



### Citizens Medical Center Notice of Privacy Practices Acknowledgement Receipt Form

Your signature below indicates that you have been given a copy of Citizens Medical Center's Notice of Privacy Practices.

As a patient of this hospital I **do/do not** authorize disclosure information relating to telephone calls, flowers, and directory information.

If you have any questions about the Notice of Privacy Practices, please call CMC's Compliance Officer at (361) 574-1519.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature (if patient under 18)

\_\_\_\_\_  
Date

***For Office Use Only***

Citizens Medical Center will make a good faith effort to obtain a written acknowledgement of receipt of the Notice provided to the individual. If the patient is unwilling and/or unable to sign this acknowledgement, Citizens Medical Center must document its good faith efforts to obtain such acknowledgement and record the reason why the acknowledgement was not obtained.

Reason: \_\_\_\_\_

Staff Signature: \_\_\_\_\_

Texas State Privacy Law (HB 300)  
Effective Date: April 14, 2003  
Revised Date: September 1, 2012



**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.**

**Purpose:** Citizens Medical Center (CMC) professional staff and employees follow the privacy practices described in this Notice. CMC is required by State Law to maintain the privacy of your health information and to protect the integrity, confidentiality, and availability of your health information when it is collected, maintained, used or transmitted. However, CMC must use and disclose your medical information to the extent necessary to provide you with quality health care. To do this, CMC must share your medical information as necessary for treatment, payment, and health care operations.

**What Are Treatment, Payment, and Health Care Operations?** Treatment includes sharing information among health care providers involved in your care. For example, your provider may share information about your condition with the pharmacist to discuss appropriate medications or with radiologists or other consultants in order to make a diagnosis. CMC may use your medical information as required to obtain payment for your treatment. We also may use and disclose your medical information to improve quality of care or training purposes.

**How Will CMC Use My Medical Information?** Your medical information may be used or disclosed in paper and electronic form unless you ask for restrictions on a specific use or disclosure, for the following purposes:

- Family members or close friends who may consent to your treatment or who are involved in the payment for your treatment.
- American Red Cross (or a government disaster relief agency) if you are involved in a disaster relief effort.
- Appointment reminders.
- To inform you of treatment alternatives or benefits or services related to your health that may be of interest to you. (You will have an opportunity to refuse to receive this information.)
- As required by law.
- Public health activities, including disease prevention, injury or disability; reporting child abuse or neglect; reporting reactions to medications or product problems; notification of recalls; infectious disease control; notifying government authorities of suspected abuse, neglect or domestic violence (if you agree or as required or authorized by law).
- Health oversight activities, e.g., audits, inspections, investigations, and licensure.
- Lawsuits and disputes.
- Law enforcements (e.g. in response to a court order or subpoena).
- Certain research projects approved by an Institutional Review Board;
- To prevent serious threat to health or safety.
- National security and intelligence activities.
- Workers' Compensation (Your medical information regarding benefits for work-related illnesses may be released as appropriate.)
- To carry out treatment, payment, and health care operations functions through business associates (e.g., to install a new computer system).
- Alcohol and drug abuse information has special privacy protection. CMC will not disclose any information identifying an individual as being a patient or provide any medical information relating to the patient's substance abuse treatment unless: (i) patient's consent is in writing; (ii) a court order requires disclosure of the information (iii) medical personnel need the information to meet a medical emergency; (iv) qualified personnel use the information for the purpose of conducting scientific research, management audits, financial audits, or program evaluation; or (v) it is necessary to report a crime or a threat to commit a crime, or to report abuse or neglect as required by law.

**Your Authorization Is Required for Other Disclosures.** Except as described above, we will not use or disclose your medical information unless you authorize (permit) CMC, in writing, to disclose your information. You may revoke your permission, which will be effective only after the date of our written revocation.

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**Destruction of Medical Records.** CMC follows state law regarding destruction of Medical Records. Your medical records may be destroyed after 10 years from your last date of treatment. If a patient is less than 18 years of age at the time he/she was last treated, CMC may authorize the disposal of those medical records relating to the patient on or after the date of his/her 20th birthday or on or after the 10th anniversary of the date on which he/she was last treated, whichever date is later.

**You Have Rights Regarding Your Medical Information.** You have the following rights regarding your medical information, provided that you make a written request to invoke the right on the form provided by CMC:

- **Right to request restriction.** You may request communications in a certain way or at a certain location, but you must specify how or where you wish to be contacted.
- **Right to confidential communications.** You may request communications in a certain way or at a certain location, but you must specify how or where you wish to be contacted.
- **Right to inspect and copy.** You have the right to inspect and copy your medical information regarding decisions about your care; however psychotherapy notes may not be inspected or copied. We may charge a fee for copying, mailing and supplies. Under limited circumstances, your request may be denied; in some cases you may request review of the denial by another licensed healthcare professional chosen by CMC, which requires certain specific information. CMC is not required to accept the amendment.
- **Right to request amendment.** If you believe that the medical information we have about you is incorrect or incomplete, you may request an amendment on the form provided by CMC, which requires certain specific information. CMC is not required to accept the amendment.
- **Right of accounting and disclosures.** You may request a list of the disclosures of your medical information that have been made to persons or entities in the past ten years (such list will not include disclosures made pursuant to an authorization or for treatment, payment, and health care operations). After the first request, there may be a charge.
- **Right to a copy of this Notice.** You may request a paper copy of this Notice at any time, even if you have been provided with an electronic copy. You may obtain an electronic copy of this Notice at our web site at [citizensmedicalcenter.org](http://citizensmedicalcenter.org).

**Notice of Security Breach.** CMC is required to notify you if your protected health information has been breached. The notification will occur by first class mail within 60 days of the event. A breach occurs when there has been unauthorized use or disclosure that compromises the privacy or security of the protected health information. The notification requirements under this section only apply if the breach poses a significant risk for financial, reputational, or other harm to you. The notice will contain the following information: (1) a brief description of what happened, including the date of the breach and the date of discovery of the breach; (2) the steps you should take to protect yourself from potential harm resulting from the breach; and (3) a brief description of what we are doing to investigate the breach, mitigate losses, and to protect against further breaches. Not every impermissible use or disclosure of protected health information constitutes a reportable breach. The determination of whether an impermissible breach is reportable hinges on whether there is a significant risk of harm to you as a result of impermissible activity. The key to determining potential harm is whether sufficient information was released to allow identity theft or harm to you because of the likelihood of sharing sensitive health data.

**Requirements Regarding This Notice.** CMC is required by law to provide you with this Notice. We will be governed by this Notice for as long as it is in effect. CMC may change this Notice and these changes will be effective for medical information we have about you as well as any information we receive in the future. Each time you register at CMC for health care services, you may receive a copy of the Notice in effect at the time.

**Complaints.** If you believe your privacy rights have been violated, you may file a complaint with Citizens Medical Center-Compliance Officer, 2701 Hospital Drive, Victoria, Texas 77901 (361) 574-1519. To obtain further information about the federal privacy rules or to submit a complaint to the Texas Department of State Health Services you may contact the Department by telephone at (214) 767-40566, fax at (512) 458-7111 or by electronic mail at [www.dshs.tx.us](http://www.dshs.tx.us), or by postal mail address to: Texas Department of State Health Services, 1100 W. 49<sup>th</sup> Street, Austin, Texas 78756.

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