

NOTICE OF PRIVACY PRACTICES

EFFECTIVE 10/2025

This notice tells you how the Houston Health Department (HHD) may use and release your health information. It also tells you how you can get access to this information and about your rights.

PLEASE REVIEW CAREFULLY

You have the right to:

- Ask for a limit on certain uses and releases of your information. However, (HHD) is not required to agree to the request.
- Receive health information in a private manner.
- Ask to see or obtain an electronic or paper copy of your health record. HHD may charge a reasonable fee to cover costs.
- Make written request for changes to your health record.
- Obtain a list of who received copies of your record.
- Determine how and where you may be contacted. For example, only contact by cell phone or email.
- Ask us not to use or share certain information for treatment, payment, or our operations. If you pay for a service out-of-pocket in full, you can ask us not to share that information with your health insurer.
- Choose a legal guardian or someone with medical power of attorney to make choices about your health information.

HHD Duty to Protect Your Information

- HHD is required by law to protect the privacy of your information. This means that HHD will not use or share your information without your written authorization/permission except in the ways we explain to you in this notice.
- HHD will ask you for a written approval to use or share your information in ways other than those stated in this notice.
- **HHD will promptly let you know if a breach occurs that may have compromised the privacy or security of your information.**
- If HHD changes the content of this notice, the new notice will be made available at our facilities and on our website within 30 days of the effective date. You can request and receive a paper copy at any time.

How HHD May Use and Share Your Information:

HHD public health clinics are part of an organized health care arrangement including participants in OCHIN. A current list of OCHIN participants is available at www.ochin.org. As a business associate of HHD, OCHIN supplies information technology and related services to HHD and other OCHIN participants. OCHIN also engages in quality assessment and improvement activities on behalf of its participants. For example, OCHIN coordinates clinical review activities on behalf of participating organizations to establish best practice standards and access clinical benefits that may be derived from the use of electronic health record systems. OCHIN also helps participants work collaboratively to improve the management of internal and external patient referrals. Your health information may be shared by HHD with other OCHIN participants when necessary for health care operation purposes of the organized health care arrangement.

• **Treatment**

HHD may use or share your record to provide, coordinate, or manage health care or related services. This includes providing care to you and consulting with another health care provider about you. For example, HHD can release your record to refer you to a high-risk clinic or a hospital for services.

• **Payment**

HHD may use or share your record for payment. For example, HHD can use or share your record to bill Medicaid or other payers, including grants.

• **Health Care Operations**

HHD may use or share information about you for health care operations. This may include quality reviews and audits. Your information may also be used to train healthcare professionals.

• **SUD Treatment Information.**

If we receive or maintain any information about you from a substance use disorder treatment program that is covered by 42 CFR Part 2 (a "Part 2 Program") through a general consent you provide to the Part 2 Program to use and disclose the Part 2 Program record for purposes of treatment, payment or health care operations, we may use and disclose

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- your Part 2 Program record for treatment, payment and health care operations purposes as described in this Notice. If we receive or maintain your Part 2 Program record through specific consent you provide to us or another third party, we will use and disclose your Part 2 Program record only as expressly permitted by you in your consent as provided to us. In no event will we use or disclose your Part 2 Program record, or testimony that describes the information contained in your Part 2 Program record, in any civil, criminal, administrative, or legislative proceedings by any Federal, State, or local authority, against you, unless authorized by your consent or the order of a court after it provides you notice of the court order.
- **Family Member, Other Relative, or Close Personal Friend** HHD may share information about you to a family member or close friend when the information is related to that person's involvement with your care or payment. You will have an opportunity to stop or limit the release before it happens except if you are a minor and are receiving or would like to receive contraceptive drugs or devices or early contraceptives (i.e., Plan B).
 - **Public Health and Safety** HHD may share information about you to a public health official to prevent or control disease, injury, or disability. Your information may be reported for vital statistics, product recalls and reporting adverse reactions to medications. HHD can share your information to report suspected abuse, neglect, domestic violence, or to prevent a serious threat to anyone's health and safety.
 - **As Required by the Law** HHD may use or share information about you when a federal or state law requires it. This include workers' compensations claims, health oversight agencies for activities authorized by law and special government functions such as military and national security.
 - **Business Associates/Contractors** HHD may share information about you with business associates/contractors if the contractor needs the information to perform services for us. The contractor must agree to protect your privacy.
 - **Research** HHD may use or share information about you for health research if the HHD Investigative Review Committee approves the use.
 - **Marketing and Fund Raising** HHD Does Not Use your information for Fund Raising or Marketing. Your health information will not be sold.
 - **Purposes Relating to Death** HHD may share information about you to hospitals for the purpose of organ transplants, coroners, medical examiners, and funeral directors.
 - **Complaints or Questions** You have the right to file a complaint if you believe that HHD has violated your privacy rights. The complaint should be filed within 180 days of when you learned of the violation. You will not be penalized for filing a complaint. All complaints will be investigated. Complaints and questions can be sent to:
 - **Houston Health Department
Community Health Services Division
Privacy Officer**
8000 N. Stadium, 6th Floor
Houston, Texas 77054
PrivacyPractices@houston.tx.gov
832-393-4370
 - **U.S. Department of Health and Human Services Office of Civil Rights 200**
Independence Avenue, S.W.
Room 509F, HHH Building
Washington, DC. 20201 1-877-696-6775
www.hhs.gov/ocr/privacy/hipaa/complaints/.