



La Hacienda

La Hacienda's Notice of Privacy Practices

P.O. Box 1, Hunt, Texas 78024
Phone: (830) 238-4222 • Fax: (830) 238-3120
(800) 749-6160 • www.lahacienda.com

Effective Date: April 14, 2003

Last Revised: May 2019

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.

La Hacienda Locations and Services

This Notice describes the privacy practices of La Hacienda, which includes each of our facilities (Inpatient Program, Intensive Outpatient Program, Outreach Offices) in the following service delivery sites/locations: Hunt, Texas; Kerrville, Texas; Austin, Texas; College Station, Texas; Houston, Texas; San Antonio, Texas; Irving, Texas; Midland, Texas. When we say "La Hacienda" we mean all of these facilities, individually and collectively.

All of the people that make up La Hacienda follow this Notice. La Hacienda includes clinicians, physicians, skilled nursing services, pharmacy services, laboratory services, ancillary/support services, and other related health care providers such as contract labor, students, and trainees. We are required to abide by the terms of this Notice when we use or disclose your medical information. We restrict access to your medical information to those employees who need to know in order to provide appropriate treatment or services to you or to conduct La Hacienda business on your behalf.

Understanding Your Medical Records

La Hacienda creates a record of the care and services you receive from its various facilities. We understand that medical information about you and your health is personal. Care records include demographics, diagnosis, treatment, referral, and various forms containing billing information. This type of medical information is often called "Protected Health Information" (PHI). We are committed to protecting medical information about you, whether electronically, on paper or orally. This Notice applies to all of the medical records of your care within La Hacienda.

Our Legal Duty

La Hacienda is bound by Federal and State privacy and confidentiality laws to maintain information about your health, healthcare, and payment services in a confidential fashion. It is our obligation to provide you with this Notice of our legal duties and privacy practices with respect to your PHI.

Changes to this Notice

We may change our policies at any time. Before we make a significant change in our policies, we will change our notice and post the new notice on our website at www.lahacienda.com.

Privacy and Confidentiality Obligations

PHI is protected under the following Federal and State regulations:

Federal Confidentiality Laws:

- **42 CFR Part 2, Substance Abuse Confidentiality Regulations**
- **45 CFR Parts 160 and 164, Subparts A and E, known as the Health Insurance Portability and Accountability Act (HIPAA Omnibus Final Rule)**
- **Subtitle D of the Health Information Technology for Economic and Clinical Health (HITECH) Act, part of the American Recovery and Reinvestment Act (ARRA) of 2009**

State Confidentiality Laws:

- **Texas Medical Records Privacy Act, Part of the Texas Health and Safety Code, Chapter 181**
- **Texas House Bill 300**

How We May Use (or Not Use) and Disclose Health Information about You

Methods of disclosure may include the following: mail, fax, verbal, secure/encrypted email, secure/encrypted DVD/CD as applicable for communication with designated recipients.

- **For Treatment:** We will use and disclose your protected health information (PHI) to provide you with treatment services. With your authorization, we may use and disclose your PHI as part of a referral to a specialist physician or for other treatment related services if necessary. Your authorization is not required in a medical emergency; however, the information released will be limited to only that which is necessary for the emergency services being rendered.
- **For Payment:** With your authorization, we may use and disclose your PHI to receive payment for the treatment services provided, such as sending billing information to a health insurance plan. Should you choose to pay out-of-pocket, no information will be shared with your insurance company unless you request so in writing.
- **For Healthcare Operations:** We may use and disclose your PHI for administrative purposes in order to evaluate the quality of care that you receive through audits and/or on-site inspections by licensing and accrediting entities or through our normal course of business with other entities with whom we have a Business Associate Agreement. These agreements are put in place to help protect your PHI from further disclosure and to specify that they are responsible for the security of that information.
- **With Authorization:** In any other situation, we will ask for your written authorization before using or disclosing any PHI about you. If you choose to sign an authorization to disclose information, you can later revoke that authorization in writing to stop any future uses and disclosures.
- **Individuals Involved in Your Care or Payment for Care:** With your signed authorization, your PHI may be disclosed to a family member, friend or other person to help with your healthcare.
- **Incompetent and Deceased Patients:** In such cases, authorization of a personal representative, guardian, executor of estate, or other person authorized by applicable state/federal law, will need to prove relationship and sign an authorization to have your PHI disclosed to them.
- **Marketing Communications:** We may not use your PHI for marketing purposes. We may not sell your PHI.
- **Fundraising Communications:** We do not engage in fundraising activities and your PHI will not be disclosed for such activities without your written consent.
- **Research:** We do not disclose PHI for research purposes without your written consent. Information without patient identifiable data may be used for generic research.
- **Worker's Compensation and Disability:** With your signed authorization, PHI about you may be disclosed for worker's compensation, disability, or similar programs.
- **Appointment Reminders:** With your signed authorization, (available at our Austin location only) we will contact you via a generic text message (to the phone number of your choice) to remind you of your future appointment(s) for treatment services with us.

