

# Manos de Cristo Dental Clinic

## Health Insurance Portability and Accountability Act (HIPAA)

### Notice of Privacy Practices for Protected Health Information

THE PRIVACY OF YOUR HEALTH INFORMATION IS IMPORTANT TO US.

THIS NOTICE DESCRIBES HOW MEDICAL AND DENTAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

#### Our Legal Duty

We are required by applicable federal and state law to maintain the privacy of your health information. We are also required to give you this Notice about our privacy practices, our legal duties, and your rights concerning your health information. We must follow the privacy practices that are described in this Notice while it is in effect. This Notice takes effect July 16, 2014, and will remain in effect until we replace it.

Manos de Cristo Dental Clinic employees must protect the privacy of health information that identifies you as part of their jobs. We do not give employees access to health information unless they need it for a business reason. Business reasons for needing access to health information include making benefit decisions, paying bills and planning for the care you need.

In most situations, the Manos de Cristo Dental Clinic may not use or disclose health information that identifies you without your written permission. This Notice explains when we may use or disclose health information that identifies you without your permission.

You may request a copy of this Notice at any time. For more information about our privacy practices, or for additional copies of this Notice, please contact Rose M Maldonado, Privacy Officer at (512) 477-7454.

#### How We May Use and Disclose Medical or Dental Information About You

##### 1. For Treatment

We may use or disclose health information about you to health care providers for the provision, coordination, or management of your healthcare. For example, we may share your health information with other specialists to whom you are referred for treatment purposes.

##### 2. For Payment

We may use or disclose health information about you to pay or collect payment for your health care. For example, we may need to disclose your health information to a health plan in order for the health plan to pay us for the services rendered to you. We may also tell your health plan about a treatment or procedure you are going to receive in order to obtain prior approval or to determine whether your plan will cover the services.

##### 3. For Health Care Operations

We may use or disclose health information about you for health care operations. For example, we may disclose your health information for purposes of business management or the general administration of the Manos de Cristo Dental Clinic, including conducting quality assessment and improvement activities; reviewing the competence, qualifications and performance of health care professionals or health plans; training health-care professionals and others; conducting accreditation, certification, licensing, or credentialing activities; carrying out activities related to the creation, renewal, or replacement of a contract of health insurance or health benefits; or providing medical review, legal services, or auditing functions.

##### 4. Appointment Reminders

We may contact you in order to remind you of an appointment or provide information about treatment alternatives or other health-related benefits

and services that may be of interest to you. For example, we may provide a written or telephone reminder that your next appointment is coming up.

##### 5. Raising Funds

We may contact you to raise funds for the Manos de Cristo Dental Clinic.

##### 6. Family Member, Other Relative, or Close Personal Friend

We may disclose health information about you to a family member, other relative or close personal friend when:

- The health information is related to that person's involvement with your care or payment for your care; and
- You have had an opportunity to stop or limit the disclosure before it happens.

##### 7. Government Programs Providing Public Benefits

We may disclose health information about you to another government agency offering public health benefits if:

- The information relates to whether you qualify for or are signed-up for specific programs and the law requires or specifically allows the disclosure; or
- The other government agency has the same privacy protections we do, has programs that serve similar types of people, and the disclosure is needed to coordinate or improve how the programs are run.

##### 8. Health Oversight Activities

We may sometimes use or disclose health information about you to a health oversight agency for activities authorized by law, including audits, investigations, inspections, licensure actions, or disciplinary actions or other activities necessary for oversight of the health care system, government programs, eligibility or compliance, and to enforce health-related civil rights and criminal laws.

##### 9. Public Health

We may disclose health information about you to a public health authority for purposes of preventing or controlling disease, injury or disability.

##### 10. Victims of Abuse, Neglect or Domestic Violence

If we believe you are the victim of abuse or neglect, we may disclose health information about you to a government agency that receives reports of abuse or neglect if:

- A law requires the disclosure;
- You agree to the disclosure;
- A law allows the disclosure and the disclosure is needed to prevent serious harm to you or someone else; or
- A law allows the disclosure, you are unable to agree or disagree, the information is needed for immediate action, and the information will not be used against you.

If we make a report under this section, we will tell you or your representative about the report unless we believe that telling you would place you at risk of harm.

##### 11. Serious Threat to Health or Safety

We may use or disclose health information about you if we believe the use or disclosure is needed:

- To prevent or lessen a serious and immediate threat to the health and safety of a person or the public;
- For law enforcement authorities to identify or catch an individual who has admitted participating in a violent crime that resulted in serious harm to the victim, unless the information was learned while initiating or in the course of counseling or therapy; or
- For law enforcement authorities to catch an individual who has escaped from lawful custody.

