (3) to whom you want the limits to apply.

Right to Request Confidential Communications. You have the right to request that CVAC communicate with you about health or program matters in a certain way or at a certain location. For example, you can ask that CVAC contact you only at work or by mail.

To request that CVAC communicate in a certain manner, you must make your request in writing to Rhonda Howie, Executive Director, your Center's Privacy/Security Officer. You do not have to state a reason for your request. CVAC will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

CHANGES TO THIS NOTICE

THE EFFECTIVE DATE OF THIS NOTICE IS February 2020. CVAC reserves the right to change its privacy and security practices and to make the new provisions effective for all health information it holds or maintains. Should our privacy and security practices change, we will post the amended Notice on your Center's website.

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You may request a copy by contacting Rhonda Howie, Executive Director, your Center's Privacy/Security Officer, at (254)629-3223.

COMPLAINTS

If you believe your privacy and security rights have been violated, you may file a complaint with your Center's Privacy/Security Officer or with the Office for Civil Rights, U.S. Department of Health and Human Services. All complaints should be submitted in writing. ***You will NOT be penalized for filing a complaint.***

To file a complaint with your Center, contact Rhonda Howie, Executive Director at (254)629-3223. Your complaint must be filed within 180 days of when you knew or should have known that the alleged violation occurred. The address for the Office of Civil Rights is:

*Office for Civil Rights
U.S. Department of Health and Human Services
1301 Young Street, Suite 1169
Dallas, Texas 75202
(214) 767-4056; (214) 767-8940 (TDD); 214.767.0432 (Fax)*

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CLIENT ACKNOWLEDGEMENT

Client Name: _____

I hereby acknowledge that **CHILDREN'S ADVOCACY CENTERS OF TEXAS, INC.** and my local **CHILDREN'S ADVOCACY CENTER** (collectively, "**CVAC**") have provided me with a written copy of its Joint Notice of Privacy Practices ("**Notice**"), which tells me how CVAC may use or disclose information about me. Not all situations have been described in this Notice; however, I further acknowledge that I have been afforded the opportunity to read this Notice, or have it read to me, and to ask questions about it. I acknowledge that a copy of this Notice will be provided to me upon request.

Client Signature

Date

Personal Representative Signature (if applicable)

Relationship to Client

Witness Signature

Date