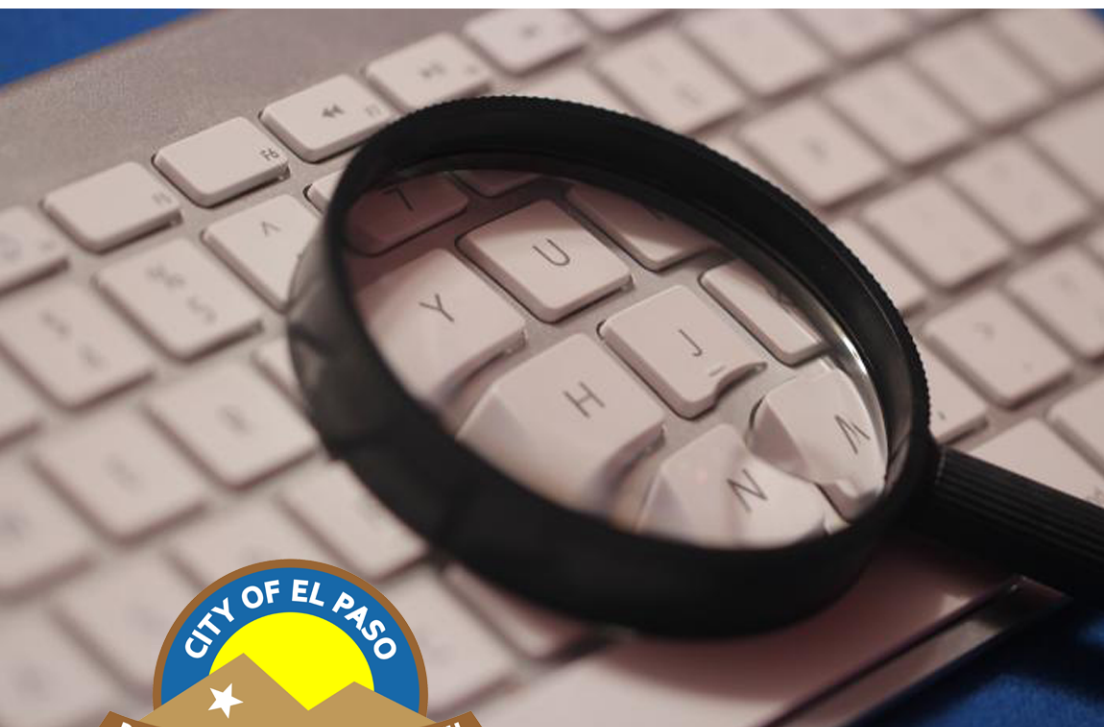


**City of El Paso
Department of Public Health**

NOTICE OF PRIVACY PRACTICES



Where Health Knows No Borders

Your Information.
Your Rights.
Our Responsibilities.

City of El Paso Department of Public Health

NOTICE OF PRIVACY PRACTICES

ABOUT THE NOTICE OF PRIVACY PRACTICES

This Notice tells you about your privacy rights and the City of El Paso Department of Public Health's duty to protect your medical and personal health information (hereinafter referred to as "health information") that identifies you. This Notice also describes how the Department of Public Health may use and disclose your health information without your written permission.

If you have any questions about this Notice, you may contact the Compliance Officer for City of El Paso Department of Public Health (DPH) at (915) 212-6564 or at Compliance-Officer@elpasotexas.gov.

Your Privacy Rights

You have the following rights regarding the health information that the Department of Public Health ("DPH") maintains about you:

Right to Inspect and Copy. With certain exceptions, you have the right to inspect and/or receive a copy of your health information. In most cases, we will require that your request for information be in writing. We will provide a copy or a summary of your health information, usually within 15 days of your request. We may charge a reasonable, cost-based fee. You may also request that a copy of your health information be shared or released to a third party that you designate.

Right to Request a Correction or Amendment. If you feel that health information we have about you is incorrect or incomplete, you may ask us to amend the information or add an addendum (addition to the record). You have the right to request an amendment or addendum for as long as the information is kept by or for the DPH. You must submit your request in writing to the DPH clinic or program (Immunizations,

STD, dental, etc.) where you received your services. You must be specific about the information that you believe to be incorrect or incomplete and you must provide a reason that supports the request.

Right to Request Confidential Communications. You have the right to request that we communicate with you about your Health Information in a certain way or at a certain location. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

Right to Request Restrictions or to Withdraw Permission. You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment for your care, such as a family member or friend. You also have the right to withdraw permission to disclose your health information, unless the DPH has already taken action based on your permission. To request a restriction or withdrawal, you must make your request in writing. We are not required to agree to your request for restrictions, particularly if the information is needed to provide you emergency care.

