



Texas State Veterans Home

**NOTICE OF PRIVACY PRACTICES**  
**Effective Date September 1, 2015**



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.**

The Texas General Land Office/Veterans Land Board (GLO/VLB) and the designated operator, an independent contractor, are committed to maintaining the privacy and confidentiality of your health information created by or maintained at the Texas State Veterans Home (TSVH). The TSVH is required by law to provide you with this notice of the TSVH's legal duties and privacy practices. The TSVH is also required to abide by the terms of this Notice and our privacy practices as described in this Notice provided to you. This Notice applies to all of the records of your care generated or maintained by the TSVH.

**Notice of Hybrid Designation:** The GLO/VLB is a hybrid entity. This means some of our functions are covered under HIPAA and some are not covered. The Veterans Homes within the program area of Veterans Programs is our health care component. Other program areas that support the covered functions of the health care component include the following: Financial Management, Information Systems, Internal Audit, Office of Compliance and Ethics, Office of General Counsel, and, in a limited capacity, the Texas Land Commissioner and The Chief Clerk.

The TSVH may use or disclose your health information **without** your Authorization for the following purposes according to the HIPAA Privacy Rule 45 C.F.R. § 164.512:

- **For Treatment** – The TSVH may use or disclose your health information to provide you with medical treatment or services. For example, a doctor treating you for a broken arm may need to know if you have diabetes.
- **For Payment** – The TSVH may use or disclose your health information so that the treatment and services you have received at the facility may be billed and payment can be received from you, an insurance company, or another third party.
- **For Health Care Operations** – The TSVH may use or disclose your health information for certain health care operations. These uses and disclosures are necessary to run the facility and to make sure that all residents receive quality care. For example, your health information may be used by individuals conducting quality of care reviews, internal audits, internal compliance reviews, and support services.
- **For Eligibility and enrollment for VA Benefits** – The TSVH may use or disclose your health information to determine your eligibility for Federal or State benefits through the Veterans Benefits Administration, Internal Revenue Service or Social Security Administration.

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- **To Business Associates** – There are services provided at the TSVH through contracts with business associates. When these services are contracted the TSVH may disclose your health information so the business associate can perform the job that the TSVH has asked them to do. The designated operator is contracted to operate the TSVH and may use and disclose your health information in accordance with this notice and applicable law.
- **Verbal Disclosures to Others While You are Present** – When you are present, or otherwise available, the TSVH may disclose your health information to your next-of-kin, family, personal representative, or to other individuals that you identify. For example if you hire a private sitter we will disclose health information about you, to aid your sitter in caring for you.
- **Verbal Disclosures to Others When You are Not Present** – When you are not present, or are not available, health care providers may discuss your health care or payment for your health care with your next-of-kin, family, personal representative, or others with a significant relationship to you. This will only be done if it is determined that it is in your best interests. We will limit the disclosure to information that is directly relevant to the other person’s involvement with your health care or payment for your health care.
- **Abuse Reporting** – The TSVH may use or disclose your health information to report suspected child abuse, elder abuse or neglect, or domestic violence to appropriate Federal, State, local, or tribal authorities. This reporting is for the health and safety of the suspected victim.
- **As Required by Law** – The TSVH will disclose your health information when required to do so by Federal, State, or local law. For example we may disclose health information to comply with the Americans with Disabilities Act, to comply with the Freedom of Information Act, or to comply with a Health Insurance Portability and Accountability Act (HIPAA) privacy or security rule complaint investigation or review by the Department of Health and Human Services.
- **To Avert a Serious Threat to Health or Safety** – The TSVH may use or disclose your health information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. You will be notified in writing if any such disclosure has been made.
- **Public Health Activities** – The TSVH may disclose your health information to public health and regulatory authorities, including the Food and Drug Administration (FDA) and Centers for Disease Control (CDC), for public health activities. Public health activities may include tracking FDA-regulated products, reporting adverse events and product defects or problems, or reporting communicable diseases such as hepatitis, tuberculosis, sexually transmitted diseases and HIV.

