



El Centro de Corazón
Quality Health Care

Notice of Privacy Practices and Patient Rights



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

This notice describes how health information about you may be used and disclosed and how you can get access to this information.

Please review it carefully.

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your health record

- You can ask to see or get an electronic or paper copy of your health record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your health record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 30 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say “yes” to all reasonable requests.

Your Rights *continued*

Ask us to limit what we use or share

- You can ask us **not** to use or share certain health information for treatment, payment, or our operations.
 - We are not required to agree to your request, and we may say “no” if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us **not** to share that information for the purpose of payment or our operations with your health insurer.
 - We will say “yes” unless a law requires us to share that information.

Get a list of those with whom we’ve shared information

- You can ask for a list of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one list a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Your Rights *continued*

Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.
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Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
 - We will make sure the person has this authority and can act for you before we take any action.
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File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information on page 1.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by calling 1-877-696-6775, or visiting **www.hhs.gov/ocr/privacy/hipaa/complaints/**
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, please talk to us. Tell us what you want us to do, and we will follow your instructions, if possible.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Contact you for fundraising efforts

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases, we *never* share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

In these cases, we will *never* share your information:

- We will ***never*** share your immigration or legal status with anyone

Our Uses and Disclosures

How do we typically use or share your health information? We typically use or share your health information in the following ways.

Treat you

- We can use your health information and share it with other professionals who are treating you.

Example:

A doctor treating you for an injury asks another doctor about your overall health condition.

Run our organization

- We can use and share your health information to run our practice, improve your care, and contact you when necessary.

Example:

We use health information about you to improve our appointment scheduling processes.

Bill for your services

- We can use and share your health information to bill and get payment from health plans or other entities.

Example:

We give information about you to your health insurance plan so it will pay for your services.

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues

- We can share health information about you for certain situations such as:
 - Preventing disease
 - Helping with product recalls
 - Reporting adverse reactions to medications
 - Reporting suspected abuse, neglect, or domestic violence
 - Preventing or reducing a serious threat to anyone's health or safety
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Do research

- We can use or share your information for health research.
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Comply with regulations

- We will share information about you if state or federal rules require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy rules (HIPAA).
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Respond to organ/tissue donation requests

- We can share health information about you with organ procurement organizations.
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Work with a medical examiner or funeral director

- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, legal purposes and other official government requests

- We can use or share health information about you:
 - For workers' compensation claims
 - For legal purposes when accompanied by an official request
 - With health oversight agencies for regulated activities
 - For special government functions such as military, national security, and presidential protective services
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Respond to lawsuits and legal actions

- We can share health information about you in response to a court or administrative order, or in response to a subpoena.
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Third Party Vendors – Satisfaction Survey Reporting

- El Centro uses vendors for the purposes of collecting information about your satisfaction with our services. Your protected health information will be shared with these vendors, but they must abide by confidentiality laws (HIPAA) while handling this sensitive information. You will likely be contacted following any visit(s) to our health centers and invited to participate in a patient satisfaction survey. This contact may be made by text message through an auto-dialer program, sent to the cell number you provided, and/or by email at the email address you provided.
YOU MAY OPT OUT OF ALL PATIENT SURVEYS IF YOU WISH. Simply inform any front desk staff member of your desire to opt out of our patient satisfaction survey program at any time.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Please let us know in writing if you change your mind.

For more information please visit:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of This Notice

We may change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request.

Effective date of this notice: July 19, 2019

**This Notice of Privacy Practices applies to
the following organizations.**

El Centro de Corazón is a nonprofit health
organization that participates in the
OCHIN Network.

OCHIN supplies information technology and
related services to El Centro de Corazón and
other OCHIN participants. Your health
information may be shared by El Centro de
Corazón with other OCHIN participants of the
organized health care arrangement.



El Centro de Corazón
Quality Health Care

El Centro de Corazón Compliance Officer: Kavon Young, MD
Compliance_Officer@elcentrochc.org
7037 Capitol St. Houston, TX 77011 **713-660-1880**



Magnolia Health Center

**7037 Capitol St., Ste. N100
Houston, Texas 77011
Tel: (713) 660-1880
Fax: (713) 926-9105**

**Women's Health Services
Pediatric Medical Services
Adult and Pediatric
Behavioral Health Services
Eligibility Services**



John S. Dunn Health Center

**7635 Canal St.
Houston, Texas 77012
Tel: (713) 660-1880
Fax: (713) 926-9105**

**Pediatric Medical Services
After-Hours Pediatric
Medical Services
Pediatric Dental Services
Behavioral Health Services
Eligibility Services**



Eastwood Health Center

**412 Telephone Rd.
Houston, Texas 77023
Tel: (713) 660-1880
Fax: (713) 926-9105**

**Family Medicine Services
Adult and Pediatric
Dental Services
After-Hours Pediatric
Services**



Southeast Health Center

**5901 Long Drive, Ste.500
Houston, Texas 77087
Tel: (713) 660-1880
Fax: (713) 926-9105**

Family Medicine Services



OCHIN|mychart

Do you have internet access? MyChart gives you online access to and control of your medical record.

- Manage your appointments
- Request prescription refills
- Access your test results
- Communicate with your doctor
- Keep track of immunizations
- Pay bills online



Ask about MyChart today!