Individual and Family Solutions

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)

**Privacy Notice**

**About the Notice**

In this Privacy Notice, the word “IFS” means Individual and Family Solutions.

In this Notice, “medical information” means the same as “health information.” When you receive benefits from

IFS, that IFS may get health information about you. Health information includes any information that relates to (1) your past, present, or future physical or mental health or condition; (2) providing health care to you; or (3) the past,

present or future payment for your health care. This Notice tells you about your privacy rights, IFS’s duty to protect health information that identifies you, and how IFS may use or disclose health information that identifies you without your written permission. This notice does not apply to health information that does not identify you or anyone else. Please share this Notice with everyone in your household who receives benefits from IFS.

**Your Privacy Rights**

The law gives you the right to:

● look at or get a copy of the health information IFS has about you, in most situations;

● ask IFS to correct certain information, including certain health information, about you if you believe the information is wrong or incomplete. Most of the time, IFS cannot change or delete information, even if it is incorrect. However, if IFS decides it should make a change, it will add the correct information to the record and

note that the new information takes the place of the old information. The old information will remain in the record. If IFS denies your request to change the information, you can have your written disagreement placed in your record;

● ask for a list of the times IFS has disclosed health information about you;

● ask IFS to limit the use or disclosure of health information about you more than the law requires. However, the law does not make IFS agree to do that;

● tell IFS where and how to send messages that include health information about you, if you think sending the information to your usual address could put you in danger. You must put this request in writing, and you must be specific about where and how to contact you;

● ask for and get a paper copy of this Notice from any IFS;

● withdraw permission you have given IFS to use or disclose health information that identifies you, unless IFS has already taken action based on your permission. You must withdraw your permission in writing.

**IFS’s Duty to Protect Health Information that Identifies You**

The law requires IFS to protect the privacy of health information that identifies you. It also requires IFS to give you this Notice of its legal duties and privacy practices.

● In most situations, IFS may not use or disclose health information that identifies you without your written permission. This Notice explains when IFS may use or disclose health information that identifies you without your permission.

● For all other uses and disclosures, IFS must obtain your written permission, which you may withdraw at any time.

● If IFS changes its privacy practices; it must notify you of the changes by mailing a new Privacy Notice to the most recent address you have given IFS. IFS will mail the new Privacy Notice within 60 days of the changes. The new practices will apply to all the health information IFS has about you, regardless of when IFS received or created the information.

IFS employees must protect the privacy of health information that identifies you as part of their jobs with IFS. IFS does not give employees access to health information unless they need it for a business reason.

Business reasons for needing access to health information include making benefit decisions, paying bills, and planning for the care you need. IFS will punish employees who do not protect the privacy of health information that identifies you. If you have questions about this Notice or need more information about your privacy rights, you may contact the following:

● the Medicaid hotline at (800) 252-8263 If you believe IFS has violated your privacy rights, you may file a complaint by contacting the Medicaid hotline at (800) 252-8263.

You may also file a complaint with the:

● Region VI, Office of Civil Rights, U.S. Department of Health and Human Services by mail at 1301 Young St.,

Dallas, Texas, 75202, by telephone at (214) 767-4056, by TDD at (214) 767-8940, or by fax at (214) 767-0432.

There will be no retaliation for filing a complaint.

**How IFS Uses and Discloses**

**Health Information that Identifies You**

***1. Payment***

IFS may use or disclose health information about you to pay or collect payment for your health care. For example, when your doctor sends a bill to Medicaid, it includes information about your illness and treatment.

***2. Health care operations***

IFS may use or disclose health information about you for health care operations. Health care operations include:

● conducting quality assessment and improvement activities;

● reviewing the competence, qualifications, and performance of health care professionals or health plans;

● training health-care professionals and others;

● conducting accreditation, certification, licensing, or credentialing activities;

● carrying out activities related to the creation, renewal, or replacement of a contract for health insurance or health benefits;

● providing medical review, legal services, or auditing functions; and

● engaging in business management or the general administrative activities of IFS.

Examples of uses and disclosures for health care operations include using or disclosing health information for case management; surveying nursing homes; or making sure providers bill only for care you receive. IFS may also contact you to tell you about treatment alternatives or additional benefits you may be interested in.

***3. Family member, other relative, or close personal friend***

HHSC, DADS and DSHS may disclose health information about you to a family member, other relative, or close

personal friend when:

● the health information is related to that person’s involvement with your care or payment for your care; and

● you have had an opportunity to stop or limit the disclosure before it happens.

