



NOTICE OF PRIVACY PRACTICES

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.

When you receive services from Morgan's Multi-Assistance Center ("Morgan's MAC") we may need to obtain health information from you that is protected. Morgan's MAC is committed to protecting the privacy of health information we create or receive about you. Health information that identifies you ("protected health information," or "health information") includes your medical record and other information relating to your care or payment for care. Health information includes any information that relates to your physical or mental health or condition and individually identifiable information, such as your name, address, telephone number, or social security number.

Morgan's MAC is committed to maintaining the privacy of your health information. We are providing you with this notice explaining our legal duties and privacy practices with respect to your information, and to notify you following the discovery of a breach of your health information.

Your Privacy Rights at Morgan's MAC

You have the following rights regarding your health information:

- You can look at or get a copy of the health information that we have about you. You can choose to get a summary of your health information instead of a copy. If you want a summary or a copy of your health information, you may have to pay a reasonable fee for it.
- You can ask us to change the information in your records if you believe the information is wrong. We will not destroy or change our records, but we can put the new information in your records and make a note in your records that you have provided the information. Sometimes we may not add this information, but we will make a note of your request in your records.
- You can ask us to limit some of the ways we use or share your health information. We will consider your request, but the law does not require us to agree to it. If we do agree, we will put the agreement in writing and follow it, except in the case of an emergency. We cannot agree to limit the use or sharing of information that is required by law.
- You can ask us to contact you at a different place or in some other way. We will agree to your request, if it is reasonable.
- You can ask for a list of disclosures that we have made to other people or organizations relating to your health information. There are certain disclosures that are not included in the list, including when we give you your own health information, disclose the information because you have permitted us to make the disclosure, and when the disclosures are for treatment, payment and health care options.

- You may 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.
- You can get a copy of this notice any time you ask for it.
- File a complaint if you feel your rights are violated. You may complain if you feel we have violated your rights by filing a complaint with the United States Department of Health and Human Services Office for Civil Rights.
 - You will not be penalized or retaliated against in any way for filing a complaint. We will not require you to waive your right to file a complaint as a condition of the provision of treatment, payment, enrollment in a health plan, or eligibility for benefits.

Morgan's MAC Responsibilities

We are legally obligated to protect the privacy and security of your personal health information (PHI). This includes information you share with us orally, in writing, or electronically.

Morgan's MAC has strict policies and procedures in place to safeguard your PHI, regardless of its format. Our employees who have access to your PHI receive ongoing training to ensure they understand how to use and disclose your information responsibly.

Our computer systems are equipped with advanced security measures to protect your electronic PHI. In the event of a security breach that might compromise your information, we will notify you promptly.

We will never sell your personal health information. Our use and sharing of your PHI is strictly governed by the terms outlined in this notice. We will only use or share your information as described here, unless you provide written consent to do otherwise. You may revoke your consent at any time by submitting a written request to:

Morgan's MAC Attention:
Navigation Director
5210 Thousand Oaks Drive
San Antonio, TX 78233

Please include the date of your request and clearly state that you are revoking your consent.

Our Uses and Disclosures

Morgan's MAC may use or disclose your health information to provide care to you, to obtain payment for that care, or for our own health care operations. We are not required to obtain your permission or authorization to use or disclose your health information for these purposes.

- Treatment: We may use your health information and share it with other professionals who are treating you. We can use or disclose your health information to coordinate or manage health care or related services. This includes providing care to you, consulting with another health care provider about you, and referring you to another health care provider. Unless you ask us not to, we may also contact you to remind you of an appointment or other health-related information that may interest you.
- Health Care Operations: We can also use or disclose your health information for health care operations, which includes all the following:

- Evaluating services and developing procedures.
 - Case management and care coordination.
 - Reviewing the competence, qualifications, and performance of professionals and others.
 - Conducting training programs and resolving internal grievances.
 - Engaging in business planning and management or general administration.
 - Managing software and databases within the agency.
- Payment: We may use and share your health information to bill and get payment from an insurance company or a third party. Also, we may share your health information with your other health care providers to assist those providers in obtaining payment from your insurance company or a third party.
 - Business Associates: We may share your health information with our business associates for any of the purposes listed above.
 - Electronic: We may share your information electronically.

How else can we use or share your health information?

