



El Centro de Corazón

Notice of Privacy Practices

This notice describes how health information about you may be used and disclosed and how you can get access to this information. **Please read it carefully.**

Your Rights

When it comes to your protected health information, you have certain rights. This section explains your rights related to your protected health information.

Get a copy of your record

- You can ask to see or get a copy of your protected health information we have about you. Ask us how to do this.

Ask us to correct your medical record

- You can ask us to correct protected health information about you that you think is incorrect or incomplete. Ask us how to do this.

Request confidential communications

- You can ask us to contact you in a specific way (for example, office phone or send mail to a different address).

Ask us to limit what we use or share

- You can ask us **not** to use or share certain protected 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 except if you pay for a service or a health care item out-of-pocket in full.

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

- You can ask for a list of the times we’ve shared your protected health information for six years prior to the date you ask, who we shared it with, and why except disclosures about treatment, payment, and health care operations.

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.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting El Centro’s Compliance Manager via email at Compliance_Officer@elcentrochc.org. We will not retaliate against you for filing a complaint.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights through the OCR Complaint Portal, visit <https://www.hhs.gov/hipaa/filing-a-complaint/index.html>.

Our Uses and Disclosures

How do we typically use or share your protected health information? We typically use or share your health information to:

Treat you

- We can use your protected 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 protected health information to run our practice, improve your care, and contact you when necessary.
Example: We use your protected health information to improve our appointment scheduling processes.



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Bill for your services

- We can use and share your protected 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 we use or share your protected health information? We are allowed or required to share your information usually in other ways that contribute to the public good, such as public health and research. For more information see Title 45 CFR §164.512 – *Uses and disclosures for which authorization is not required.*

Public health, safety and law enforcement matters

- We can share protected health information about you with a public health authority to prevent disease.
- We can share your information if we reasonably believe you to be a victim of abuse, neglect, or domestic violence.
- We can share limited protected health information about you to law enforcement for purposes of locating you if you are missing.

Research, organ/tissue donation, decedent purposes

- We can use or share your information for health research.
- We can share protected health information about you with organ procurement organizations.
- We can share protected health information with a coroner, medical examiner, or funeral director when an individual dies.

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.

Address workers' compensation, legal purposes, or specialized government functions

- For workers' compensation claims
- With health oversight agencies for regulated activities
- For special government functions such as military, national security, and presidential protective services
- We can share protected health information about you in response to a court or administrative order, or in response to a subpoena.

Unless you give us written permission, we will NEVER share protected health information for

- Marketing purposes
- Sales purposes
- Psychotherapy notes
- Immigration or legal status purposes

Note: 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.

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 your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We may change the terms of this notice, and the changes will apply to all information we have about you. The notice will be available upon request. Additionally, any revised notice will be available via website at www.elcentrodecorazon.org

Effective date of this notice September 1, 2023



El Centro de Corazón

The 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 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's Compliance Manager: Aaliyah Richardson Compliance_Officer@elcentrochc.org
7037 Capitol St. Houston, TX 77011 **713-660-1880**



El Centro de Corazón

**Acknowledgement of Receipt
“Notice of Privacy Practices” and “Patient and Center Rights & Responsibilities”**

I have read a copy of the El Centro de Corazón’s “Notice of Privacy Practices” and the “Patient and Center Rights & Responsibilities,” which explains both how my health information will be used and disclosed and my rights and responsibilities as an El Centro de Corazón patient, respectively. I understand that a copy of this information can be obtained on the website at www.elcentrodecorazon.org.

Patient Full Name

Date

Patient Signature

If completed by a patient’s personal representative or if patient is a minor, please print and sign name in the space below.

Full Name

Relationship

Signature

Date