Written Authorizations:

We may disclose your PHI when we receive a written authorization from you to do so. This authorization must be completed on a form that specifically meets State and Federal applicable requirements. La Hacienda's

“Authorization to Release Protected Health Information” is available at all of our locations, or can be downloaded from our website at www.lahacienda.com.

Should you decide to revoke a signed authorization, you may do so at any time, except to the extent that action has been taken in reliance on it, the authorization has already expired and/or has already been revoked. If you are currently receiving services and want to revoke an authorization, we ask that you see speak to your counselor to complete the necessary revocation process. After discharge, you may visit any of our locations to complete the “Revocation of Authorization to Release Protected Health Information” form, or obtain the form from our website at www.lahacienda.com. Please note: revocation begins when we receive the completed and signed revocation form in one of our offices.

Uses and Disclosures WITHOUT Your Written Authorization

We may disclose your protected health information (PHI) without your written authorization only under the following circumstances.

- **Medical Emergencies:** We may use or disclose your PHI in a medical emergency situation to medical personnel only if you are unconscious at the time services are rendered. If you are able to sign an authorization, we will assist you with this process. The information will be limited to that which is needed to provide you with the emergency services.
- **Consistent with Federal, State, or Local Law:** We may use or disclose your PHI to the extent that the use or disclosure is required by law, made in compliance with the law, and limited to the relevant requirements of the law. You will be notified, as required by law, of any such uses or disclosures. Under the law, we must make disclosures of your PHI to you upon your request.
- **Secretary of Health and Human Services:** We are required to disclose your PHI to the Secretary of Health and Human Services for the purpose of investigating or determining our compliance with the requirements of the of the HIPAA Privacy Rule.
- **Victim of Abuse or Neglect (Child/Elder Abuse or Neglect):** We may disclose your PHI to a state or local agency that is authorized by law to receive reports of child or elder abuse or neglect; however, the information we disclose is limited to only that information which is necessary to make the initial mandated report.
- **Public Health Activities/Communicable Disease:** We may disclose your PHI to a state or local agency that is authorized by law to receive reports of diagnosed communicable disease; however, the information we disclose is limited to only that information which is necessary to make the initial mandated report.
- **Health Oversight Activities:** We may disclose your PHI to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies and organizations that provide financial assistance to the program (such as third-party payers) and peer review organizations performing utilization and quality control.
- **Business Associates:** We may use or disclose your PHI to our “Business Associates” (BA) who perform certain functions or activities that involve the use or disclosure of PHI on behalf of or provides services to us. All of our BA’s are obligated to protect the privacy of your PHI and may use the information only for the purposes for which the BA was engaged.
- **Data Breach Notification Purposes:** We may use or disclose your PHI to provide legally required notices of unauthorized access to or disclosure of your PHI. We will notify you in writing following a breach of unsecured PHI.
- **Deceased Patients:** We may disclose PHI regarding deceased patients for the purpose of determining the cause of death or permitting inquiry into the cause of death. We may disclose PHI to coroners and medical examiners consistent with applicable law, as necessary to carry out their duties.

- **Criminal Activity on the Facility Premises/Against La Hacienda Personnel:** We may disclose your PHI to law enforcement officials if you have committed a crime on the facility premises or against La Hacienda personnel.
- **Judicial and Administrative Proceedings:** We may disclose your PHI in response to a court order or administrative tribunal order, a subpoena, a discovery request, or other lawful process by only when we have followed procedures required by law. We may disclose your PHI if the court issues an appropriate order and follows required procedures. Your PHI will also be released to our Corporate Attorney.

