

**CHAMBERS COUNTY PUBLIC HOSPITAL DISTRICT #1  
CHAMBERS COMMUNITY HEALTH CENTERS, INC.  
NOTICE OF PRIVACY PRACTICES  
EFFECTIVE APRIL 14, 2003  
REVISED JULY 1, 2025**

**This notice describes how health information about you may be used and disclosed and how you can get access to this information. Please review it carefully.**

Each time you visit a clinic, hospital, physician, or other healthcare provider, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, a plan for future care treatment and billing-related information. This notice applies to all of the records of your care generated by the facilities listed.

<b>Bayside Community Hospital</b> 200 Hospital Drive Anahuac, Texas 77514 (409) 267-3143		<b>The Wellness Center at Bayside</b> 2202 South Main Street Anahuac, Texas 77514 (409) 267-3700	
<b>Bayside Clinic</b> 621 South Ross Sterling Anahuac, Texas 77514 (409) 267-4126	<b>Dayton Medical Center</b> 101 S. Prairie St Dayton, Texas 77535 (936) 340-5117	<b>West Chambers Medical Center</b> 9825 Eagle Drive Mont Belvieu, Texas 77523 (281) 576-0670	

#### **OUR RESPONSIBILITIES**

We are required by law to maintain the privacy of your health information; notify you following a breach of your unsecured health information; and provide a description of our privacy practices. We will abide by the terms of this disclosure.

#### **USES & DISCLOSURES**

**How we may use and disclose Health Information about you.** The following categories describe examples of the way we use and disclose health information:

- **For Treatment:** We may use health information about you to provide you with treatment or services. We may disclose health information about you to doctors, nurses, technicians, medical students, or other clinic or hospital personnel who are involved in taking care of you at our facilities. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. Different departments may share health information about you to coordinate your care, such as prescriptions, lab work, and x-rays.
- **For Payment:** We may use and disclose health information about your treatment and services to bill and collect payment from you, your insurance company or a third-party payer. For example, we may need to give your health plan information about care you received so they will pay us or reimburse you.
- **For Healthcare Operations:** We may use and disclose health information about you for our operations. These uses are necessary to run our facilities and ensure quality care. For example, we may use health information to review our treatment and services and evaluate the performance of our staff in caring for you.

#### **Additional uses and disclosures of health information.**

- **As Required by Law:** We will disclose health information about you when required to do so by federal, state or local laws or regulations.
- **Appointment And Patient Recall Reminders:** We may use and disclose your health information to contact you to remind you regarding appointments or for health care that you are to receive.

- **Sign-In Sheet:** We may use and disclose health information about you by having you sign in when you arrive at the Center. We may also call out your name when you are ready to be seen.
- **Business Associates:** Some of our functions are accomplished through contracted services provided by Business Associates. A Business Associate may include any individual or entity that receives your health information from us in the course of performing services for the Center. To protect your health information, however, we require the Business Associate to appropriately safeguard your information.
- **Disaster Relief:** We may disclose information about you to an entity assisting in disaster relief so that your family can be notified about your condition, status and location.
- **Health-Related Benefits or Services:** We may use and disclose health information to tell you about our health-related products or services and possible treatment alternatives that may be of interest to you.
- **Training:** When we conduct training programs and review competencies of healthcare professionals.
- **Individuals Involved in Your Care:** We may disclose health information to a family member, friend, or other person involved in your care or payment for care. If you are available, we will give you an opportunity to object. In emergencies or if you are incapacitated, we will use our professional judgment.
- **Research:** We may use and disclose health information about you for research purposes when an institutional review board or privacy board has reviewed the research proposal and protocols to ensure the privacy of your health information.
- **To Avert a Serious Threat to Health or Safety:** We may use and disclose health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. For example, we may notify emergency response personnel about a possible exposure to Acquired Immune Deficiency Syndrome (AIDS) and/or the Human Immunodeficiency Virus (HIV). Any such disclosure, however, would only be to the extent required or permitted by federal, state or local laws and regulations.
- **Change of Ownership:** In the event the Center is sold or merged with another organization, your health information/medical record will become the property of the new owner, although you will maintain the right to request that copies of your health information be transferred to another Center, medical group, physician or other healthcare provider.

