

## Our Uses and Disclosures, continued

We can share health information about you for certain situations such as:

- Preventing disease
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety
- We can use or share your information for health research
- We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

• We can share health information about you with organ procurement organizations.

• We can share health information with a coroner, medical examiner or funeral director when an individual dies.

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security and presidential protective services
- We can share health information about you in response to a court or administrative order, or in response to a subpoena.
- We also comply with all state privacy law requirements in the state of Texas that provide greater limits of protection.

Help with public health and safety issues

Do research

Comply with the law

Respond to organ and tissue donation requests

Work with a medical examiner or funeral director

Address workers' compensation, law enforcement and other government requests

Respond to lawsuits and legal actions

## Our Responsibilities

- We are required by law to maintain the privacy and security of our protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information. We also have special reporting requirements to the government and to local media outlets if the breach affects 500 or more of our clients/patients.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- 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. Let us know in writing if you change your mind.

For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumer/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumer/noticepp.html)

## Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request in our office and on our website.

## Our Contact Information

[compliance@thelifecentertx.org](mailto:compliance@thelifecentertx.org)

### The Life Center

2101 W. Wall Street  
Midland, Texas 79701

Office: 432.683.6072

Fax: 432.683.2310

[tlcdonor.org](http://tlcdonor.org)

Date of Notice: February 2024

# Privacy Notice

The **Life**Center

**Your information.**

**Your rights.**

**Our responsibilities.**

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.**

## Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask how to do this.
- We will provide a copy or a summary of your health information, usually within 15 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say no to your request, but we'll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (home or office phone, for example) or send mail to a different address.
- We will say yes to all reasonable requests.

Ask us to limit what we use or share

- You can ask us not to use or share certain 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.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer.
- We will say yes unless a law requires us to share this information.

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

- You can ask for a list (accounting) of the times we've shared your information, and certain other disclosures (such as any you asked us to make). We'll provide one accounting per year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

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.

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.

File a complaint if you feel your rights are violated

- If you feel we have violated your rights, you can contact us to file a complaint. Our contact information is on the reverse side of this brochure.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue SW, Washington, D.C. 20201, calling 1-877-696-6775, or by visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/)
- We will not retaliate against you for filing a complaint.

## Your Choices

For certain health information you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want to do and we will follow your instructions.

In these cases you have both the right and choice to tell us to:

- Share information with your family, close friends or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory

*If you are not able to tell us your preference (if you are unconscious, for example) we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*

In these cases we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

In case of fundraising:

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

## Our Uses and Disclosures

How do we typically use or share your health information? We typically use or share your health information in the following ways:

Treat you

- We can use your 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 health information to run our clinic, improve your care and contact you when necessary.  
**Example:** We use health information about you to manage your treatment and services.

Bill for your services

- We can use and share your health information to bill and get payment from other health plans or other entities.  
**Example:** We give information about you to your health insurance plan (if applicable) so it will pay for your services.

### How else can we use or share your health information?

We are allowed or required to share your information in other ways — usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes.

For more information see:

[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index/html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index/html)