**NOAH PROJECT, INC. NOTICE OF PRIVACY PRACTICES**

**THIS NOTICE DESCRIBES HOW PROTECTED HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY**

This Notice of Privacy Practices (“**Notice**”) gives you information required by law about the obligation and privacy practices of Noah Project, Inc. (“**Center**”).

Generally, “***health information***” means any information that is created or received by a healthcare provider, health plan, public health authority, employer, life insurer, school or university, or health care clearing house, and relates to the past, present, or future physical or mental health or condition of the individual, the provisions of healthcare services to an individual, or payment related to the same.

Noah Project, Inc. provides services relating to family violence, sexual assault and human trafficking. Noah Project receives and maintains your health information while providing these services to you.

Should you have any questions about this Notice, please contact your Center’s Privacy/Security Official, Dan Cox.

**WHO WILL FOLLOW THIS NOTICE?**

All members of Noah Project, Inc.’s workforce, including employees, independent contractors, volunteers and agents.

Noah Project, Inc. understands that your health information is personal and is committed to protecting this information. This Notice applies to all the records of your health information created or maintained by Noah Project, Inc. This Notice tells you about the ways Noah Project, Inc. may use and disclose your health information. It also describes your rights and our obligations regarding the use and disclosure of your health information.

**NOAH PROJECT, INC’S RESPONSIBILITIES**

Noah Project, Inc. will:

* Maintain the privacy and security of your health and other personal information;
* Provide you with notice of our duties of privacy and security practices with respect to information Noah Project, Inc collects and maintains about you;
* Abide by the terms of this Notice;
* Notify you if Noah Project, Inc. is unable to agree to any restriction you may request;
* Accommodate reasonable requests you may have to communicate health information by alternative means; and
* Notify affected individuals following a breach of unsecured protected health information

**METHODS IN WHICH NOAH PROJECT, INC MAY USE AND DISCLOSE YOUR HEALTH INFORMATION**

Noah Project, Inc. defines confidentiality as the assurance that access to information regarding a client shall be strictly controlled to the Noah Project, Inc. and its program staff, and that any violation of such control will be grounds for immediate dismissal. No information will be used for purposes other than those set out in the release of information for signed by the client. All information provided by a client to any staff or volunteer is covered by this policy. The importance of assuring confidentiality is to maintain the safety of victims; victims’ families; volunteers; employees; and others related to the Noah Project, Inc. programs.

Clients are responsible for protecting the confidentiality of other clients. A client shall not reveal the names of or information about any other client of the agency to anyone except agency staff or volunteers. Clients who give out information on other clients in the agency are subject to termination of services.

The following categories described different ways Noah Project, Inc. may use and disclose your health information. In compliance with current confidentiality laws in Texas and limits of confidentiality under the law, agency staff and volunteers are mandated to report:

* Abuse or suspected abuse of children, elderly, and people with disabilities
* If in the course of client assistance, a Noah Project, Inc. staff or volunteer becomes aware of any person’s planning to commit suicide or homicide, proper steps will be taken to ensure the safety of that individual and/or others
* If the client’s records are subpoenaed through a court of law

Other methods in which Noah Project, Inc. may use and disclose your health information:

* Treatment: Noah Project, Inc. may use and disclose your health information to other healthcare providers or those involved in your treatment or program services.
* Operations: Noah Project, Inc. may use and disclose your health information for its own operations. These uses and disclosures are necessary to operate Noah Project, Inc. in an efficient manner and to ensure that all Noah Project, Inc. participants receive their benefits.
* Options: Noah Project, Inc. may use your health information to contact you or give you information about other programs, or health related benefits and services, that may be of interest to you.
* As required by law: Noah Project, Inc. may disclose your health information when required to do so by federal or state laws or regulations, including disclosure to HHSC to audit Noah Project, Inc. records.

All disclosures will be made in accordance with the requirements of Texas and federal laws and regulations.

**CONSENTS TO RELEASE**

No information shall be release either orally or in writing without written consent from the client. Exceptions may be made at the discretion of the agency’s Executive Director, but only for the purpose of maintaining the safety of the client. A written form shall be used by Noah Project, Inc. for consent and release information signed and dated by the client, as well as the staff member or volunteer and what information shall be released.

* You do not have to sign a release form; signing a release form is completely voluntary
* You may revoke the release at any time in writing; otherwise the release will remain in effect until the date noted on release form
* If a release expires and you would like Noah Project, Inc. staff to release information about you in the future, you will need to sign another written, time-limited release.
* Before you decide whether or not to let Noah Project, Inc. share some of your confidential information with any entity, agency, or person, an advocate will discuss all alternatives and any potential benefits and/or risks that could result from sharing your confidential information.
* If you decide you want Noah Project, Inc. to release some of your confidential information, you can use the form to choose what is shared, how it’s shared, with whom, and for how long.
* Releasing information about you could give another agency or person information about your location and would confirm that you have been receiving services from Noah Project, Inc.
* Noah Project, Inc. and you many not be able to control what happens to your information once it has been released to the person or agency, and that the agency or person getting your information can potentially open up access by other to all your confidential information held by Noah Project, Inc.

**OTHER USES AND DISCLOSURES**

At any time of service, you may choose a referral to other agencies for additional assistance and support You decide how much or how little of your personal information the Noah Project, Inc. will or will not share with each agency. An advocate will offer a general overview of each agency’s obligation to keep your information confidential. If you chose to have the Noah Project, Inc. share some of your personal information with an agency, and advocate will explain how and what information will be shared. If you later decide that you do not want the information shared with any agencies, let us know and we will not share any more information with those agencies.