### **Special Situations**

- **Funeral Directors, Coroners and Medical Examiners:** We may disclose your health information to funeral directors as necessary to carry out their duties. We may also disclose health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death.
- **Oversight Activities:** We may disclose your health information to a health oversight agency for activities authorized by federal, state or local laws and regulations. These oversight activities include, for example, audits, inspections, licensure reviews, investigations into illegal conduct, and compliance with other laws and regulations. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.
- **Public Health Activities:** We may disclose health information for public health activities, including Disease prevention and control, Reporting births and deaths, Reporting child abuse or neglect, Reporting reactions to medications or product problems, notifying people of product recalls, notifying someone who may have been exposed to a disease.
- **FDA:** We may disclose health information to the Food and Drug Administration related to adverse events with respect to food, supplements, products and product defects, or post-marketing surveillance information.
- **Inmates:** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may disclose health information about you to the institution or law enforcement official, if the disclosure is necessary (a) for the institution to provide you with health care; (b) to protect your health and safety or the health and safety of others; or (c) for the safety and security of the correctional institution.

- **Law Enforcement:** We may release your health information if asked to do so by a law enforcement official in the following circumstances: (a) in response to a court order, subpoena, warrant, summons or similar process; (b) to identify or locate a suspect fugitive, material witness, or missing person; (c) about the victim of a crime, if, under certain limited circumstances, we are unable to obtain the person's agreement; (d) about a death we believe may be the result of criminal conduct; (e) about criminal conduct at the Center; or (f) in emergency situations to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.
- **Lawsuits and Disputes:** If you are involved in a lawsuit or a dispute, we may disclose your health information to the extent expressly authorized by a court or administrative order. We may also disclose health information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if reasonable efforts have been made to notify you of the request (which may include written notice to you) and you have not objected, or to obtain an order protecting the information requested.
- **Military and Veterans:** If you are a member of the armed forces, we may release health information about you as required by military authorities. We may also release health information about foreign military personnel to the appropriate foreign military authority.
- **National Security and Intelligence Activities:** We may release health information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.
- **Organ and Tissue Procurement Organizations:** If you are an organ donor, we may disclose health information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary, to facilitate organ or tissue donation and transplantation.
- **Protective Services for The President and Others:** We may disclose health information about you to authorize federal officials so they may provide protection to the President, other authorized persons, or foreign heads of state or to conduct special investigations.
- **Victims of Abuse, Neglect or Domestic Violence:** We may disclose your health information to notify the appropriate government authority if we believe that a patient has been the victim of abuse, neglect, or domestic violence. We will only make this disclosure when required or authorized by law.
- **Workers' Compensation:** We may disclose health information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.
- **Security Clearances:** We may use health information about you to make decisions regarding your medical suitability for security clearance or service abroad. We may also release your medical suitability determination to the officials in the Department of State who need access to that information for these purposes.
- **Multidisciplinary Personnel Teams:** We may disclose health information to a state or local government agency or a multidisciplinary personnel team relevant to the prevention, identification, management or treatment of an abused child and the child's parents, or elder abuse and neglect.

#### **SPECIAL PROTECTIONS FOR CERTAIN TYPES OF INFORMATION**

In some circumstances, your health information may be subject to additional restrictions that may limit or preclude some uses or disclosures described in this Notice or Privacy Practices. There are special restrictions on the use and/or disclosure of certain categories of health information such as:

- **Substance Use Disorder Treatment Records:** If you receive substance use disorder treatment services, your records have additional federal protections under 42 CFR Part 2. We will obtain your written consent before disclosing these records except in limited circumstances such as medical emergencies, court orders, or as permitted by law. You have the right to request restrictions on disclosures and an accounting of disclosures of these records.
- **Mental Health and Psychotherapy Notes:** If you receive mental health services, we may maintain psychotherapy notes about your counseling sessions. Psychotherapy notes are notes recorded by your mental health professional documenting or analyzing the contents of conversation during a private

counseling session. Most uses and disclosures of psychotherapy notes require your specific written authorization. We cannot use or disclose these notes for treatment, payment, or healthcare operations without your authorization, except in very limited circumstances permitted by law.