Uses and Disclosures That Require Us to Give You an Opportunity to Object and Opt Out

- **Other Categories:** Other uses and disclosures of PHI not covered by this Notice or the laws that apply to us will be made only with your written authorization.

Your Rights Regarding Your Protected Health Information

Although your medical record is the physical property of La Hacienda, the information belongs to you. You have the right to:

- **Right to Access, Inspect and Copy:** You have the right to review, inspect, request and get copies of your PHI used to make decisions about you and your care for as long as we maintain the PHI as required by law. If you are a current patient, this review is usually done in the presence of the physician or your case manager. If you are an ex-patient, this review is done in our Medical Records Office. You have the right to request a copy of your medical records. If you are a current patient and wish to receive a copy of your record, you will need to do so in writing with a staff member, for example, your case manager. Your record will be forwarded to you within three weeks of discharge. If you are an ex-patient, you will make your request for copies in writing to the Health Information Manager (Medical Records Office). Records will be provided to you/your recipient by the selected delivery/provider method that you have indicated on your written authorization within 15-business days of the receipt of the authorization. We may charge a reasonable cost-based fee for copies. Should we deny your request for a specific document copy for any reason, i.e. Medical Staff believes the content of the document would be harmful to your recovery, an alternate document will be made available to you in its place based on your needs for the information and the data you are seeking.
- **Right to an Electronic Copy of Electronic Medical Records:** If your Protected Health Information (PHI) is maintained in an electronic format (known as an electronic medical record/electronic health record), you have the right to request that an electronic copy of your record be given to you. La Hacienda makes this electronic exchange via the email address you provide on your written authorization.
- **Notification of a Breach:** You have the right to be notified in the event that we (or one of our “Business Associates”) discovers a breach of any of your unsecured PHI. This notification must be done in a timely fashion after the date of discovery has occurred.
- **Right to Amend:** If you feel information in your record is incorrect or if important information is missing, you have the right to request that we amend the information. We are not required to agree to the amendment. The request for amendment needs to be in writing. Please contact the Privacy Officer for assistance with correct form completion and process guidelines.
- **Right to an Accounting of Disclosures:** You have the right to request in writing an accounting of the disclosures we make of your PHI for reasons other than treatment, payment or healthcare operations during the last 6 years. If you request this accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests.
- **Right to Request Restrictions:** You have the right to request in writing a restriction or limitation on the use of your PHI for treatment, payment, or healthcare operations. We are not required to agree to your request.

- **Right to Request Alternate Confidential Communications:** You have the right to request in writing that we communicate with you about medical matters in a certain way or at a certain location. We are not required to agree to your request.
- **Out of Pocket Payments:** If you paid “out of pocket” (or in other words, you have requested that we not bill your health plan) in full for a specific item or service, you have the right to request in writing that your PHI with respect to that item or service not be disclosed to a health plan for purposes of payment or health care operations, and we will honor that request.
- **Right to a Copy of This Notice:** You have a right to a copy of this notice. You may request to have a paper copy of this Notice at any time. You may also obtain it from our website at www.lahacienda.com
- **Complaints:** You have the right to file a complaint in writing to us or to the U.S. Department of Health and Human Services if you believe we have violated your privacy rights. ***We will not retaliate against you for filing a complaint.***

For more information about our privacy practices or if you have questions about this Notice of Privacy Practices, please contact the person listed below:

Michael Routh, LPC, LBSW – Privacy Officer
 La Hacienda
 P.O. Box 1
 Hunt, Texas 78024
 (800) 749-6160

Please provide your name, address and the nature of your question or concern. We will report the outcome of our inquiry to you.

If you would like to submit a complaint directly to the U.S. Department Health and Human Services, please contact the party below:

U.S. Department of Health and Human Services
 Office of Civil Rights
 200 Independence Avenues, SW
 Washington, DC 20201
 (877) 696-6775

If you would like to submit a complaint directly to the U.S. Department Health and Human Services, please contact the party below:

U.S. Department of Health and Human Services
 Office of Civil Rights
 200 Independence Avenues, SW

Washington, DC 20201 - (877) 696-6775