

C & S HEALTHCARE SERVICES, INC.
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.**

C&S Healthcare Services is required by law to maintain the privacy of your medical information and give you this Notice of Privacy Practices, legal duties and your rights regarding your medical information. We will follow the privacy practices described in this Notice while it is in effect. C&S reserves the right to change the Agency's privacy practices and terms of the Notice at any time, provided the changes are permitted by state and federal law. C&S may change the privacy practices and any new terms of the Notice will be effective for all medical information that C&S maintains. If there is a change in C&S privacy practices the Notice will be amended and you will be notified by mail or email. The new Notice will be available upon request at anytime. We will keep a copy of the most current Notice in the C&S office containing the effective date in the top, right-hand corner. Please contact C&S Healthcare Services for more information about our privacy practices or for additional copies of this Notice.

PHI used in this document is Personal Health Information.

UNDERSTANDING YOUR HEALTH RECORD Understanding what is in your record and how your health information is used helps you to; ensure its accuracy; better understand who, what, when, where, and why others may access your health information; and make more informed decisions when authorizing disclosures to others. Each time we visit you, a record of the visit is made. Typically, this record contains your symptoms, examination and test results, diagnosis, treatment, and plan for future care treatment. This information, often referred to as your health or medical record, serves as a:

- Basis for planning your care and treatment,
- Means of communication among the health professionals who contribute to your care,
- Legal document describing the care you received,
- Means by which you or a third-party payer can verify that services billed were actually provided,
- Tool in educating health professionals,
- Source data for our planning and marketing and
- Tool by which we can assess and continually work to improve the care we render and outcomes we achieve.

YOUR HEALTH INFORMATION RIGHTS Although your health record is *the physical property of our practice, the information belongs to you*. You may give C&S written authorization to use your medical information or to disclose it to anyone for any purpose. You must give C&S your authorization to electronically disclose your medical information to another person, except for electronic disclosures made in furtherance of treatment, payment, health care operations activities or as required by law. PHI that requires an authorization includes uses and disclosures of psychotherapy notes and for marketing purposes and the sale of PHI. When you give C&S written authorization you may revoke it in writing at any time. Unless you give a written authorization, we cannot use or disclose your medical information for any reason except those described in the Notice.

You have the right to:

- Obtain a paper copy of this notice of privacy policies or the most current Notice upon request;
- Inspect and copy your health record unless access would cause harm; then your request maybe denied and we will provide you a review of our decision. Ex: psychotherapy notes, information compiled in reasonable anticipation of or for use in civil, criminal or administrative actions or proceedings or PHI subject to CLIA as prohibited by law. (45 CFR 164.524);
- Amend your health record with a written request explaining why the information should be amended. We may deny your request if we did not create the information you want amended and the originator remains available or for certain other reasons. If we deny your request, we will provide you a written explanation. You may respond with a statement of disagreement to be appended to the information you want amended. If we accept your request to amend the information, we will make reasonable efforts to inform others' of the amendment and to include the changes in any future disclosures of that information. (45 CFR 164.526);
- Obtain an accounting of all uses and disclosures of your health information that was not authorized by you for the sole purpose of treatment, payment and health care operations. You must request this accounting in writing. C&S maintains this accounting for a period of 6 years from the date of disclosure. (45 CRF 164.528);
- You have the right to restrict disclosures of PHI to health plans when you pay out of pocket in full for items or services;
- Request confidential communications of your health information. You may request that we communicate with you about your medical information by alternative means or to alternative locations. You must make your request in writing. We must accommodate your request if it is reasonable, specifies the alternative means or locations and provides a satisfactory explanation of how payment will be handled under alternative means or locations that you request. (45 CFR 164.52);
- Request someone that is your Medical Power of Attorney or legal guardian can exercise your rights and make choices about your PHI;
- Request an additional restriction on certain uses and disclosures of your information by submitting a written request. Our practice, however, is not required by law to agree to a requested restriction. (45 CFR 164.522)

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You must make a written request to obtain access to your medical information. You may request the Authorization Form to Request or Amend Medical Information from C&S Healthcare Services, Inc. 15430 Ridge Park Drive, Houston Texas 77095. We will provide an electronic copy of your electronic record within 15 business days of receiving your written request. We will provide a copy or summary of your health information within 30 days of your request. There is a reasonable, cost-based fee for copies of medical records or accounting of disclosures.

Security of Your Information

C&S Healthcare Services, Inc. safeguards client and patient information using various tools such as firewalls, passwords and in office security measures. We limit access to your information to protect against its unauthorized use. Only authorized C&S Healthcare Services employees or contractors are permitted access as part of their job. These safeguards are in place to meet federal and state requirements to protect your health information.