DSHS may not disclose mental health records about you or information that identifies you as seeking or receiving substance abuse services to family members, relatives, or friends without your written permission or the written permission of your guardian.

***4. Government programs providing public benefits***

IFS may disclose health information about you to a government agency offering public benefits if:

● the information relates to whether you qualify for or are signed-up for Medicaid or the Children’s Health Insurance

Program and the law requires or specifically allows the disclosure; or

● the government agency has the same privacy protections we do, has programs that serve similar types of people, and the disclosure is needed to coordinate or improve how the programs are run.

***5. Health oversight activities***

IFS may sometimes use or disclose health information about you for health oversight activities. Health oversight

activities include looking into:

● Medicaid fraud;

● whether a nursing home is providing good care; or

● whether a nurse aide hurt a nursing home resident.

***6. Public health***

IFS may disclose health information about you to:

● a public health authority for purposes of preventing or controlling disease, injury, or disability;

● an official of a foreign government agency who is acting with the public health authority; and

● a government agency allowed to receive reports of child abuse or neglect.

***7. Victims of abuse, neglect, or domestic violence***

If IFS believes you are the victim of abuse, neglect, or domestic violence, IFS may sometimes disclose health information about you to a government agency that receives reports of abuse, neglect, or domestic violence if:

● a law requires the disclosure;

● you agree to the disclosure;

● a law allows the disclosure and the disclosure is needed to prevent serious harm to you or someone else; or

● a law allows the disclosure, you are unable to agree or disagree, the information is needed for immediate action,

and the information will not be used against you. If IFS makes a report under this section, IFS will tell you or your representative about the report unless it believes that telling you would place you at risk of harm. IFS will not disclose information that identifies you as seeking or receiving substance abuse services.

***8. Serious threat to health or safety***

IFS may use or disclose health information about you if it believes the use or disclosure is needed:

● to prevent or lessen a serious and immediate threat to the health and safety of a person or the public;

● for law enforcement authorities to identify or catch an individual who has admitted participating in a violent crime that resulted in serious physical harm to the victim, unless the information was learned while initiating or in the course of counseling or therapy; or

● for law enforcement authorities to catch an individual who has escaped from lawful custody. IFS will not disclose information that identifies you as seeking or receiving substance abuse services.

***9. For other law enforcement purposes***

IFS may disclose health information about you to a law enforcement official for the following law enforcement purposes:

● to comply with a grand jury subpoena;

● to comply with an administrative request, such as a civil investigative demand, if the information is relevant to an investigation that relates to the administration of one of IFS’s programs;

● to identify and locate a suspect, fugitive, witness, or missing person;

● in response to a request for information about an actual or suspected crime victim;

● to alert a law enforcement official of a death that IFS suspects is the result of criminal conduct; or

● to report evidence of a crime on IFS’s property. IFS will not disclose information that identifies you as seeking or receiving substance abuse services.

***10. For judicial or administrative proceedings***

IFS may disclose health information about you in response to:

● an order from a regular or administrative court; or

● a subpoena or other discovery request by a party to a lawsuit when IFS is a party to the lawsuit.

IFS will not disclose information that identifies you as seeking or receiving substance abuse services.

***11. As required by law***

IFS must use or disclose health information about you when a law requires the use or disclosure.

***12. Contractors***

IFS may disclose health information about you to IFS’s contractor if the contractor:

● needs the information to perform services for the IFS; and

● agrees to protect the privacy of the information.

***13.Secretary of Health and Human Services***

Agencies must disclose health information about you to the Secretary of Health and Human Services when the Secretary wants it to enforce privacy protections.

***14. Research***

Agencies may use or disclose health information about you for research if a research board approves the use. The board will ensure that your privacy is protected when your health information is used in research.

Your health information may also be used:

● to allow a researcher to prepare for research, as long as the researcher agrees to keep the information confidential; or

● after you die, for research that involves information about people who have died.

***15. Other uses and disclosures***

IFS may use or disclose health information about you:

● to create health information that does not identify any specific individual;

● to the U.S. military or a foreign military for military purposes, if you are a member of the group asking for the information;

● for purposes of lawful national security activities;

● to federal officials to protect the President and others;

● to a prison or jail, if you are an inmate of that prison or jail, or to law enforcement personnel if you are in custody;

● to comply with workers’ compensation laws or similar laws; and

● to tell or help in telling a family member or another person involved in your care about your location, general condition, or death. IFS may not disclose mental health records about you or information that identifies you as seeking or receiving substance abuse services to a family member or anyone without your written permission or the written permission of your guardian.

I have received a copy of this form.

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_