



Your Information.

Your Rights.

Our Responsibilities.

This summary 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

You have the right to:

- Get a copy of your paper or electronic medical record
- Correct your paper or electronic medical record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

Your Choices

You have some choices in the way that we use and share information as we:

- Tell family and friends about your condition
- Provide disaster relief
- Market our services and sell your information
- Raise funds

Our Uses and Disclosures

We may use and share your information as we:

- Treat you
- Run our organization
- Bill for your services
- 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

A full version of the Notice of Privacy Practices is available in this office. Ask us for a copy if you would like one.

For additional information about this notice, please contact the Tarrant County Public Health Privacy Office:

Kim Pearce

1101 S. Main Street, Fort Worth TX 76104

(817) 321-5314

klpearce@tarrantcounty.com

Confidential Compliance Hotline

(817) 884-2361