

NOTICE OF PRIVACY PRACTICES



Your Information. Your Rights. Our Responsibilities.

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.

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say “yes” to all reasonable requests.

Your Rights *continued*

Ask us to limit what we use or share

- You can ask us **not** to use or share certain health information for treatment, payment, or our operations.
 - We are not required to agree to your request, and we may say “no” if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer.
 - We will say “yes” unless a law requires us to share that information

Get a list of those with whom we’ve shared information

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us: Compliance Department, Legacy Community Health, P.O. Box 66308, Houston, Texas 77266-6308, or by email at Compliance@legacycommunityhealth.org, or by telephone at 832-548-5018.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory
- Contact you for fundraising efforts

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases we *never* share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes.

In the case of fundraising:

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

Other Uses and Disclosures

How do we typically use or share your health information? We typically use or share your health information in the following ways.

Treat you

- We can use your health information and share it with other professionals who are treating you.

Example: A doctor treating you for an injury asks another doctor about your overall health condition.

Run our organization

- We can use and share your health information to run our practice, improve your care, and contact you when necessary.

Example: We use health information about you to manage your treatment and services.

Bill for your services

- We can use and share your health information to bill and get payment from health plans or other entities.

Example: We give information about you to your health insurance plan so it will pay for your services.

How else can we use or share your health information? We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues

- We can share health information about you for certain situations such as:
 - Preventing disease
 - Helping with product recalls
 - Reporting adverse reactions to medications
 - Reporting suspected abuse, neglect, or domestic violence
 - Preventing or reducing a serious threat to anyone’s health or safety

Do research

- We can use or share your information for health research.

Comply with the law

- We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we’re complying with federal privacy law.

Respond to organ and tissue donation requests

- We can share health information about you with organ procurement organizations.

Work with a medical examiner or funeral director

- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers’ compensation, law enforcement, and other government requests

- We can use or share information about you:
 - For workers’ compensation claims
 - For law enforcement purposes or with a law enforcement official
 - With health oversight agencies for activities authorized by law
 - For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

- We can share health information about you in response to a court or administrative order, or in response to a subpoena.

We will never release information regarding STD’s, HIV/AIDS, alcohol and/or drug abuse history, developmental disabilities or behavioral health records without your written consent.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticeapp.html

Change to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

Effective Date: 3/1/2016

Louise Koslin

Sr. Director of Compliance/HIPAA Privacy Officer

Compliance@legacycommunityhealth.org

832-730-4429

832-548-5075

Rights:

1. To receive services without regard to age, sex, color, race, ethnicity, religion, national origin, sexual orientation, gender identity, political affiliation, or disability.
2. To receive services that are considerate, respectful, and culturally sensitive.
3. To privacy. No information that would reveal my HIV status may be disclosed to anyone outside the agency without my informed, written consent as governed by local, state, and federal law.
4. To communicate about services in a language and format that is clear to me.
5. To be informed of all agency rules and regulations related to the provision of services.
6. To initiate a complaint about services and to be fully informed of the agency's grievance procedure.
7. To withdraw consent for services and/or seek services at another agency without pressure or intimidation.
8. To know the qualifications of all staff providing services to me.

Responsibilities:

1. To participate in the development and implementation of service/treatment plans to the extent that I am able.
2. To inform agency staff when I do not understand instructions or information.
3. To keep scheduled appointments, be in the clinic 30 minutes prior to my appointment and to notify agency staff when I need to cancel or reschedule.
4. To follow through with agreed upon activities and to notify agency staff when I am unable to do so.
5. To notify agency staff of services that I have obtained independently.
6. To keep agency staff informed about the quality, appropriateness and timelines of services that I am receiving.
7. To communicate my needs to agency staff as quickly as possible, understanding that they may not be able to satisfy all requests.
8. To conduct myself appropriately when interacting with persons involved in providing services. (Inappropriate behavior includes, but it is not limited to, intoxication, threats, harassment and physical or verbal abuse).
9. To notify the agency of any changes in my personal information including, but not limited to, name, address, home phone, cell phone, and insurance information.

