

## BURKE NOTICE OF PRIVACY PRACTICES

**THIS NOTICE DESCRIBES HOW INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE READ CAREFULLY.**

**Our Duty to Safeguard Your Protected Health Information:** Individually identifiable information about your past, present, or future health or condition, the provision of health care to you, or payment for the health care is considered "Protected Health Information" ("PHI"). We are required to protect your PHI. This notice tells you about our duty to protect your PHI, your privacy rights and how we may use or disclose your PHI. Nothing in this notice prevents Burke from following a state law when it is stricter than the federal laws concerning the use of PHI.

We are required to follow the privacy practices described in this notice, though we reserve the right to change our privacy practices and the terms of this notice at any time. If we do so, we will post a new notice where you receive services, and on the Burke website: [www.myburke.org](http://www.myburke.org). You may also request a copy of the new notice from a Burke employee.

**How We May Use and Disclose Your Protected Health Information:** We use and disclose PHI for a variety of reasons. We have a limited right to use and/or disclosure your PHI for purposes of treatment, payment or our health care operations. For uses beyond that, we must have your written authorization unless the law permits or requires us to make the use or disclosure without it. There are some services provided in Burke through our agreement with business associates. To protect your PHI, we require these business associates to appropriately safeguard your information. However, the law provides that we can make some uses/disclosures without your authorization.

**Uses and Disclosures of PHI from Health Records Not Requiring Consent or Authorization (excluding alcohol and substance use treatment):** We may use/disclose your PHI from health records without consent or authorization in the following circumstances:

1. **Uses and Disclosures Relating to Treatment, Payment, or Health Care Operations:** Generally, we may use or disclose your PHI to the Texas Department of State Health Services and Department of Aging and Disability Services, local mental health or Intellectual Developmental Disabilities (IDD) authorities, community MH/IDD centers, and contractors of mental health and IDD services as follows:
  - a. **For treatment:** We may disclose your PHI to doctors, nurses, and other health care personnel who are involved in providing your health care. For example, your PHI will be shared among members of your treatment team, or with outside agencies providing services relating to your treatment, such as lab work or pharmacy services, or for consultation purposes, or other agencies involved in provision or coordination of your care.
  - b. **To obtain payment:** We may use/disclose your PHI in order to bill and collect payment for your health care services. For example, we may release portions of your PHI to the Medicaid program and/or a private insurer to get paid for services that we delivered to you. If you are paying out of pocket for service, Burke must comply with your request to restrict the disclosure of PHI to your health plan but only if you paid for the service out of pocket in full.
  - c. **For health care operations:** We may use/disclose your PHI in the course of operating our Center. For example, we may use your PHI in evaluating the quality of services provided or disclose your PHI to our accountant or attorney for audit purposes.
2. **When required by law:** We may disclose PHI when a law requires that we report information about suspected abuse, neglect or domestic violence, or relating to suspected criminal activity, or in response to a court order. We must also disclose PHI to authorities that monitor compliance with these privacy requirements.
3. **For public health activities:** We may disclose PHI, when we are required to collect information about disease or injury, or to report vital statistics to the public health authority.
4. **For health oversight activities:** We may disclose PHI to our central office, the protection and advocacy agency, or another agency responsible for monitoring the health care system for such purposes as reporting or investigation of unusual incidents.
5. **Relating to decedents:** We may disclose PHI relating to an individual's death to coroners, medical examiners or funeral directors, and to organ procurement organizations relating to organ, eye, or tissue donations or transplants.
6. **To avert threat to health or safety:** In order to avoid a serious threat to health or safety, we may disclose PHI as necessary to law enforcement or other persons who can reasonably prevent or lessen the threat of harm.
7. **For specific government functions:** We may disclose PHI of military personnel and veterans in certain situations, to correctional facilities in certain situations, to government benefit programs relating to eligibility and enrollment, and for national security reasons, such as protection of the President.

8. **For Worker's Compensation:** We may disclose PHI as needed to comply with laws relating to Worker's Compensation or other similar programs established by law that provide benefits for work-related injuries or illness without regard to fault.

**Uses and Disclosures Requiring Authorization:** For uses/disclosures beyond treatment, payment and operations purposes we are required to have your written authorization, unless the use/disclosure falls within one of the exceptions described below. Authorizations can be revoked at any time to stop future uses/disclosures except to the extent that we have already released information.

1. **Marketing:** We will not use or disclose your medical information for marketing purposes without your written authorization, and we will disclose whether we receive any payments for any marketing activity you authorize.
2. **Psychotherapy notes:** We will only use or disclose your psychotherapy notes if you provide written authorization to do so. Psychotherapy notes mean private notes of a mental health professional kept separately from the record.