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- **Judicial or Administrative Proceedings** – The TSVH may disclose your health information for judicial or administrative proceedings. This would include an order of a court, such as a subpoena, requiring the disclosure.
- **Law Enforcement** – The TSVH may disclose your health information when asked to do so by law enforcement officials. For example, we may release information to aid in identifying or apprehending an individual who has admitted to participating in a violent crime or to report a death where there is a suspicion that death has occurred as a result of crime.
- **Health Care Oversight** – The TSVH may disclose your health information to a governmental health care oversight agency (e.g. Attorney General; DADS; legislature; congress; U.S. Department of Veterans Affairs) for activities authorized by law, such as audits, investigations, and inspections. Health care oversight agencies include government agencies that oversee the health care system, government benefit programs, other government regulatory programs, and agencies that enforce civil rights laws.
- **Organ and Tissue Donation** – If you are an organ donor and death is imminent, the TSVH may use or disclose your relevant health information to an Organ Procurement Organization (OPO), or other entity designated by the OPO, for the purpose of determining suitability of your organs or tissues for organ donation. If you have not specified your donation preferences and can no longer do so, your family may make the determination regarding organ donation on your behalf.
- **Coroner or Funeral Services** – Upon your death, the TSVH may disclose your health information to a funeral director for burial purposes, as authorized by law. We may also disclose your health information to a coroner or medical examiner for identification purposes, determining cause of death, or performing other duties authorized by law.
- **National Security and Intelligence Activities** – The TSVH may use and disclose your health information to authorized Federal officials for the purposes of conducting national security and intelligence activities. These activities may include protective services for the President and others.
- **Workers' Compensation** – The TSVH may use or disclose your health information for workers' compensation or similar programs.
- **Correctional Facilities** – The TSVH may disclose your health information to a correctional facility if you are an inmate and disclosure is necessary to provide you with health care, to protect the health and safety of you or others, or for the safety of the facility.
- **Military Activities** – The TSVH may disclose your health information as required by military command authorities for activities deemed necessary to assure the proper execution of the military mission.

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The TSVH will give you the opportunity to **Agree** or **Object** to the use of your health information for the following:

**Facility Directories** – If you agree, the TSVH may include limited information about you in the TSVH facility directory while you are a resident at the facility. This information may include your name, location in the facility, religious affiliation, and your general condition. The directory information, except for your religious affiliation, may be disclosed to people who ask for you by name. Your religious affiliation may be given to a member of the clergy even if they don't ask for you by name. This is so your friends, family, and members of the clergy can visit you.

**Other Uses and Disclosures of Your Health Information** - The TSVH may use or disclose your health information for any purpose based on a signed, written authorization provided by you or your personal representative. A personal representative is a person with legal authority to make health care decisions on your behalf. A signed, written authorization is always required prior to disclosure of your psychotherapy notes, if they exist. If we were to use or disclose your health information for marketing purposes, we would require a signed, written authorization. If we electronically disclose your health information for any other purpose besides what is covered in this notice, we would require a signed, written authorization. In all other cases, the TSVH will not use or make a disclosure of your health information without a signed, written authorization, unless the use or disclosure is covered in this notice. When the TSVH receives a signed, written authorization the TSVH will review the authorization to determine if it is valid and then will disclose your health information as requested in the authorization.

**Revocation of Authorization** – If you or your personal representative provide the TSVH with permission to use or disclose your health information, you or your personal representative may revoke that permission, in writing, at any time. If you or your personal representative revoke your permission, the TSVH will no longer use or disclose your health information for the reasons covered by your authorization. Please understand, we will be unable to take back any disclosures we have already made based on your authorization.

The TSVH **WILL NOT** use or disclose your health information for the following:

- **Sale of Health Information** – The TSVH will not sell your health information. Receipt of a fee expressly permitted by law, such as Privacy Act copying fees or FOIA fees is not a sale of health information.
- **Genetic Information Nondiscrimination Act (GINA)** – The TSVH will not use genetic information to discriminate against you either through employment or to determine your eligibility for VA benefits.

