



Department of Human Services  
Health Insurance Portability and Accountability Act

Notice of Privacy Practices

# **The Department of Human Services**

## **Notice of Privacy Practices**

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***Your Information. Your Rights. Our Responsibilities.***

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**PLEASE REVIEW THIS NOTICE CAREFULLY.**



Department of Human Services  
Health Insurance Portability and Accountability Act

Notice of Privacy Practices

This notice describes how health and/or medical information about you may be used and disclosed and how you can get access to this information from the Department of Human Services (DHS). As established through the Privacy Act, this applies only to records about individuals maintained by the City of San Antonio's Department of Human Services. It applies to these records only if they are in a "system of records (SORN)," which means they are retrieved by an individual's Personally Identifiable Information (PII). In other words, the Privacy Act does not apply to information about individuals in records that are filed under other subjects, such as organizations or events, unless the agency also indexes and retrieves them by individual names or other personal identifiers.

Your health record contains personal information about you and your health. This information about you that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services is referred to as Protected Health Information ("PHI"). This Notice of Privacy Practices describes how we may disclose your PHI in accordance with applicable law, including the Health Insurance Portability and Accountability Act ("HIPAA"), regulations promulgated under HIPAA including the HIPAA Privacy and Security Rules, and the City of San Antonio – Healthcare Data Protection Administrative Authority. It also describes your rights regarding how you may gain access to and control your PHI.

We are required by law to maintain the privacy of PHI and to provide you with notice of our legal duties and privacy practices with respect to PHI. We are required to abide by the terms of this Notice of Privacy Practices. We reserve the right to change the terms of our Notice of Privacy Practices at any time. Any new Notice of Privacy Practices will be effective for all PHI that we maintain at that time. We will provide you with a copy of the revised Notice of Privacy Practices by posting a copy on our website and visibly displayed within our DHS facilities.

**Please review it carefully!**

***When it comes to your health information, you have certain rights:*** At any time, you may exercise the following rights by submitting a written request to the DHS Privacy and Security Compliance:

[DHSClientPrivacy@sanantonio.gov](mailto:DHSClientPrivacy@sanantonio.gov)

[DHSDataTeam@sanantonio.gov](mailto:DHSDataTeam@sanantonio.gov)

**Or**

DHS Privacy and Security/HIPAA Compliance Officer  
Department of Human Services  
City of San Antonio  
P.O. BOX 839966  
San Antonio, TX 78283-9900

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***HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU***

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**For Treatment.** Your PHI may be used and disclosed by those who are involved in your care for the purpose of providing, coordinating, or managing your health care treatment and related services. This includes consultation with clinical supervisors or other treatment team members. We may disclose PHI to any other consultant only with your authorization.

**For Health Care Operations.** We may use or disclose, as needed, your PHI in order to support our business activities including, but not limited to, quality assessment activities, legal review, licensing, and conducting or arranging for other business activities. For example, we may share your PHI with third parties that perform various business activities (e.g., billing or typing services) provided we have a written contract with the business that requires it to safeguard the privacy of your PHI.

**Required by Law.** Under the law, we must disclose your PHI to you upon your request. In addition, we must make disclosures to the Secretary of the Department of Health and Human Services for the purpose of investigating or determining our compliance with the requirements of the Privacy Rule.

**Without Authorization:** Following is a list of the categories of uses and disclosures permitted by HIPAA without an authorization. Applicable law and ethical standards permit us to disclose information about you without your authorization only in a limited number of situations.

**Abuse or Neglect.** We may disclose your PHI to a state or local agency that is authorized by law to receive reports of child abuse or neglect.

**Judicial and Administrative Proceedings.** We may disclose your PHI pursuant to a subpoena (with your written consent), court order, administrative order or similar process.

**Deceased Patients.** We may disclose PHI regarding deceased patients as mandated by state law, or to a family member or friend that was involved in your care or payment for care prior to death, based on your prior consent. A release of information regarding deceased patients may be limited to an executor or administrator of a deceased person's estate or the person identified as next-of-kin. PHI of persons that have been deceased for more than fifty (50) years is not protected under HIPAA.