The patient may exercise their right to file a complaint or grievance by the following steps:

- Step 1:** The patient should first address their question, complaint or grievance to the person perceived as the source of the confusion or conflict. It is anticipated that most conflict will be resolved in this step. If not resolved by direct communication either at the source of the problem or if the patient-consumer does not wish to address the other person involved, they may proceed to Step 2.
- Step 2:** The patient may consult the department supervisor, explain the conflict and solicit the supervisor's intervention as a conflict resolution mediator. It is the duty of the supervisor to inform all involved patients of the conflict, collect information, conduct an investigation and interviews, and help facilitate a mutually agreeable resolution. The patient may appoint a representative as their advocate.
- Step 3:** The patient may consult a Facility Administrator or Department Director, explain the conflict and any resolution steps taken. The patient may request a meeting of all parties involved and solicit the assistance of the Administrator as mediator. Notes of this meeting should be taken for documentation purposes and filed in the patient's official record.
- Step 4:** The patient may choose to by-pass Steps 1, 2, and 3, and initiate a grievance directly to the Senior Directors or above. This step may be taken with or without the knowledge of the staff involved in the grievance. The complaint or grievance may be communicated in person or by telephone, email, or letter. A letter or email is preferred for the purpose of clear and unquestionable understanding. Grievances should be addressed to:

Compliance Department
P.O. Box 66308
Houston, Texas 77266-6308
Compliance@legacycommunityhealth.org
832-548-5018

Should the patient feel this complaint or grievance cannot be properly handled by Legacy, they may contact the appropriate source as listed below:

Bureau of STD/AIDS
1-800-299-AIDS (2437)

City of Houston
HIV Bureau Chief
713-794-9307

CDC
CDC Project Officer 713-794-9079
Egd8@cdc.gov

Department of State Health Services
Attention: Investigations Department
1100 W. 49th
Austin, Texas 78756
1-800-832-9623

Harris County Public Health & Environmental Services

Ryan White Grant Administration
2223 West Loop South, Room 417
Houston, TX 77027
713-439-6089 (Phone)
713-439-6338 (Fax)

Resource Group

Patrick L. Martin
500 Lovett, Suite 100
Houston, Texas 77006
713-526-1016

Texas State Board of Dental Examiners

333 Guadalupe Street
Austin, Texas 788701
1-800-821-3205

Claims for discrimination can be filed with:

**Health & Human Services Commission
Civil Rights Office**

701 W. 51st Street, MC W206
Austin, Texas 78751
Phone: 1-888-388-6332 or (512) 438-4313
Fax: (512) 438-5885

A case decision can be appealed by contacting:

HHSC Office of Ombudsman

1-877-787-8999

What is E-prescribing and Why Does Legacy Community Health E-Prescribe?

E-Prescriptions, E-Rx or Electronic Prescriptions, are computer-generated prescriptions created by your provider and sent directly to your pharmacy. Legacy participates in E-prescribing because we care about your health and well-being and E-prescribing has multiple benefits.

What are the benefits to me?

By providing your consent, Legacy will be able to see all of the current and past prescriptions you have received from other health care organization. This critical information will assist Legacy in confirming the safety of your prescription and minimize dangerous interactions with other medications you are taking. Your health and safety is our top priority and electronic prescriptions will decrease the likelihood of misreading or misinterpreting handwriting or directions. An increased convenience is your e-prescription will be sent ahead of your arrival at the pharmacy.

Will all of my prescriptions go to the pharmacy by E-prescribing?

By law, some medications cannot be prescribed electronically and will still require a written prescription to be filled. Most pharmacies in the area are able to receive electronic prescriptions, but Legacy cannot guarantee that the pharmacy you choose will be equipped to do so. If the pharmacy you chose is not equipped to accept electronic prescriptions, you will receive your prescription on paper and will need to take it to your pharmacy.

How does E-Prescribing Work?

Instead of writing out your prescription on a piece of paper, your provider enters it directly into the computer. Your prescription travels from your doctor's computer to the pharmacy's computer. E-prescriptions are sent electronically through a private, secure, and closed network and not over the Internet or as email. The e- prescription can be sent to the pharmacy you choose. If you do not want your prescription sent electronically, or your pharmacy does not accept e-prescriptions, your provider can print your prescriptions for you as before.

Privacy and Security

The privacy of your personal health information contained in all your prescriptions, whether written or electronic, is protected by federal and state laws. The federal law is the Health Insurance Portability and Accountability Act (HIPAA). HIPAA requires that your personal health information be shared only for the purpose of providing you with clinical care and E-prescriptions meet this requirement. The prescriptions transmitted are secured by firewalls and encryption systems to preserve your privacy and security.

What does it mean that Legacy is a Patient-Centered Medical Home (PCMH)?

