

## NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION

**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.**

If you have any questions about this Notice, please contact **GLO Privacy Officer, per the below contact information.**

The Texas General Land Office/Veterans Land Board (collectively, “the GLO”) are committed and required by law to maintain the privacy and security of your protected health information (“PHI”), including information concerning health care and health care services provided to you through its Texas State Veterans Homes and service providers. As required by law, the GLO provides this Notice to you. It describes how your PHI maintained by the agency may be used and disclosed, and the agency’s duties related to such use and disclosure. It further describes your rights regarding this information and how you may access it. The GLO reserves the right to change the terms of this Notice. We will post a copy of the current Notice in each Texas State Veterans Home. Any revised Notice will be available on the effective date of that Notice.

The GLO and all staff, employees, business associates, and other individuals who perform functions related to health care on behalf of the agency are required to adhere to the terms of this Notice. If a use or disclosure is not described in this Notice, the GLO will not make that use or disclosure without your written authorization. If a breach of any of your PHI occurs, we will notify you and provide instruction for further actions you should take, if any.

### **USES AND DISCLOSURES NOT REQUIRING YOUR PERMISSION:**

*The GLO may use or disclose your protected health information for the following purposes:*

**For treatment:** The GLO may use or disclose your PHI to provide you with medical treatment or services. For example, a doctor treating you for a broken arm may need to know other illnesses or conditions you might have.

**For health care operations:** The GLO may use or disclose your PHI for certain health care operations. These uses and disclosures are necessary to manage the facility and to ensure that all residents receive quality care. For example, your PHI may be used by individuals conducting quality of care reviews, internal audits, internal compliance reviews, and support services.

**For payment:** The GLO may use or disclose your PHI to bill, and receive payment for, the treatment and services you have received at the facility. For example, the GLO may provide information about your health care treatment to your health insurance provider for billing purposes.

**For public health activities:** The GLO may disclose your PHI to public health and regulatory authorities, such as the Food and Drug Administration (FDA) and Centers for Disease Control (CDC), for public health activities, including 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.

**For decedent matters and donation purposes:** The GLO may disclose your PHI to a coroner or medical examiner to assist in identification, determining cause of death, or performing other duties. In addition, the GLO may disclose your PHI to a funeral director for burial purposes, or prior to and in reasonable anticipation of your death. Your PHI may also be disclosed to a designated organ or related donation procurement organization.

**As required by law:** The GLO may use or disclose your PHI when required to do so by law. Such a use or disclosure would be limited to the relevant requirements of such law.

**For research purposes:** The GLO may use or disclose your PHI for research purposes in limited circumstances pursuant to specific processes designed to protect your health information.

**To health care oversight agencies:** The GLO may disclose your PHI to governmental health care oversight agencies 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.

**For specific government functions:** The GLO may disclose your PHI for various government functions, including, most applicably, lawful national security and intelligence activities and government benefit programs for purposes relating to eligibility and enrollment.

**To law enforcement:** The GLO may disclose your PHI to law enforcement officials for law enforcement purposes, including compliance with court orders or administrative requests or in circumstances where you are believed to be a victim of a crime, criminal activity may have played a role in your death, or your PHI might constitute evidence of criminal conduct.

**To avert a serious threat to health or safety:** The GLO may disclose your PHI to prevent a serious threat to your health or safety or the health and safety of the public or another person. Said disclosure would issue to an individual the agency considers reasonably able to prevent or lessen the threat, to include the target of the threat. In other circumstances, we may disclose your PHI to law enforcement to identify or apprehend an individual.

**About victims of abuse, neglect, or domestic violence:** In certain circumstances, the GLO may disclose your PHI to a government authority if the agency reasonably believes that you are a victim of abuse, neglect, or domestic violence. You may be informed if such a disclosure is made. The GLO may not inform you if, exercising its professional judgment, the agency believes doing so would place you in harm or in the event the disclosure would be made to your personal representative whom the agency reasonably believes is responsible for the abuse, neglect, or domestic violence.

**For judicial or administrative proceedings:** The GLO may use or disclose your PHI for judicial or administrative proceedings, including responding to an order of a court, such as a subpoena, requiring the disclosure.

**For workers compensation:** The GLO may use or disclose your PHI to comply with laws relating to workers' compensation or similar programs.

## USES AND DISCLOSURES REQUIRING YOU TO HAVE AN OPPORTUNITY TO OBJECT

*In the following situations and unless otherwise prohibited by law, the GLO may use or disclose a limited amount of your PHI if we inform you about the disclosure and you do not object:*

**To family, friends, or others involved in your care:** If you are present or otherwise available beforehand and conceptually agree, the GLO may disclose to your family, relatives, friends, or other persons whom you have identified or who are responsible for your care, PHI directly relevant to their involvement in your care or payment for your care. Also, if you agree, the GLO may disclose your PHI to these individuals to notify them of your location, general condition, or death. If you are not present or have not had the opportunity to agree or object due to incapacity or in an emergency circumstance, the GLO may make similar disclosures and notifications to these individuals based on the agency's professional judgment and a determination of your best interests.

**For facility directories:** If you agree, the GLO may publish limited PHI about you in a facility directory, including your name, location in the facility, religious affiliation, and 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 do not ask for you by name. In the event of your incapacitation or an emergency situation preventing your consent or objection, the GLO may, based on our professional judgment and a determination of your best interests, disclose some of your PHI for the facility directory.

**Disaster relief:** If you agree, the GLO may use or disclose your PHI to a public or private entity authorized by law or by its charter to assist in disaster relief efforts.

**When deceased:** In the event of your death, with your prior consent, the GLO may disclose to a family member, friend, or other identified individual involved in your care or payment for your care your PHI relevant to that individual's involvement in your care.