**Medical Emergencies.** We may use or disclose your PHI in a medical emergency situation to medical personnel only in order to prevent serious harm. Our staff will try to provide you a copy of this notice as soon as reasonably practicable after the resolution of the emergency.

**Family Involvement in Care.** We may disclose information to close family members or friends directly involved in your treatment based on your consent or as necessary to prevent serious harm.

**Health Oversight.** If required, we may disclose PHI to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies and organizations that provide financial assistance to the program (such as third-party payors based on your prior consent) and peer review organizations performing utilization and quality control.

**Law Enforcement.** We may disclose PHI to a law enforcement official as required by law, in compliance with a subpoena (with your written consent), court order, administrative order or similar document, for the purpose of identifying a suspect, material witness or missing person, in connection with the victim of a



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crime, in connection with a deceased person, in connection with the reporting of a crime in an emergency, or in connection with a crime on the premises.

***Specialized Government Functions:*** We may review requests from U.S. military command authorities if you have served as a member of the armed forces, authorized officials for national security and intelligence reasons and to the Department of State for medical suitability determinations, and disclose your PHI based on your written consent, mandatory disclosure laws and the need to prevent serious harm.

***Public Health:*** If required, we may use or disclose your PHI for mandatory public health activities to a public health authority authorized by law to collect or receive such information for the purpose of preventing or controlling disease, injury, or disability, or if directed by a public health authority, to a government agency that is collaborating with that public health authority.

***Public Safety:*** We may disclose your PHI if necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. If information is disclosed to prevent or lessen a serious threat it will be disclosed to a person or persons reasonably able to prevent or lessen the threat, including the target of the threat.

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***YOUR RIGHTS REGARDING YOUR PHI***

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You have the following rights regarding PHI we maintain about you.

***Right of Access to Inspect and Copy.*** You have the right, which may be restricted only in exceptional circumstances, to inspect and copy PHI that is maintained in a “designated record set”. Your right to inspect and copy PHI will be restricted only in those situations where there is compelling evidence that access would cause serious harm to you. We may charge a reasonable, cost-based fee for copies. If your records are maintained electronically, you may also request an electronic copy of your PHI.

***Right to Amend.*** If you feel that the PHI we have about you is incorrect or incomplete, you may ask us to amend the information although we are not required to agree to the amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us. We may prepare a rebuttal to your statement and will provide you with a copy. Please contact the Privacy Officer if you have any questions.

***Right to an Accounting of Disclosures.*** You have the right to request an accounting of certain of the disclosures that we make of your PHI. We may charge you a reasonable fee if you request more than one accounting in any 12-month period.

***Right to Request Confidential Communication.*** You have the right to request that we communicate with you about health matters in a certain way or at a certain location. We will accommodate reasonable requests. We will not ask you for an explanation of why you are making the request.



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**Breach Notification.** If there is a breach of unsecured PHI concerning you, we may be required to notify you of this breach, including what happened and what you can do to protect yourself.

**Right to a Copy of this Notice.** You have the right to a copy of this notice.

**Complaints:** If you believe your privacy rights have been violated, you may submit a complaint through any of the following formats below. No retaliation will occur against you for filing a complaint.

**Email:**

DHS Privacy and Security Officer/HIPAA Compliance Officer: [DHSClientPrivacy@sanantonio.gov](mailto:DHSClientPrivacy@sanantonio.gov)

DHS Data Team: [DHSDataTeam@sanantonio.gov](mailto:DHSDataTeam@sanantonio.gov)

Texas Department of Health and Human Services: [privacy@hsc.state.tx.us](mailto:privacy@hsc.state.tx.us)

**DHS Privacy and Security/HIPAA Compliance Officer  
Department of Human Services  
City of San Antonio  
P.O. BOX 839966  
San Antonio, TX 78283-9900  
Phone: (210)207-5288**