Unless otherwise permitted or required by law, Noah Project, Inc. will not use or disclose your health information for any other purposes without your written authorization to do so. If you give Noah Project, Inc. such written authorization for a purpose not described in this Notice, then you may, in most cases, revoke such authorization in writing at any time. Your revocation will be effective for all your health information Noah Project, Inc. maintains, unless Noah Project, Inc. has already acted in reliance on your prior authorization.

**YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION**

You have the following rights regarding your health information received or maintained by Noah Project, Inc.:

* Right to Inspect and Copy: You have the right to inspect and copy your health information maintained by Noah Project, Inc. To inspect and copy your health information, you must submit your request in writing to Dan Cox, Noah Project, Inc’s Privacy/Security Official. Along with your written request, you must submit two valid forms of identification. Noah Project, Inc. may deny your request to inspect and copy your health information in limited circumstances. If you are denied access to your health information, you may request that the denial be reviewed.
* Right to Amend: If you feel your health information is incorrect or incomplete, you may ask Noah Project, Inc. to correct or amend the information. You have the right to request an amendment for as long as the information is kept by Noah Project, Inc. To request the amendment, your request must be made in writing and submitted to Dan Cox, Noah Project, Inc’s Privacy/Security Official, and you must provide a reason to support your request. Noah Project, Inc. may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, Noah Project, Inc. may deny your request if you ask us to amend any information that:
  + Noah Project, Inc. did not create, unless the person or entity that created the information is no longer available to make the amendment;
  + Is not part of information maintained by Noah Project, Inc.;
  + Is otherwise accurate and complete.
* Right to an Accounting of Disclosures: You have the right to request an accounting of disclosures. This is a list of the disclosures made of your information for purposes other than treatment, operations or options. To request an accounting, you must submit your request in writing to Dan Cox, Noah Project, Inc.’s Privacy/Security Official. Your request must state a time period, which may not be longer than seven years. Your request should indicate in what form you want the list, paper or electronic.
* Right to Request Restrictions: You have the right to request a restriction or limitation on the information Noah Project, Inc. uses or disclose about you for treatment, or healthcare operations. You also have the right to request a limit on health information Noah Project, Inc. uses or discloses about you to someone involved in your care. Noah Project, Inc. will comply with your request, unless the information is needed to provide you emergency treatment or disclosure is needed for certain authorized purposes, including disclosures for law enforcement purposes, in connection with cases of abuse, neglect or domestic violence, or as otherwise required by law. To request restrictions, you may make your request in writing to any staff or volunteer of Noah Project, Inc. In your request you may indicate: (1) what information you want to limit; (2) whether you want to limit Noah Project, Inc.’s use or disclosure; and (3) to whom you want the limits to apply.
* Right to Request Confidential Communication: You have the right to request that Noah Project, Inc. communicate with you about your health or program matters in a certain way or at a certain location. To request that Noah Project, Inc. communicate in a certain manner, you must make your request in writing to Dan Cox, Noah Project, Inc.’s Privacy/Security Official. You do not have to state a reason for your request. Noah Project, Inc. will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

**RECORDS**

Noah Project, Inc keeps client records, but limits the information it keeps to items needed to establish goals and advocacy, document the need for and delivery of services, protect the liability of the Center and its employees, volunteers, and board members, as well as for statistical and funding needs. Noah Project, Inc. limits access to files to staff working on your case. This includes advocates working with you, their immediate supervisor and the Executive Director. Noah Project, Inc. currently keeps records for a period of seven years after date of last service. Therapy records are retained for a minimum of seven years after termination of services or five years after a client reaches the age of majority, whichever is greater. Records are disposed of in a confidential manner, destroyed such that confidential information cannot be read or reconstructed.

The kinds of information and content of client files will be limited to information necessary and/or required by grant funders to Noah Project, Inc. A client shall have access to their own records. Information that may be included in records, but not limited to:

* Statistical and funding information
* Establishing goals for the advocacy, counseling or legal relationship
* Documenting the need for and delivery of services
* Determination for eligibility and services provided
* Recording the injuries sustained and the individual experience of the client and his or her family
* Nature of abuse
* Offender data and statistical demographics of the offender

Other types of information, such as taped/digital/other recordings, photos, or interview are considered part of the client file and therefore confidential.

**CHANGES TO THIS NOTICE**

The effective date of this notice is March 2022. Noah Project, Inc. reserves the right to change its privacy and security practices and to make new provisions effective for all health information it holds or maintains. Should our privacy and security practices change, we will post the amended Notice on our website.

**COMPLAINTS**

If you believe your privacy and security rights have been violated, you may file a complaint with Noah Project, Inc.’s Privacy/Security Official, Dan Cox or with the Office for Civil Rights, U.S. Department of Health and Human Services. All complaints should be submitted in writing. You will NOT be penalized for filing a complaint.

To file a complaint with Noah Project, Inc., contact Dan Cox, Executive Director at (325) 676-7107. Your complaint must be filed within 180 days of when you knew or should have known that the alleged violation occurred. To file a complaint with the Office for Civil Rights, you may contact OCRMail@hhs.gov or call 1-800-368-1019 or TDD: 1-800-537-7697.