- We are available when you need us with same-day appointments and our after hours on-call service.
- We ask about your personal or family situation and suggest treatment options based on your lifestyle goals.
- Our team answers your questions and helps you better understand your health care needs.
- We provide equal access to health care regardless of your ability to pay.
- We help find potential sources of insurance coverage.
- When services are required at other facilities, Legacy will assist in coordinating that care.
- We work with you based on recognized standards (evidence based guidelines) to provide you with a high level of care and the ability to support your unique health care needs.

Legacy has achieved the highest level of recognition under the National Committee for Quality Assurance (NCQA)

NCQA™ President Margaret E. O’Kane said, *“Recognition shows that Legacy Community Health has the tools, systems and resources to provide its patients with the right care, at the right time.”*

The following locations have earned PCMH designation Level 3, the highest level of recognition:

- Lyons Clinic
- Baker-Ripley Clinic
- Montrose Clinic
- San Jacinto Clinic
- Southwest Clinic
- Mapleridge Clinic
- Bissonnet Clinic

What can I do to get the most out of my visit?

- Make a list of your questions.
- Write down the names and phone numbers of other health care providers you have visited, including emergency rooms or hospitals.
- Make a list of all medications you take (over-the-counter drugs, herbal supplements, vitamins).
- Bring your insurance or eligibility information.
- Provide any other health care providers with information about your Legacy provider.
- Contact Legacy at least 24 hours prior to your scheduled appointment in the event you need to cancel.

For assistance in obtaining medical records or transferring medical records: (832) 548-5000 or email mrecords@legacycommunityhealth.org

Visit the Legacy **Patient Portal** at: <https://lc.emrconnect.org/portal/default.aspx>

For questions or to make an appointment during or after hours call (832) 548-5000.

As a member of the Legacy Medical Home Team, I, the patient or guardian, will:

Let my Legacy team know at least 24 hours in advance when I am unable to keep a scheduled appointment.

Let my Legacy team know when I have moved or changed phone numbers, so my contact information is correct.

Call the pharmacy for medication refills at least three (3) business days before running out.

Treat Legacy team members with respect as we partner together for care. Provide my Legacy team feedback so services can improve.

Take medications as prescribed and follow the treatment plan; if I cannot do this, I will let my Legacy team know.

Inform the Legacy team when I see providers outside of Legacy and tell my team what medications were prescribed or changed, what tests or treatments were done, and any other services performed related to my health.

Understand my health risks and conditions; ask questions and learn ways to improve my health and prevent illnesses.

Provide my Legacy team any information regarding: health condition, medical history, illnesses, medications (including over the counter/herbal or supplements), visits with specialists, recent test results, ER visits, and hospital stays.

The Legacy team will continue, for you as a patient or guardian, to:

Respect you as an individual — we will not make judgments based on age, sex, color, race, ethnicity, religion, national origin, sexual orientation, gender identity, political affiliation, or disability.

Respect your privacy — medical information will not be shared with anyone unless you give us permission or it is required by law.

Provide evidence-based care by a team of people (nurses, social workers, medical assistants, nutritionists and support staff) led by your responsible provider who will watch over all your care.

Give care that meets your needs and fits with your goals and values.

Answer your calls and questions as soon as possible, even after normal business hours; 24 hours a day, 7 days a week.

Remind me when it is time to have any check-ups or tests. Help me stay healthy by teaching me to make better choices.

Improve my care by using technology—like Electronic Health Records and always strive to improve Legacy's services.

Help me get the care needed, even if it is outside of my Legacy team.



Information from our Patient Portal:

The Patient Portal is a voluntary online system that allows patients to monitor and access their information at their convenience. The securely stored and protected information is taken from medical records and can be requested either through the Patient Portal itself or by completing and submitting a Request of Information form which can be found here:

<http://www.legacycommunityhealth.org/patient-center/forms/>

This information is only used for medical purposes between our providers and patients, not for any external use.

Website Tracking:

We do not actively track website activity that would allow us to identify any visitors.

Questions about our website or marketing practices can be directed to Marketing@LegacyCommunityHealth.org

Donor Information We Collect:

Legacy Community Health's donation page collects the following personal information:

Name

Address

Email address

Phone number

Credit/Debit card data

Legacy does not use this information for any purpose other than processing donations, either on a one-time or recurring basis as specified by the donor. Credit/debit cards are processed using iATS Payments, which encrypts all data to ensure safety and security, as well as PCI Compliance and fraud protection tools. The donation page also uses Norton Security antivirus and firewall software. To review the information we collect, or should you have other questions or concerns about these privacy policies, please call us at 832-730-4433 or send us an email at giving@legacycommunityhealth.org.