## USES AND DISCLOSURES REQUIRING YOUR WRITTEN AUTHORIZATION

*The GLO cannot disclose your PHI without your written authorization for the following purposes. Likewise, as stated above, other uses and disclosures of your PHI not described in this Notice will be made only with your written authorization. Similarly, you may revoke in writing at any time any previous authorization you provided. However, the GLO will be unable to stop any disclosures already undertaken based on your previous authorization. In addition, the GLO will be unable to stop certain disclosures involving contested insurance policy claims.*

**Psychotherapy notes:** If applicable, unless you authorize disclosure in writing, the GLO will not disclose any psychotherapy notes except as legally permitted.

**Marketing:** Unless you authorize disclosure in writing, the GLO will not disclose your PHI for marketing purposes except as legally permitted.

**Sale of protected health information:** Unless you authorize disclosure in writing, the GLO will not sell your PHI. In certain limited circumstances that do not constitute sales, the GLO may receive a fee related to the disclosure of your PHI.

## **YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION**

**Right to request restrictions:** You have the right to request a restriction on the GLO's use or disclosure of your PHI for treatment, payment, and health care operations. You may also request a restriction on the PHI the agency discloses about you to someone who is involved in your care, such as a family member, friend, personal representative, or someone identified by you, or to notify such a person of your location, general condition, or death. To request a restriction, you must submit a written request to the facility administrator and the GLO Chief Privacy Officer for review that identifies the information you want restricted, when you want it to be restricted, and the extent of the restriction. The GLO is not required to agree to your requested restriction unless the disclosure of your PHI is to a health plan for the purpose of payment or health care operations and your PHI pertains solely to a health care service or visit which you paid in full. If the GLO agrees to your request, the agency will comply with the restriction except in the case of an emergency if the PHI is needed to provide emergency treatment. The GLO will inform the provider receiving the PHI of your restriction request and is required to request that your PHI not be further used or disclosed. The GLO will comply with the restriction until you revoke it.

**Right to request confidential communication:** You have the right to request that the GLO communicate with you about your PHI using certain means or at specified locations. To request confidential communications, you must submit your request in writing to the facility administrator or the GLO Chief Privacy Officer. The GLO will accommodate reasonable requests and will not ask you the reason for your request.

**Right to inspect and copy:** You have the right to review and obtain a copy of your PHI, except for 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 PHI should be in writing and submitted to the Director of Nursing or the facility administrator. If your request is accepted, you will be informed and you may be charged a reasonable production fee. As permitted by law, your request may be denied in whole or in part, and you will be informed. Based on the circumstances, you may or may not have the right to request a review of such a denial. If reviewable, another licensed health care professional chosen by the GLO will review the request and the denial. The person conducting the review will not be the person who denied the initial request. The GLO will comply with the outcome of the review.

**Right to amend:** You have the right to request an amendment, or correction, to your PHI. You must submit a request in writing to the facility administrator and the GLO Chief Privacy Officer for review, specifying the information that you want corrected and providing a reason to support your request for the amendment. If your request is approved, the GLO will inform you and insert the amendment in your record. The original PHI will not be removed. In addition to you, the GLO will notify relevant persons with whom the amendment needs to be shared. If your request is denied, you will be notified of this decision in writing and the reason for the denial and will be provided with instructions to submit a statement of disagreement, to submit a complaint, or to request that your initial request for an amendment accompany all future disclosures of the particular information.

**Right to receive an accounting of disclosures:** You have the right to request an accounting of the agency's disclosures of your PHI for the six years prior to the date of your request. All accounting of disclosure requests should be submitted in writing to the facility administrator and the GLO Chief Privacy Officer for review.

**Right to choose a personal representative:** You have the right to designate a personal representative. That individual has the legal authority to make health care decisions on your behalf. The GLO will treat this individual as we would treat you regarding your PHI. Such individuals might include someone who has medical power of attorney for you or is your legal guardian. Any such individual who makes a disclosure request must provide the facility administrator and the GLO Privacy Officer with sufficient documentation evidencing your designation.

**Right to receive a copy of this Notice:** You have the right to an electronic or paper copy of this Notice. You may ask for a copy of this Notice at any time. To obtain a paper copy of this Notice contact the facility administrator. You may obtain an electronic copy of this Notice at the following website: <http://www.glo.texas.gov/vlb/vethomes/index.html>.

**You have the right to file a complaint with the following parties if you believe your privacy rights have been violated:**

- The GLO 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  
200 Independence Ave., S.W.  
Washington, DC 20201  
(877) 696-6775  
Or visit <http://www.hhs.gov/ocr/privacy/hipaa/complaints/index.html>.

Your complaint should be in writing. You will not be retaliated against for filing a complaint.

### **Minimum Amount Necessary**

With some exceptions, in the event of a use or disclosure of your PHI, the GLO will make efforts to disclose only the minimum amount necessary to accomplish the intended purpose of the use or disclosure.

### **Changes to this Notice**

The GLO reserves the right to change the terms of this Notice and to make any new provisions effective for all PHI the agency maintains. This Notice shall be revised in the event of a material change to the agency's uses or disclosures of your PHI, to your rights related to this information, the agency's legal duties, or to other privacy practices stated in this Notice. Any revised Notice will be available on its effective date at the following website: <http://www.glo.texas.gov/vlb/vethomes/index.html>. Requests for paper copies of Notices can be made to the facility administrator.

If you have any questions about this Notice or its terms, please contact the GLO Chief Privacy Officer by mail or by telephone at:

- Texas General Land Office  
Attn: Chief Privacy Officer  
P.O. Box 12873, Austin, TX 78711-2873  
Telephone (toll free): (844) 422-2692.

**Effective date of Notice:** August 13, 2024