

Know Your Rights

The Privacy Notice describes how your protected health information may be used or disclosed and how you may access this information. This flyer is a summary of those rights. You may also request a copy of the Privacy Notice through your provider or facility.

YOUR RIGHTS

You have the right to:

- Obtain a copy of your paper or electronic medical record, including laboratory test results
- Correct your paper or electronic medical record.
- Request confidential communication.
- Ask us to limit the information we share.
- Obtain a list of those with whom we have shared your information.
- Obtain a copy of this privacy notice
- Choose someone to act for you.
- File a complaint if you believe your privacy rights have been violated.

YOUR CHOICE

You have choices in the way that we use and share information as we:

- Tell family and friends about your condition.
 - Provide disaster relief.
 - Include you in a hospital directory.
 - Provide mental health care.
- Note: DADS does not sell protected health information or use it for marketing or fundraising.

DISCLOSURES

DADS may use and share your information as we:

- Provide your medical treatment.
- Run our organization.
- Bill for your services.
- Help with public health and safety issues.
- Conduct research.
- Comply with the law.
- Respond to lawsuits and legal actions.
- Respond to organ and tissue donation requests.
- Work with a medical examiner or funeral director.
- Address workers' compensation, law enforcement and other government requests.

RESPONSIBILITIES

DADS is required to:

- Maintain the privacy and security of your protected health information.
- Let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- Not use or share your information other than as described here unless you tell us in writing we can. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.
- Follow the privacy practices described in this notice and give you a copy of it.

To learn more, visit www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html

To file a complaint regarding the privacy of your PHI, contact either of the following:

DADS Privacy Officer
P.O. Box 149030
Austin, Texas 78714-9030
Phone: (877) 379-7410
Email: hipaa@dads.state.tx

U.S. Department of Health and Human Services, Office of Civil Rights
Region VI – Dallas
1301 Young St., Suite 1169
Dallas, Texas 75202

Phone: (800) 368-1019
Fax: (214) 767-0432
TDD: (800) 537-7697

Visit www.hhs.gov/ocr/privacy/hipaa/complaints/