- When required by law. We may use or disclose your health information as required by state and federal law.
- To report suspected child, elder or dependent abuse and/or neglect, or domestic violence. We may disclose your health information to a government authority if necessary to report abuse or neglect of a child, elder or dependent.
- To address a serious threat to health or safety. We may use or disclose your health information to medical or law enforcement personnel to report a crime if you or others are in danger and the information is necessary to prevent physical harm or to respond to court orders, subpoenas, warrants, or other legal processes.
- To a government authority if Morgan's MAC suspects that you are a victim of abuse. We may disclose your health information to a person legally authorized to investigate a report that you have been abused or have been denied your rights.
- For public health and health oversight activities. We will disclose your health information when we are required to collect or report information about diseases or injuries, for public health investigations and audits, or to report vital statistics. We may also disclose your health information to a health oversight agency for activities authorized by law, such as audits, investigations, inspections, and licensure. This may include disclosure to the Secretary of the U.S. Department of Health and Human Services to investigate compliance with HIPAA. These activities are necessary for the government to monitor the health system, governed programs, and compliance with civil rights laws.
- To comply with the law. We may disclose your health information to an employee or agent of a medical professional who is treating you, to comply with statutory, licensing, or accreditation requirements, if your information is protected and is not disclosed for any other reason.
- For purposes relating to death. If you die, we may disclose health information about you to your personal representative and to coroners and/or medical examiners to identify you or determine the cause of death.

- To a school, including Child-Care Facilities, Early Childhood Programs, and Primary and Secondary Schools. We may share your immunization records with a school with verbal authorization sometimes.
- For government benefit programs. We may use or disclose your health information as needed to government agencies administering government programs that provide public benefits if the sharing of the information is required or authorized by law or if the programs serve the same or similar populations and the disclosure is necessary for coordination or to improve administration or management of those programs.
- To your legally authorized representative (LAR) or other family members. We may share your health information with a person appointed by a court to represent your interests. We may also disclose health information to other family members or friends when the information is directly relevant to persons involved in your care or for purposes of payment of care, though generally, you have the right to consent to the release of health information in such situation.
- In judicial and administrative proceedings. We may disclose your health information in any criminal or civil proceeding in response to a court or administrative judge order or subpoena or another lawful process that requires us to disclose it. Some types of court or administrative proceedings where we may disclose your health information are:
 - Commitment proceedings for involuntary commitment for court-ordered treatment or services.
 - Court-ordered examinations for a mental or emotional condition or disorder.
 - Proceedings regarding abuse or neglect of a resident of an institution.
 - License revocation proceedings against a doctor or other professional.
- For disaster relief efforts. In an emergency, information may be provided to an entity that provides disaster relief so that your family can be notified of your general condition and location.
- For national security. Information may be provided to federal officials for national security activities.
- Workers' Compensation. If required by a workers' compensation program or other similar programs, we may disclose your health information.
- Business Associates. We may disclose your health information to business associates to carry out treatment, payment, or health care operations.
- Marketing. We may use your health information to give to you information about other treatments or health-related benefits and services that we provide and that may be of interest to you.

Uses or disclosures of your health information for purposes other than those described in this notice will be made only after you provide us with written authorization. Your written authorization is required for the sale of your health information and for the use or disclosure of your health information for marketing communications, except for face-to-face communications made by us to you or a promotional gift of nominal value provided by us to you. We may use your health information to contact you regarding our fundraising activities; however, you will have the right to opt out of receiving those fundraising communications.

Complaint Process:

If you believe that Morgan's MAC has violated your privacy rights, you have the right to file a complaint. You may complain by contacting:

Morgan's MAC President

(210) 817-3935
5210 Thousand Oaks Dr.
San Antonio, TX 78233

TDMHMR Consumer Services and Rights Protection/Ombudsman Office

(512) 206-5760 (Austin) or (800) 252-8154 (toll free)
P.O. Box 12668
Austin, TX 78711

Southwest Region, Office for Civil Rights

U.S. Department of Health and Human Services Customer Response Center:
(800) 368-1019 or TDD: (800) 537-7697 (toll free)
1301 Young Street, Suite 106
Dallas, TX 75202

Office of Attorney General

(800) 463-2100 (toll free)
P.O. Box 12548
Austin, TX 78711

Department of Health and Human Services Office for Civil Rights

(877) 696-6775
200 Independence Avenue, S.W.
Washington, D.C. 20201
<https://www.hhs.gov/hipaa/filing-a-complaint/index.html>.

In most cases, you must file your complaint within 180 days of when you knew or should have known about the event that you think violated your privacy rights. The MAC will not retaliate against you if you file a complaint.