



## 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.**

### Your Rights

You have the right to:

- Receive a copy of this privacy notice. Please ask for a copy from the receptionist.
- Receive a copy of the results of your pregnancy test and/or ultrasound scan. We have a form that you may complete to make this request. By law, we must fulfill this request within 15 days.
- File a complaint if you believe we have violated your privacy rights by contacting Care Net Pregnancy Center of Houston's Privacy Compliance Officer Nicole Garrett at 281.444.8049 or by contacting the Texas Attorney General's Office at PO Box 12548, Austin, TX 78711-2548 or 512.463.2100. We will not retaliate against you for making a complaint.

### Disclosures

**All medical information provided by you to Care Net Pregnancy Center is considered protected health information (PHI) and, by law, we are required to maintain the privacy and security of your PHI with the following exceptions:**

- You may give us written permission to speak to another family member or friend. You may change your mind and withdraw that permission at any time.
- We will only disclose your protected information if required by law, for example, if we are required to do so to comply with a court order or subpoena or to comply with requirements set forth by the Texas Department of Family and Protective Services to report suspected abuse, neglect, or domestic violence.
- In the event that you are not able give us permission to disclose your personal health information, for example if you are unconscious, we may 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 the event that a data breach occurs that includes your PHI, we will promptly notify you.

### Communications between you and Care Net Pregnancy Center

- You may request that we contact you in a specific way (for example, by phone, text, or email), that we do or do not leave a voice mail, or that we send mail to a different address.

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**I have read and understand this Notice of Privacy Practices and have been given an opportunity to have any questions answered.**

Signature \_\_\_\_\_ Printed Name \_\_\_\_\_

Date \_\_\_\_\_