Right to request an Accounting of Disclosures. You have the right to receive a list of certain disclosures we have made of your health information. To request this accounting of disclosures, you must submit your request in writing and must include the name(s) of the program, clinic, or facility from which a list of disclosures is requested. We will provide you with an accounting of the disclosures to include who we shared your health information with and why, except for those about treatment, payment, health care operations, and certain other reasons, such as when you have authorized or asked that the DPH disclose the information.

Right to a Paper Copy of this Privacy Notice. You have the right to a paper copy of this notice. You may ask us to give you a copy at any time, even if you have agreed to receive the notice electronically. This Privacy Notice is available on the Department's website at <https://www.elpasotexas.gov/public-health/notice-of-privacy-practices>.

Right to Choose Someone to Act for You. You have the right to give someone medical power of attorney over your health information; 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.

Right to File a complaint if you feel your rights are violated. If you believe your privacy rights have been violated, you may:

- file a complaint with the DPH by sending a letter to the City of El Paso Department of Public Health Compliance Officer, 5115 El Paso Dr., El Paso, Texas 79905, or by calling 915-212-6564, or email to compliance-officer@elpasotexas.gov
- 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
- file a complaint to the Texas Regional Office of the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to Region VI - Dallas, Ralph Rouse, Regional Manager, Office for Civil Rights, U.S. Department of Health and Human Services, 1301 Young Street, Suite 1169, Dallas, TX 75202, or by calling (214) 767-4056
- file a complaint with the Texas Attorney General's Office by mail at Post Office Box 12548, Austin, Texas 78711, or by calling 1-888-963-7111. You may also file a complaint online by visiting <https://www.texasattorneygeneral.gov/consumer-protection/file-consumer-complaint>

We will not retaliate against you for filing a complaint.

Right to Request How and what we Share. If you have a clear preference for how and with whom we share your information (for example, with family or friends, or during a crisis situation), talk to us. Tell us what you want us to do, and we will follow your instructions to the extent allowed and possible. 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.

NOTE: The DPH does not sell information, nor does it use it for marketing or fundraising purposes. Additionally, the DPH providers do not create or share psychotherapy notes.

How the Department of Public Health May Use and Disclose Health Information about You

The following sections describe different ways that we may use and disclose your health information. Not every use or disclosure will be explicitly listed; however, all of the ways we are permitted to use and disclose information will fall within one of the following categories.

For Treatment. We may use health information about you to provide you with treatment and services. We may disclose health information about you to doctors, nurses, technicians, students or other DPH personnel who are involved in taking care of you at the DPH. We may also share health information about you with other non-DPH health providers. For example, we may share your health information with other healthcare personnel to whom we transfer your care and treatment, which may include transfer of health information via telephone to a hospital or dispatch center, as well as providing a hospital with a copy of the written record we create in the course of providing you with treatment and transport. The disclosure of your health information to non-DPH health providers may also be done electronically through a health information exchange that allows providers involved in your care to access some or all of your DPH health records to coordinate services for you, as described in more detail as follows.

Health Information Exchanges. The Department of Public Health may participate in health information exchanges. A Health Information Exchange (HIE) is an organization that oversees and governs the exchange of health-related information among organizations according to nationally recognized standards. A Health Information Exchange is an electronic health information system that stores your patient health information from multiple healthcare providers participating in the HIEs. It allows your other health care providers to view your past health information for continued care, treatment and other uses included in the provider's Notice of Privacy Practices. **Your exchangeable health information will be stored within the HIE system and will be visible to and able to be used by providers unless you opt-out of participating.** If you would prefer your information not be shared with the HIE or have previously opted out of HIE participation and would like to share your information with the HIE, a Health Information Exchange Patient Opt-Out/Change of Sharing Status Form is available upon request from the DPH.

Health Oversight Agencies. We may disclose health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws.

Operational Purposes. We may use and disclose health information about you for our business operations. For example, your health information may be used to review quality assurance activities and programs, licensing requirements and training programs; to ensure that our personnel meet our standards of care and follow established policies and procedures; to obtain legal and financial services; to conduct business planning; to process grievances and complaints; and to create reports that do not individually identify you for data collection purposes.

For Payment/Reimbursement. If and as applicable, we may use and disclose your health information as necessary in order to get reimbursed for the services that we provide to you. We may also use and share your health information to bill and get payment from health plans or other entities.

Business Associates. We may share your health information with our business associates so they can perform the job we have asked them to do. Some services provided by our business associates include a billing service, record storage company, or legal or accounting consultants. To protect your health information, we have written contracts with our business associates requiring them to safeguard your information.

As Required By Law. We may use or disclose your health information to the extent that the use or disclosure is required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. If required by law, you will be notified of any such uses or disclosures.

