

## NOTICE OF PRIVACY PRACTICES



### Your Information. Your Rights. Our Responsibilities.

This notice describes how your health information may be used and disclosed by us 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, within 15 days of your request. We may, but are not required to, 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

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

- You can ask for a list (an “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 shared it.
- 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.

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### Get a copy of this privacy notice

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

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### Choose someone to act for you

- If you have given someone your health care power of attorney or if someone is your legal guardian, that person can exercise your privacy 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 or follow his/her directions regarding your health information.

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### File a complaint if you feel your rights are violated

- You can file a complaint if you feel we have violated your privacy rights by contacting us: by mail at Compliance Department, Legacy Community Health, P.O. Box 66308, Houston, Texas 77266-6308, or by email at [Privacy@legacycommunityhealth.org](mailto:Privacy@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/](http://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.

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**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
- Contact you for fundraising efforts, and when you no longer desire to receive fundraising information, you can tell us not to contact you again.

*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.*

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**In these cases we share your information only with your written permission:**

- Marketing purposes, unless the marketing is limited face-to-face marketing
- Sale of your information
- Most sharing of psychotherapy notes.

## 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.

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**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.*

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**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.*

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**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](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

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**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

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**Do research**

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

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**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 the federal privacy law(s).

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**Respond to organ and tissue donation requests**

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

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**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.

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**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

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**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.

***Unless required to release the information by law, we will not 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 protected health 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 in this notice 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](http://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: 2/28/2018**

[Privacy@legacycommunityhealth.org](mailto:Privacy@legacycommunityhealth.org)

832-548-5018

**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 health information will be disclosed without my informed, written consent unless required 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 conduct virtual appointments in an appropriate setting that is safe, private, and quiet; understanding that appointments occurring in unsafe settings (such as a moving vehicle or a public location) may be rescheduled.
10. 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.
11. To understand that clients, family members of clients, and/or visitors are not permitted to take photographs of or audio/video record Legacy workforce members without the express permission of your Legacy provider or clinic site director obtained in advance of the photograph or audio/video recording. A violation of this recording limitation may result in a request that you destroy the photo or audio/video recording, including any postings of the materials that have been shared.

Your feedback is important to us. If you have feedback, a concern or a complaint, we want to hear it. Your information provides us with the ability to improve our performance and processes.

**Option 1:** Direct Communication. If possible, first address your feedback/ concern/complaint to:

- (a) The person perceived as the source of the confusion or conflict. If not resolved or you do not wish to address the other person involved, consult with;
- (b) The Department Supervisor or;
- (c) The clinic's Site Director.

**Option 2:** File information directly with the Compliance Department.

You may file your feedback, concern or complaint with the Compliance Department by:

- (a) **Form:** requesting a complaint form at any front desk. Complete the form and return it to the front desk;
- (b) **Email:** sending an email to [Compliance@legacycommunityhealth.org](mailto:Compliance@legacycommunityhealth.org);
- (c) **Telephone:** contacting the Compliance Department at (832) 548-5018; or
- (d) **Letter:** sending a letter to: Compliance at P.O. Box 66308, Houston, TX 77266-6308.

Once your feedback, concern or complaint is received, a Compliance Department employee will contact you within 24 hours, and will attempt to reach a resolution within 7 business days.

Should you feel your feedback, concern or complaint cannot be properly handled by Legacy, you may contact the appropriate organization as listed below:

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

**CDC**  
CDC Project Officer 713-794-9079  
[Egd8@cdc.gov](mailto:Egd8@cdc.gov)

**City of Houston**  
HIV Bureau Chief  
713-794-9307

**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 directly to your pharmacy for pickup at your convenience.

**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: telephone 832.548.5000 or Email: [mrecords@legacycommunityhealth.org](mailto: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.

### After hours:

Legacy patients have access to health center staff after business hours. For non-emergency health concerns/questions, please call (832) 548-5000 to be directed to a Registered Nurse who will assess concerns/questions and determine whether a Legacy physician, dentist, or behavioral health specialist should be consulted. The nurse is also able to offer clinical advice and guidance. For emergency situations, please call 911 or go to the nearest emergency room.

**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(s), 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.

Legacy Community Health receives Health and Human Services (HHS) funding and has Federal Public Health Service (FPHS) deemed status for certain health or health-related claims, including medical malpractice claims for itself and its covered individuals such as health care providers. This helps supports our work in improving the quality, efficiency and the effectiveness of healthcare delivery in the communities we serve.