##### 12. For Law Enforcement Purposes

We may disclose health information about you to a law enforcement official for the following law enforcement purposes:

Effective 7/16/14

Julie Ballesteros, Executive Director  
Dr. Thomas Richardson, Dental Director  
Rose M. Maldonado, Privacy Officer

4911 Harmon Avenue, Austin, TX 78751  
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(512) 628-4194  
(512) 628-4208  
(512) 628-4209

# Manos de Cristo Dental Clinic

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- To comply with a grand jury subpoena;
- To comply with an administrative request, such as a civil investigation demand, if the information is relevant to an investigation that relates to the administration of one of our programs;
- To identify or locate a suspect, fugitive, witness or missing person;
- In response to a request for information about an actual or suspected crime victim;
- To alert a law enforcement official of a death that we suspect is the result of criminal conduct; or
- To report evidence of a crime on our property.

### 13. For Judicial or Administrative Proceedings

We may disclose health information about you in response to:

- An order from a regular or administrative court; or
- A subpoena or other discovery request by a party to a lawsuit when we are party to the lawsuit.

### 14. As Required by Law

We must use or disclose health information about you when required to do so by federal or Texas laws or regulations.

### 15. Business Associates

We may disclose health information about you to our business associates we have contracted with to perform certain services if the business associate:

- Needs the information to perform services for us; and
- Agrees to protect the privacy of the information.

### 16. Secretary of Health and Human Services

We must disclose health information about you to the Secretary of Health and Human Services with the Secretary wants to enforce privacy protections.

### 17. Research

We may use or disclose health information about you for research if a research board approves the use. The board will ensure that your privacy is protected when your health information is used for research. Your health information may also be used:

- To allow a researcher to prepare for research, as long as the researcher agrees to keep the information confidential; or
- After you die, for research that involves information about people who have died.

### 18. Other Uses and Disclosures

The Manos de Cristo Dental Clinic may use or disclose health information about you:

- To create health information that does not identify any specific individual;
- To the U.S. military or a foreign military for military purposes, if you are a member of the group asking for information;
- For purposes of lawful national security activities;
- To federal officials to protect the President and others;
- To a prison or jail, if you are an inmate of that prison or jail, or to law enforcement personnel if you are in custody;
- To a coroner, medical examiner, or funeral director when authorized by law;
- To comply with workers' compensation laws or similar laws; or
- To assist in notifying a patient's family member or person responsible for the patient's care of the patient's location, general health condition, or death.

For all other uses and disclosures, we must obtain your written permission, which you may withdraw at any time.

### Your Privacy Rights

You have the following rights regarding medical and dental information collected and maintained about you:

- **Right to Inspect and Copy** – You have the right to look at or get a copy of the health information the Manos de Cristo Dental Clinic has about you.
- **Right to Amend** – If you believe the information we have about you is incorrect, you can ask to have it corrected. Most of the time, we cannot change or delete information, even if it is incorrect. However, we can add the correct information to the record and note that it takes the place of the old information. The old information will remain in your record. If we deny your request to change information, you can have your written disagreement placed in your record.
- **Right to Accounting of Disclosures** – You have the right to ask for a list of times we have disclosed information about you.
- **Right to Request Restrictions** - You have the right to ask us to limit the use or disclosure of health information about you; however, the Manos de Cristo Dental Clinic is not required to agree to the requested restriction. Restriction Requests must be submitted to the Privacy Officer in writing.
- **Right to Request Confidential Information** – You have the right to request that the Manos de Cristo Dental Clinic communicate with you about medical or dental information in a certain way or at a certain location. For example, you may tell us where and how to send messages that include health information to you, if you think sending the information to your usual address could put you in danger. You must submit this request to the Privacy Officer in writing, and you must be specific about where and how to contact you.
- **Copy of this Notice** – You have the right to ask for a paper copy of this Notice.

### Changes to this Notice

We reserve the right to change our privacy practices and the terms of this Notice at any time, provided such changes are permitted by applicable law. We reserve the right to make the changes in our privacy practices and the new terms of our Notice effective for all health information that we maintain, including health information we created or received before we made the changes. Before we make a significant change in our privacy practices, we will change this Notice and make the new Notice available to you.

Should our information practices change, we will post the amended Notice of Privacy Practices in our office. You may request that a copy be provided to you by contacting our Privacy Officer at (512) 477-7454.

### Complaints

If you believe your privacy rights have been violated, you may file a complaint with the Manos de Cristo Dental Clinic by contacting the Privacy Officer at (512) 477-7454. You may also submit a written complaint to the Office for Civil Rights, U.S. Department of Health and Human Services. The address for the Office for Civil Rights is:

*Office for Civil Rights  
U.S. Department of Health and Human Services  
1301 Young Street, Suite 1169  
Dallas, Texas 75202  
(214) 767-4056; (214) 767-8940 (TDD); 214.767.0432 (Fax)*

Your complaint must be filed within 180 days of when you knew or should have known that the alleged violation occurred. We will not retaliate in any way if you choose to file a complaint with us or the U.S. Department of Health and Human Services.



Manos de Cristo Dental Center  
4911 Harmon Avenue  
Austin, TX 78751  
(512) 477-2319; FAX (512) 477-2330

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Effective 7/16/14

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