Public Health and Safety Issues. We may disclose health information about you for public health activities and purposes. The disclosure will be made for the purpose of controlling disease, injury or disability. We may also disclose your health information, if directed by the public health authority, to a foreign government agency that is collaborating with the public health authority.

Abuse or Neglect. We may disclose your health information to a public health authority or other government authority that is authorized by law to receive reports of child abuse or neglect. In addition, if we believe that you have been a victim of abuse, neglect or domestic violence we may disclose your health information to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

Food and Drug Administration. We may disclose your health information to a person or company required by the Food and Drug Administration to report adverse events, product defects or problems, biological product deviations; to track products; to enable product recalls; to make repairs or replacements; or to conduct post marketing surveillance, as required.

Legal Proceedings. We may disclose health information in the course of any judicial or administrative proceeding in response to an order of a court or administrative tribunal

(to the extent such disclosure is expressly authorized by law); and in response to a subpoena, discovery request or other lawful process, as permitted by law.

Law Enforcement. We may disclose health information, so long as applicable legal requirements are met, for law enforcement purposes. Such disclosures include the (1) reporting of certain physical injuries; (2) responding to legal processes; (3) providing limited information for identification and location purposes, (4) providing law enforcement officials with information pertaining to victims of a crime; (5) reporting deaths possibly resulting from criminal conduct; (6) reporting a crime that occurs on our premises; and (7) reporting criminal activity outside our premises that results in emergency medical services.

Coroners, Funeral Directors, and Organ Donation. We may disclose health information to a coroner or medical examiner for identification purposes, determining cause of death or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose health information to a funeral director, as authorized by law, in order to permit the funeral director to carry out his/her duties. We may disclose such information in reasonable anticipation of death. Health information may be used and disclosed for cadaveric organ, eye or tissue donation purposes.

Research. We may disclose your health information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information.

Military, Veterans and National Security. If you are or were a member of the armed forces, we may release health information about you to military command authorities as authorized or required by law. We may also disclose your health information to authorized federal officials for conducting national security and intelligence activities, including for the provision of protective services to the President or certain other individuals.

Inmates. We may use or disclose your health information if you are an inmate of a correctional facility and we created or received your health information in the course of providing care to you.

Workers' Compensation. Your health information may be disclosed by us as authorized to comply with workers' compensation laws and other similar programs. These programs provide benefits for work-related injuries and illnesses.

Health Oversight Activities. Your health information may be disclosed by us to governmental, licensing, auditing, and accrediting agencies as authorized or required by law. Compliance with laws. We will share information about you if state or federal laws require it, including to the Department of Health and Human Services, if they request it, for HIPAA compliance monitoring purposes.

Compliance with Laws. We will share information about you if state or federal laws require it, including to the Department of Health and Human Services, if they request it, for HIPAA compliance monitoring purposes.

Sharing of De-Identified Clinical Bio-Specimens: Any leftover clinical bio specimens from blood tests, biopsies, procedures and treatments become the property of the City of El Paso Department of Public Health. Any bio specimens that are shared with research scientists, institutions and/or biobanks without your knowledge will only be shared after all patient identifiers have been removed.

Our Responsibilities

- We are required to maintain the privacy and security of your health information in accordance with all applicable laws.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information. We will also report these occurrences to state and federal authorities, as appropriate, and may need to use your health information to do so. If this happens, we will provide you with notice in the form and manner required by law.
- We must follow the duties and privacy practices described in this notice and must give you a copy of it upon request. These practices are also posted on our website, www.EPHealth.com and www.EPSalud.com, for your convenience.
- We will not use or share your information other than as described herein. To the extent permitted by law, we will abide by any written election you make to opt-out of any disclosure identified herein.

For more information, see:

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

<https://statutes.capitol.texas.gov/Docs/HS/htm/HS.81.htm>

Changes to the Terms of this Notice

We may change this Notice when the law or our practices change. We reserve the right to make the revised or changed Notice effective for health information we already have about you as well as any information we receive in the future. You will not automatically receive a new Notice. If we change this Notice, we will post the revised Notice in our facilities and on our website. You may also obtain any revised Notice from our office.

Notice revision date:

December 2018

City of El Paso Department of Public Health

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ACKNOWLEDGEMENT OF RECEIPT

I acknowledge that I have received a copy of the City of El Paso Department of Public Health's NOTICE OF PRIVACY PRACTICES, and that I have reviewed and have had the opportunity to ask questions about it. I further acknowledge that I may review the NOTICE OF PRIVACY PRACTICES at any time on www.EPHealth.com

I consent to the use and disclosure of my personal health information by the City of El Paso Department of Public Health as outlined in the NOTICE OF PRIVACY PRACTICES.

Printed Name of Patient or Parent or Legal Guardian
(and relationship if not the patient)

(Signature of Patient or Parent or Legal Guardian)

Date