OUR RESPONSIBILITIES C&S Healthcare Services, Inc. is required to:

- Maintain the privacy of your health information
- Educate our personnel concerning privacy and confidentiality
- Implement a sanction policy to discipline those who breach privacy/confidentiality or policies
- Lessen the harm of any breach of privacy/confidentiality
- Notify you following a breach of unsecured PHI
- Provide you with this notice as to our legal duties and privacy practices with respect to information we collect and maintain about you
- Abide by the terms of this Notice
- Notify you if we are unable to agree to a requested restriction and
- Accommodate reasonable requests you may have to communicate your health information.

We will not use or disclose your health information in a manner other than described in the section regarding Examples of Disclosures for Treatment, Payment, and Health Operations, without your written authorization, which you may revoke as provided by 45CFR 164.508(b)(5), except to the extent that action has already been taken.

FOR MORE INFORMATION OR TO REPORT A PROBLEM /COMPLAINT

If you have questions and would like additional information, you may contact our Agency's Privacy Officer at (281) 550-3665 or

Privacy Officer
C&S Healthcare Services, Inc.
15430 Ridge Park Drive
Houston, Texas 77095

If you believe that your privacy rights have been violated, you can either file a complaint with our Privacy Officer or with the Office for Civil Rights (OCR), U.S. Department of Health and Human Services. There will be no retaliation for filing a complaint with our Privacy Officer or the OCR. The address for the OCR is as follows:

Office for Civil Rights
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Room 509F, HHH Building
Washington, D.C. 20201

1-877-696-6775
www.hhs.gov/ocr/privacy/hipaa/complaints/

REF: Health Insurance Portability and Accountability Act of 1996 (HIPAA)
HIPAA Privacy and Security Rules
Health Information Technology for Economic and Clinical Health of 2009 (HITECH)
Texas Health and Safety Code 181, Medical Records Privacy ~ Texas Privacy Act HB 300 (2012)

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EXAMPLES OF DISCLOSURES FOR TREATMENT, PAYMENT, AND HEALTH OPERATIONS

We will use your health information for treatment. *For example:* Information obtained by a nurse, physician, or other member of your health care team will be recorded in your record and used to determine the course of treatment that should work best for you. Your physician will coordinate your care and review your medical records and dictate the expectations of the members of your health care team. Members of your health care team will then record the actions they took and their observations. In that way, the physician will know how you are responding to treatment. We will also provide your physician(s) or subsequent health care provider(s) (when applicable) with copies of various reports that should assist them in treating you.

We will use your health information for payment. *For example:* A bill may be sent to you or a third-party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used. We may disclose your medical information to another health care provider or entity subject to the federal Privacy Rules so they can obtain payment.

We will use your health information for regular health care operations. *For example:* Members of the nursing or therapy staff, the risk or quality improvement manager, or members of the quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the healthcare service we provide. We DO NOT SELL your medical information.

- **Business Associates** – There are some services provided in our organization through contacts with business associates. Examples include Rehabilitation Services or Quality Improvement Consultants. Due to the nature of business associates' services, they may receive your health information to perform functions or activities on behalf of the Agency. To protect your health information, however, when these services are contracted we require the business associates and their subcontractors to safeguard your information per the same federal and state privacy and security laws as this Agency.
- **Disaster Relief** – We may use or disclose your medical information to a public or private entity authorized by law or by its charter to assist in disaster relief efforts.
- **Quality Assessment and Improvement** - Quality Assurance/Performance Improvement activities or reviewing the competence of health care professionals.
- **Research**- We may disclose 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.
- **Funeral Directors** – We may disclose health information to funeral directors to carry out their duties consistent with applicable law;
- **Fundraising** – We may contact you as part of a fund-raising effort. You may opt out of receiving such communications.
- **Food and Drug Administration (FDA)** – We may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.
- **Workers Compensation** – We may disclose health information to the extent authorized by and necessary to comply with laws relating to workers compensation or other similar programs established by law.
- **Public Health** – As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.
- **Worker's Compensation and Other similar Programs** – To the extent authorized by and necessary to comply with state law.
- **Marketing** – C&S will not use or disclose your medical information for marketing purposes. We may contact you to provide information about treatment alternatives or other health- related benefits and services that may be of interest to you;
- **Notification** – We may use or disclose information to notify or assist in notifying a family member or personal representative or other person responsible for your care of your location and general condition.
- **Communication with Family** – Health professionals, using their best judgment, may disclose to a family member, other relative, or close personal friend or any other person you identify to the extent necessary (health condition/death/assist in notifying) to help with health information relevant to that person's involvement in your care or payment related to your care. If you are not present, or you become incapacitated or in an emergency we disclose your medical information based on our professional judgment that the disclosure would be in your best interest. Before your health information is disclosed to a person involved in your health care or payment for your health care, we will provide you with an opportunity to object to such uses or disclosures.
- **Law Enforcement** – We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena. Federal law makes provision for your health information to be released to an appropriate health oversight agency, public health authority, or attorney, provided that a work force member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers, or the public. PHI maybe provided in good faith disclosures necessary to prevent or lessen serious or imminent threat to the health and safety of the patient or others.