



NOTICE OF PRIVACY PRACTICES
EFFECTIVE DATE: January, 1, 2018

THIS NOTICE DESCRIBES HOW YOUR RECORD AND OTHER PERSONAL INFORMATION MAY BE USED AND DISCLOSED TO OTHERS BY THE RAPE CRISIS CENTER (RCC) AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. YOU HAVE THE RIGHT TO HAVE A COPY OF THE ORIGINAL SIGNED NOTICE THAT WILL BE KEPT IN YOUR FILE. **PLEASE REVIEW THIS NOTICE CAREFULLY.**

PURPOSE: The Rape Crisis Center (RCC) counselors, advocates, employees and volunteers understand and honor the importance of protecting our clients' confidentiality not only to ensure that the organization is in compliance with ethical and legal standards, but also to create a safe and trusting environment for our clients. In addition, all personal information and communications are kept confidential to the greatest extent allowed by Federal and State laws, including the Health Insurance and Portability and Accountability Act (HIPAA), Texas State Law and the codes of ethics related to mental health providers in the state of Texas.

Protected Health Information (PHI) includes any information related to the counseling services provided to you, and individually identifiable information such as your name, address, telephone number, or social security number. The RCC maintains your **PHI** in records, including all the services you receive at the RCC, which are kept in a confidential manner, as required by law to protect your privacy. This notice applies to all of the records of your services generated by the RCC. You can choose what information you want to provide to the RCC. You will not be denied services if you choose not to provide certain identifying information. This notice will explain under what circumstances the agency can use or share health information for the purpose of treatment, agency operations, business associates, or as required by law without your permission. For all other uses and disclosures, the RCC must get your written authorization. You have the right to cancel your permission at any time by giving written notice stating your intent to revoke this authorization. If you want your records or other information you have given us shared with anyone other than the entities listed here, you must specifically request that in writing. If you do not agree with this disclosure, you must tell us in writing or by noting that you do not agree on the notice. We will then determine if we are able to provide you services at the RCC.

HOW THE RCC MAY USE AND DISCLOSE YOUR PERSONAL HEALTH INFORMATION:

The following categories describe different ways that the RCC may use and disclose PHI. For each category of uses or disclosures, we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories. Some of the uses and disclosures listed below require your authorization or your agreement. Please note that we may also disclose your Protected Health Information electronically as permitted or required by law.

1. **For Treatment:** The RCC may use and disclose your PHI to those involved in direct client services for the purpose of providing, coordinating, or managing your services. We may disclose your information to your counselor, case manager, volunteers, front desk staff or any other RCC personnel who are involved in providing you with the best quality services. This includes:
 - a. Your counselor to better understand your counseling goals
 - b. Counselors while in supervision/consultation with on-site supervisors, universities supervisors for the purpose of providing you with the best care possible and for training of RCC's staff (your name will not be used in these supervisions)
 - c. If you contact the RCC hotline, personal information may be shared with RCC's hotline staff
 - d. RCC's case managers and advocates to help you obtain services in the community according to your needs
 - e. RCC's staff to help you know of other services within our organization that may be relevant to you, such as support groups
 - f. If you received services at the hospital from an RCC advocate, your personal information may be shared with your RCC counselor
 - g. If you received services at the hospital and decided to submit a request to the Crime Victim's Compensation Fund, your personal information will be shared with the hospital nurse for the purpose of processing that application
2. **Payments:** The RCC does not charge for services, as they are paid for by state and federal grants. If that were to change, we will notify you in advance so payment arrangements can be made. Currently, we do not bill insurance. The RCC welcomes all donations and greatly appreciates any contributions. Personal information may be seen by the accounting department for the purpose of providing acknowledgement of donations should you make one to RCC.
3. **Agency Operations:** We may use and disclose your Protected Health Information for RCC operations. These uses and disclosures are necessary to run the RCC and make sure that all of our clients receive quality care. For example, to:
 - a. Front desk staff for the purpose of scheduling and reminding you of your appointments
 - b. The supervisors of the staff and volunteers providing services to you to review our treatment, outcomes and services and to evaluate our services and their performance
 - c. Staff, volunteers and others in training (we will protect your privacy by removing any identifiable information)
 - d. RCC's legal advisor for the purpose of monitoring RCC's compliance with legal requirements and for the purpose of providing you with legally related referrals as appropriate
 - e. RCC's business associates for the purpose of funding, data entry, computer systems and software management, medical services, legal services, and audits and accounting services (all of RCC's business associates are bound by a written agreement with RCC to protect the confidentiality of your personal information)
4. **Business Associates:** All RCC business associates (ex. shredding and translation services) are bound by a written agreement to protect your privacy and keep your information confidential.
5. **Fundraising Activities and Policy Making:** We may disclose data about sexual violence to a funding or legislative source for statistical purposes. For example, we may release information, such as your gender, age, and number of services provided by RCC (all de-identified information.)
6. **Research:** Under certain circumstances, we may use and disclose your Protected Health Information for research purposes. Before we use or disclose PHI for research, the project will have been approved by the RCC and established protocols to ensure the privacy of your PHI.
7. **As Required By Law:** There are some exceptions to the confidentiality, in which uses and disclosure of your Protected Health Information will be done without your consent or authorization when required by federal, state or local law.
 - a. When reporting suspected abuse or neglect of children, elders, and adults with disabilities we may disclose your information to a government authority or law enforcement.