- **HIV/AIDS Information:** Special restrictions apply to HIV/AIDS test results and treatment information. We will comply with state and federal laws requiring special handling of this information.
- **Genetic Information:** We are prohibited from using genetic information for underwriting purposes and will protect genetic information according to applicable laws.

In addition, Government health benefit programs, such as Medicare or Medicaid, may also limit the disclosure of patient information for purposes unrelated to the program.

### **REPRODUCTIVE HEALTH CARE INFORMATION USES AND DISCLOSURES REQUIRING ATTESTATION**

By law, if we collect, receive, or maintain health information that is potentially related to your reproductive health care, in some cases we must obtain an attestation from health information recipients that they will not use or share that information for a purpose prohibited by law. The following situations require attestation:

- **Health Oversight Activities:** We may share your reproductive health care information for health oversight agency audits or inspections, civil or criminal investigations or proceedings, or licensure actions.
- **Judicial And Administrative Proceedings:** We may share your reproductive health care information in response to a court or administrative order, subpoena, or discovery request.
- **Law Enforcement Purposes:** We may share your reproductive health care information for law enforcement purposes, including in response to a court-ordered warrant or a law enforcement official's request for information about a victim of a crime.
- **Coroners or Medical Examiners:** We may share your reproductive health care information in some situations to a coroner or medical examiner to identify a deceased person, determine cause of death, or other duties as authorized by law.

We presume reproductive health care is lawful and will not use or disclose your reproductive health care information to investigate, sue, or prosecute you, any person who performed or assisted with your reproductive health care, or any person who helped you access reproductive health care, unless we have actual knowledge the care was unlawful.

### **USES AND DISCLOSURES REQUIRING YOUR WRITTEN AUTHORIZATION**

The following uses and disclosures will only be made with your written authorization:

- Sale of health information
- Most uses and disclosures of psychotherapy notes
- Uses and disclosures for marketing purposes (except face-to-face communications or promotional gifts of nominal value)
- Fundraising (you have the right to opt out)
- Other uses and disclosures not described in this notice

You may revoke your authorization at any time in writing, except to the extent we have already acted based on your authorization.

### **MARKETING AND FUNDRAISING**

**Marketing:** We will not use or disclose your health information for marketing purposes without your written authorization. Marketing does not include face-to-face marketing communications with you or promotional gifts of nominal value that we may provide.

**Fundraising:** We may use certain information (such as your name, address, phone number, dates you received treatment, department of service, treating physician, outcome information, and health insurance status) to contact

you for fundraising purposes. **You have the right to opt out of receiving fundraising communications.** Each fundraising communication will include clear instructions on how to opt out of future fundraising communications. If you opt out, we will not contact you for fundraising purposes in the future.

### **YOUR HEALTH INFORMATION RIGHTS**

Although your health record is the physical property of the healthcare practitioner or facility that compiled it, you have the following rights regarding your health information:

- **Right to Inspect and Copy:** You have the right to inspect and obtain a copy of your health information that may be used to make decisions about your care. We will respond to your request within 15 days, which may be extended by an additional 30 days if we notify you of the delay. We may charge a reasonable fee for copying costs.
- **Right to Electronic Access:** If we maintain your health information electronically, you have the right to obtain an electronic copy in the format you request, if readily producible, or in another electronic format we agree upon.
- **Right to Request an Amendment:** If you believe health information, we have about you is incorrect or incomplete, you may ask us to amend the information. We will respond within 60 days of your request.
- **Right to an Accounting of Disclosures:** You have the right to request a list of disclosures we made of your health information for purposes other than treatment, payment, healthcare operations, and certain other activities.
- **Right to Request Restrictions:** You have the right to request restrictions on how we use or disclose your health information for treatment, payment, or healthcare operations. We are not required to agree to your request except: **if you pay out-of-pocket in full for a healthcare item or service, you can ask us not to share information about that item or service with your health insurer, and we must honor that request.**
- **Right to Request Confidential Communications:** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location if you clearly state that disclosure of all or part of the information could endanger you.
- **Right to Direct Transmission to Third Parties:** You have the right to request that we transmit your health information directly to a third party you designate.
- **Right to Notification of Breach:** If there is a breach of your unsecured protected health information that could result in significant risk of financial, reputational, or other harm to you, we will notify you in writing within 60 days of our discovery of the breach. The notification will include a description of what happened, the types of information involved, steps we are taking to investigate and mitigate the breach, and steps you can take to protect yourself from potential harm.
- **Right to a Copy of This Notice:** You have the right to obtain a copy of this notice. You may also view a copy at [www.chambershealth.org](http://www.chambershealth.org).
- **Right to File a Complaint:** You have the right to file a complaint if you believe your privacy rights have been violated. **You will not be retaliated against for filing a complaint.**

To exercise any of your rights, please obtain required forms from the Privacy Officer and submit your request in writing.

**CHANGES TO THIS NOTICE**

We reserve the right to change this notice, and the revised or changed notice will be effective for information we already have about you as well as any information we receive in the future. The current notice will be posted in each Clinic and Hospital and include the effective date. In addition, each time you register at or are admitted to the facility for treatment or healthcare services as a patient, we would offer you a copy of the current notice in effect.

**COMPLAINTS**

If you believe your privacy rights have been violated, you may file a complaint with the facility by following the process outlined in the facility's Patient Rights documentation. You may also file a complaint with the Secretary of the Department of Health and Human Services. **You will not be penalized for filing a complaint.**

**To file a complaint directly with us:**

Chambers County Public Hospital District #1  
Attn: Privacy Officer  
P.O. Box 398 Anahuac, Texas 77514  
Phone: (409) 267-3143

**To file a complaint with the State of Texas:**

Health and Human Services Texas (Medicare/CMS)  
P. O. Box 13247  
Austin, TX 78711-3247  
Phone Number: 1-800-458-9858, Option 1  
Fax: 1-888-780-8099 or 833-709-5735  
Email: [hfc.complaints@hhs.texas.gov](mailto:hfc.complaints@hhs.texas.gov)

HHS Office of the Ombudsman  
P.O. Box 13247  
Austin, Texas 78711-3247  
Phone Number: 1-800-252-2412 or 877-787-8999  
Fax: 1-888-780-8099  
Email: [lrc.ombudsman@hhsc.state.tx.us](mailto:lrc.ombudsman@hhsc.state.tx.us)

Texas Behavioral Health Executive Council  
George H.W. Bush State Office Building  
1801 Congress Ave., Ste. 7.300  
Austin, Tx 78701

**To file a complaint with the Federal Government:****U.S. Department of Health and Human Services**

Office for Civil Rights  
200 Independence Avenue, S.W. Washington, D.C. 20201  
Phone: 1-800-368-1019  
Email: [OCRComplaint@hhs.gov](mailto:OCRComplaint@hhs.gov)  
Website: [www.hhs.gov/ocr/privacy/hipaa/complaints](http://www.hhs.gov/ocr/privacy/hipaa/complaints)

All complaints must be submitted in writing.

Please see the separate form for Civil Rights (Section 1557).

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*If you have any questions about this notice, please contact the Facility Privacy Officer at (409) 267-3143.*

Visit us at [www.chambershealth.org](http://www.chambershealth.org)