



## **NOTICE OF PRIVACY PRACTICES**

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.**

If you have any questions about this notice, please contact:

Marsha Kuehl, RN, Privacy Officer  
707 S. Roland  
Spearman, TX 79081  
806-659-5837  
marshakuehl@hchd.net

### **WHO WILL FOLLOW THIS NOTICE**

This Notice applies to Hansford County Hospital District and all affiliated departments and entities, including:

- All employed and contracted healthcare professionals
- All departments and service lines
- Hansford Home Care
- Family Medical Clinic of Hansford County
- Hansford Hospice
- Hansford Manor
- Hansford Hospital Pharmacy
- Hansford County Hospital DME
- Volunteers and trainees working under supervision
- Business associates (such as billing, coding, transcription, legal, IT, and collections vendors)

These entities may share health information with each other for treatment, payment, and health care operations as permitted by law.

### **OUR RESPONSIBILITY TO YOU**

We are required by law to:

- Maintain the privacy and security of your protected health information (PHI)
- Provide you with this Notice of our legal duties and privacy practices
- Follow the terms of this Notice currently in effect

- Notify you following a breach of unsecured PHI as required by law
- Limit uses and disclosures as required by HIPAA and applicable Texas law

We will not sell your PHI without your written authorization.

We may use and disclose your PHI for the following purposes without your authorization:

### **1. Treatment**

We may use and share your information to provide, coordinate, or manage your care.

### **2. Payment**

We may use and disclose information to bill and receive payment from you, insurance companies, or third parties.

### **3. Health Care Operations**

We may use information for quality improvement, staff training, audits, compliance, accreditation, and operational activities.

### **WE MAY USE AND DISCLOSE PROTECTED HEALTH INFORMATION WITHOUT YOUR AUTHORIZATION FOR:**

- Appointment reminders
- Treatment alternatives and care coordination
- Health-related benefits and services
- Individuals involved in your care or payment
- Public health activities (disease reporting, recalls, vital statistics)
- Health oversight activities (audits, investigations, licensing)
- Judicial and administrative proceedings
- Law enforcement purposes (as required by law)
- Coroners, medical examiners, and funeral directors
- Organ and tissue donation
- Workers' compensation
- National security and protective services
- Correctional institution custody situations
- Disaster relief efforts
- To prevent or reduce a serious threat to health or safety

- INFORMATION EXCHANGE (HIE)

- a) We may participate in electronic health information exchanges that allow authorized providers involved in your care to securely access your medical information HEALTH for treatment, payment, and health care operations, as permitted by law. You may opt out of certain HIE participation if permitted under applicable law.

- BUSINESS ASSOCIATES

- a) We may share your health information with contractors (“business associates”) who perform services on our behalf. These entities are required by law to protect your information and use it only for authorized purposes.

### USES REQUIRING YOUR WRITTEN AUTHORIZATION

We will obtain your written authorization before using or disclosing your PHI for:

#### **1. SUBSTANCE USE DISORDER (SUD) RECORDS (42 CFR PART 2)**

If you receive substance use disorder diagnosis, treatment, or referral services, some of your records may be protected under federal law (42 CFR Part 2).

These records:

- Require your written consent for most uses and disclosures, including treatment, payment, and health care operations (unless otherwise permitted by law)
- May not be used in legal proceedings against you without proper authorization or court order
- Are subject to stricter confidentiality protections than standard medical records

Violations of these protections are subject to federal penalties.

- SPECIAL PROTECTIONS FOR CERTAIN RECORDS

Some records receive additional protection and generally require your written authorization before use or disclosure, including:

- Psychotherapy notes
- Marketing communications (with limited exceptions)
- Sale of health information
- Certain sensitive health information under federal or state law

You may revoke authorization at any time in writing, except where action has already been taken.

**YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU.**

You have the following rights:

**1. Right to Access**

You may inspect and obtain copies of your medical records, including electronic copies where available.

You may request that records be sent to a designated third party.

**2. Right to Amend**

You may request corrections to your health information if you believe it is incorrect or incomplete.

**3. Right to an Accounting of Disclosures**

You may request a list of certain disclosures of your PHI made in the past six years, excluding disclosures for treatment, payment, and health care operations (as permitted by law).

**4. Right to Request Restrictions**

You may request limits on how we use or disclose your information.

We must honor requests when:

- You pay out-of-pocket in full for a service, and
- You request that information not be shared with your health plan for payment or operations

Other restriction requests may be denied if they would affect care or operations.

**5. Right to Confidential Communications**

You may request communication in a specific way (for example, alternate address or phone number). To request confidential communications, you must make your request in writing to the Medical Records Director. We will accommodate reasonable requests.

**6. Right to Receive a Copy of This Notice**

You may request a paper or electronic copy of this Notice at any time.

**ELECTRONIC COMMUNICATIONS & PORTAL USE**

We may use secure electronic systems such as patient portals, email (when requested), and electronic messaging to communicate with you regarding your care, appointments, and health information.

You are responsible for maintaining the security of your access credentials.

**BREACH NOTIFICATION**

We are required by law to notify you following a breach of unsecured protected health information that may compromise your privacy or security.

**CHANGES TO THIS NOTICE**

We may change this Notice at any time. Changes will apply to all information we maintain, including information created before the change.

The updated Notice will be:

- Posted in our facilities
- Posted on our website at [www.hchd.net](http://www.hchd.net)
- Available upon request

**COMPLAINTS**

If you believe your privacy rights have been violated, you may file a complaint with:

Marsha Kuehl, Privacy Officer  
Hansford County Hospital District  
707 S. Roland  
Spearman, TX 79081  
806-659-5837  
[marshakuehl@hchd.net](mailto:marshakuehl@hchd.net)

Or with:

U.S. Department of Health and Human Services  
Office for Civil Rights (OCR)  
Complaint Portal: <https://www.hhs.gov/ocr/privacy/hipaa/complaints/>

**NO RETALIATION**

You will not be retaliated against for exercising your privacy rights or filing a complaint.

**OTHER USES OF MEDICAL INFORMATION.**

Other uses and disclosures of medical information not covered by this notice or the laws that apply to HCHD will be made only with your written permission. If you provide HCHD permission to use or disclose medical, billing or personal information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, HCHD will no longer use or disclose medical information about you for the reasons covered by your written authorization. Please understand that HCHD is unable to take back any disclosures that have already been made with your permission, and that we are required to retain our records of the care that we provided to you.