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**YOUR PRIVACY RIGHTS** – You have the following rights regarding health information we maintain about you:

- **Right to Review and Obtain a Copy of Health Information** – You or your personal representative have the right to review and obtain a copy of your health information, billing information, trust fund ledgers, and/or contract information maintained in our records, with the exception of psychotherapy notes, if they exist, or information compiled in reasonable anticipation of a legal action or proceeding. Requests to review and obtain a copy of your information should be in writing and submitted to the Director of Nursing or the facility administrator. If you or your personal representative request a copy of the information and your request is accepted the TSVH may charge a reasonable copying fee. If you or your personal representative request to inspect your information and the request is accepted the TSVH will schedule an appointment for the review. The On-Site Representative will supervise the inspection. The TSVH may deny your request to inspect or obtain a copy of your information in certain very limited circumstances, as permitted by law. If you or your personal representative are denied access to your information you may request that the denial be reviewed. Another GLO/VLB licensed health care professional chosen by the GLO/VLB will review the request and the denial. The person conducting the review will not be the person who denied the initial request. The TSVH will comply with the outcome of the review.
- **Right to Amend** – You or your personal representative have the right to request an amendment (correction) to your health information in our records if you believe it is incorrect, inaccurate, or incomplete. You or your personal representative must submit a request in writing, specify the information that you want corrected, and provide a reason to support your request for amendment. All amendment requests should be submitted to the facility administrator and the GLO/VLB Chief Privacy Officer for review. If your request for amendment is approved we will inform you and insert the amendment in your record. The original health information will not be removed. We will notify the relevant persons with whom the amendment needs to be shared. If your request for amendment is denied, you will be notified of this decision in writing and will be provided with instructions to submit a statement of disagreement, to submit an appeal, or to request that your initial request for amendment accompany all future disclosures of the disputed health information.
- **Right to Receive an Accounting of Disclosures** – You have the right to know and request a copy of what disclosures of health information have been made about you. All accounting of disclosure requests should be submitted in writing to the facility administrator and the GLO/VLB Chief Privacy Officer for review.

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- **Right to Request Restrictions** – You or your personal representative have the right to request a restriction or limitation on health information we use or disclose about you for treatment, payment, or health care operations purposes. You may also request a limit on the health information we disclose about you to someone who is involved in your care, such as a family member or friend. To request a restriction, you or your personal representative must submit a written request that identifies the information you want restricted, when you want it to be restricted, and the extent of the restriction. All requests to restrict use or disclosure should be submitted to the facility administrator and the GLO/VLB Chief Privacy Officer for review. The TSVH is not required to agree to your request except if the disclosure of your health information is to a health plan for the purpose of payment or health care operations and your health information pertains solely to a health care service or visit which you paid in full. If we agree to your request we will comply with the restriction except in the case of an emergency situation if the health information is needed to provide emergency treatment. The TSVH will inform the provider receiving the information of your restriction request and ask that the health information is not further used or disclosed. The TSVH will comply with the restriction until it is revoked by you.
- **Right to Request Confidential Communications** - You have the right to request that we communicate with you about your health in a certain way or at a certain location. To request confidential communications you must make your request in writing and submit to the facility administrator or the GLO/VLB Chief Privacy Officer. The TSVH or the GLO/VLB will accommodate reasonable requests. We will not ask you the reason for your request.
- **Right to a Printed Copy of This Notice** – You or your personal representative have the right to an electronic or paper copy of this notice. You may ask the TSVH to give you a copy of this notice at any time. To obtain a paper copy of this notice contact the TSVH administrator. You may also obtain a copy of this Notice at the following website: <http://www.glo.texas.gov/vlb/vethomes/index.html>.

**Notification of a Breach of your Health Information** – If a breach of any of your protected health information occurs, the TSVH will notify you and provide instruction for further actions you should take, if any.

**Changes to this Notice** – The TSVH reserves the right to change this Notice. We reserve the right to make the revised or changed notice effective for existing health information, as well as health information the TSVH receives in the future. The TSVH will post a copy of the current notice in the facility. Any revised Notice will be available on the effective date of the Notice.

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**Complaints** – If you believe your privacy rights have been violated, you may file a complaint with:

- The GLO/VLB Chief Privacy Officer  
P.O. Box 12873, Austin, TX 78711-2873  
(844) 422-2692
  
- The U.S. Department of Health and Human Services, Office for Civil Rights at  
<http://www.hhs.gov/ocr/privacy/hipaa/complaints/index.html>

Your complaint should be in writing. You will not be penalized in any way for filing a complaint.

If you or your personal representative have any questions about this notice, or if you would like further explanation of this notice, please contact the GLO/VLB Chief Privacy Officer. The GLO/VLB Chief Privacy Officer may be reached by mail at

Texas General Land Office  
Attn:Chief Privacy Officer  
P.O. Box 12873  
Austin, TX 78711-2873

Or by phone (toll free) at (844) 422-2692.