**Uses and Disclosures of PHI from Alcohol and Other Drug Records Not Requiring Authorization:** If you are being treated for alcohol or drug use, your records are protected by federal law and regulations found in the Code of Federal Regulations a Title 42 Part 2. Violations of these laws are a crime, and suspected violations may be reported to the appropriate authorities in accordance with federal regulations. The law provides that we may use/disclose your PHI from alcohol and other drug records without consent or authorization in the following circumstances:

1. for internal program communication purposes,
2. for medical emergencies posing an immediate threat to health and requiring immediate medical intervention,
3. in response to court-ordered disclosures where the court order has been issued in accordance with procedures specified in Federal Regulations, including notice and opportunity for the client of record to be heard is provided where required by 42 U.S.C 290dd-2 and 42 CFR Part 2.
4. when a client has committed or threatened to commit a crime on the program premises or against program personnel,
5. when a government agency that funds or regulates the program and
6. in response to an auditor or evaluator associated with a third-party payor or peer review organization,
7. when the program is reporting under state law incidents of suspected child abuse and neglect to appropriate authorities,
8. when disclosure is to a "qualified service organization"/business associate.

We will ask you for your written permission (consent) to use or disclose your PHI for treatment, payment, and health care operation purposes. If you provide a single consent for all future uses and disclosures for TPO, a Part 2 program, covered entity or Business Associate may use and disclose those records for TPO as permitted by the HIPPA regulations, until such time you revoke your consent in writing.

We may not disclose psychotherapy notes without your specific written authorization.

Uses and disclosures not described in this notice will only be made with your written consent.

**Your Rights Regarding Your Protected Health Information.** You have the following rights relating to your PHI:

1. **To request restrictions on uses/disclosures:** You have the right to ask that we limit how we use/ disclose your PHI for treatment, payment and healthcare operations. For example, you may request that we not disclose your PHI to your health insurance company or plan with respect to services you paid for out of your pocket in full. We will consider your request but are not legally bound to agree. To the extent that we do agree to any restrictions on our use/disclosure of your PHI, we will put the agreement in writing and abide by it except in emergency situations. We cannot agree to limit use/disclosures that are required by law.
2. **To revoke consent:** You have a right to take back your written permission for us to disclose your health information in accordance with CFR 42 § 2.31 and § 2.35. You will be unable to get back your permission if your information was already disclosed based on your written permission.
3. **To choose how we contact you:** You have the right to ask that we send you information at an alternative address or by an alternative means. We must agree to your request as long as it is reasonable for us to do so.
4. **To inspect and copy your PHI:** Unless your access is restricted for clear and documented treatment reasons, you have a right to see your PHI upon request. To do so you may contact any Burke office or the Burke records department at 936-630-3773. Please note that release of records to an external source may require you to complete proper release forms.

We will respond to your request within 30 days. If we deny your access, we will give you written reasons for the denial and explain any right to have the denial reviewed. If you want copies of your PHI, a charge for copying may be imposed,

depending on your circumstances. You have a right to choose what portions of your information you want copied and to have prior information on the cost of copying. You have a right to obtain your PHI in an electronic format.

5. **To request amendment of your PHI:** If you believe that there is a mistake or missing information in our record of your PHI, you may request, in writing, that we correct or add to the record. We will respond within 60 days of receiving your request. We may deny the request if we determine that the PHI is: correct and complete; not created by us and/or not part of our records or not permitted to be disclosed. Any denial will state the reasons for denial and explain your rights to have the request and denial, along with any statement in response that you provide, added to your PHI. If we approve the request for amendment, we will not destroy or change our records, however, we will add the approved information to our records and make notes of the corrections made to be included with any disclosures.
6. **To find out what disclosures have been made:** You have a right to get a list of when, to whom, for what purpose, and what content of your PHI has been released other than instances of disclosure: for treatment, payment, and operations; to you, your family, or pursuant to your written authorization. The list also will not include any disclosures made for national security purposes, to law enforcement officials or correctional facilities, or disclosures made before April, 2003. We will respond to your written request for such a list within 60 days of receiving it. Your request can relate to disclosures going as far back as six years.
7. **Breach notification:** You have the right to be notified in the event that we (or a Business Associate) discover a breach of unsecured protected health information.
8. **How to Complain about our Privacy Practices:**

If you think we may have violated your privacy rights, or you disagree with a decision we made about access to your PHI, you may file a complaint with the Burke Privacy Officer. You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services at:

**Address: 200 Independence Avenue SW, Washington DC 20201**

**Email: [OCRComplaint@hhs.gov](mailto:OCRComplaint@hhs.gov)**

**Online: [OCRportal.hhs.gov](http://OCRportal.hhs.gov).**

We will take no retaliatory action against you if you make such complaints.

**Contact Person for Information or complaints:**

Catherine Uribe, Burke Privacy Officer

2001 S. Medford Drive

Lufkin, Texas 75901

Phone: 936-639-1141