- b. When attempting to prevent serious threats to your safety or the safety of others, we will disclose your information to emergency medical personnel or law enforcement personnel to help prevent the threats.
- c. Judicial and Administrative proceedings and Law Enforcement. We may disclose your health information for judicial or administrative proceedings or to law enforcement as required or permitted by law, including responding to subpoenas, court orders, binding authority, to report a crime, or other lawful requests.
- d. If there is reason to believe that a minor, an elderly person or a person who is disabled is being neglected or abused.
- e. If you are a minor or have a legally authorized representative (LAR) some personal information may be disclosed to your parents or LAR (your counselor will discuss that information with you before it is shared).
- f. We may disclose your health information to the extent necessary to comply with laws relating to worker's compensation claims.

USES AND DISCLOSURES THAT REQUIRE YOUR AUTHORIZATION

Except as described above, the RCC will not use or disclose your personal health information, unless you allow us to do so in writing. You may withdraw or revoke your permission at any time, which will be effective only after the date of your written withdrawal. Please understand that the RCC is unable to take back any disclosures we make with your permission and that we are required to retain our records of the services we provided to you. According to the Texas Health & Safety Code, Mental Health Records are: "**ALL communications** between a patient and a professional, and record of the identity, diagnosis, evaluation or treatment of a patient that are created or maintained by a professional **are confidential.**" Therefore, the RCC must obtain written authorization for use or disclosure of your records. The Rape Crisis Center (RCC) must obtain written authorization for any use or disclosure of PHI for any other disclosures not described in this Notice of Privacy Practices.

YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION (PHI): You have the following rights regarding your Protected Health Information:

1. **Right to have a copy of this Notice:** You may ask for a paper copy of this notice at any time. Forms are also available on our website: www.rapecrisis.com.
2. **Right of access to your records.** State and federal law gives you the right to ask to review and obtain a copy of the Protected Health Information we have about you. In a few special cases, such as instances in which your counselor decides that information in the file may endanger you, you may not be able to obtain all of your information. To inspect and request a copy of your record you must submit your request in writing to the RCC (we can provide you a form). The RCC must provide you with access to the PHI in **Electronic form and/or paper format as requested** no later than 15th business days after you submit your written request.
3. **Right to request amendment.** If you feel that the Protected Health Information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by the RCC, and the new information can be added in a note to record. To request an amendment, your request must be made in writing and submitted to the RCC Privacy Officer. In addition, you must provide a reason that supports your request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. For further questions you can contact the Privacy officer or submit a statement of disagreement.
4. **Right to Request Restrictions.** You have the right to request a restriction or limitation on your Protected Health Information we use or disclose for treatment, payment or agency operations. The RCC is not required by law to agree with your request. We will comply with your request unless the information is needed to provide you emergency treatment or any other disclosure required by law. To request restrictions, you must make your request in writing to the RCC Privacy Officer. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply.
5. **Right to revoke an authorization for disclosure:** You can withdraw your permission at any time by giving a written notice stating your intent to revoke authorization. Please understand that we will honor your revocation, except to the extent that we have already taken action in reliance of the specific authorization.
6. **Right to confidential communications:** You may request how or where we communicate with you. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing to the RCC. We will not ask you the reason for your request. We will accommodate all reasonable requests.
7. **Right to receive notice of breach:** You have the right to be notified upon a breach of any of your unsecured personal health information.

THE RAPE CRISIS CENTER DUTIES

1. We will provide you with a copy of this notice of privacy practices. We will comply with this notice and take reasonable steps to protect the privacy and security of your Protected Health Information by implementing administrative, physical and technical safeguards.
2. Every RCC employee and volunteer receives training regarding federal and state laws concerning PHI and covered entities within 60 days of hire date.
3. We reserve the right to change this notice of privacy practices. We will notify you of such changes; however, we are required to abide by the terms currently in effect. We will post a copy of the current notice in a prominent location accessible to clients.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the RCC Privacy and Security Officer at the address and/or telephone number listed at the end of the form or you can submit a complaint with the Secretary of Health and Human Services. Complaints will be taken seriously, treated with respect, and there will be no retaliation. The HHS complaint procedures can be found here <http://www.hhs.gov/hipaa/filing-a-complaint/complaint-process/index.html>.

Please sign the receipt and acknowledgment of notice.

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