

PROMISE OF CARE/NOTICE OF PRIVACY PRACTICES

Welcome to the El Paso United Family Resiliency Center (FRC). The FRC was created to help those impacted by the August 3rd tragedy navigate a sometimes complicated system of services. It is our commitment to always provide high quality help & support to you as a participant. Thank you for allowing us the opportunity.

This Notice describes how private health information about you and your family may be used and disclosed and how you can get access to this information. We encourage you to review it carefully.

USE OF YOUR CONFIDENTIAL INFORMATION

The FRC may use your information for provider coordination and ensuring continuity of care. FRC staff may use your information to discuss your care at the FRC; or, with your consent, to coordinate referrals to another program or provider. If information is shared through a referral, you will be asked to complete a Participant Consent to Share document.

Participant records are available to agency staff on a need to know basis. For example:

- Records of participants are accessible to the grant writers to justify continued funding.
- Staff conduct client record reviews to ensure compliance with agency record keeping requirements and quality improvement standards.

The FRC may use your information to contact you for appointment reminders, to provide information about programs or other services available to you, or to discuss care.

The FRC may disclose information without your authorization as required or permitted by law including any of the following reasons:

- To comply with state and federal laws and regulations;
- To make a required report of abuse or neglect and cooperate with abuse or neglect investigations;
- To comply with health oversight activities by government agencies;
- To comply with a court order, subpoena, or other lawful process;
- To avert a serious threat to health or safety;
- For workers' compensation purposes;
- In an emergency or for disaster relief purposes, such as to notify family about your whereabouts and condition;
- For research where your information has been di-identified;
- For active members or veterans of the military, information may be disclosed as required by the military; or
- To cooperate with the conduct of national security intelligence activities authorized by law.

Except as described above, the FRC will not use or disclose your private health information without your written authorization to do so.

THE FRC'S RESPONSIBILITIES

- To protect and maintain the privacy and security of your protected health information.
- To notify you promptly if a breach occurs that may compromise the privacy or security of your information.
- To follow the duties and privacy practices described in this notice.
- To provide a copy of this notice to you.

The FRC reserves the right to change privacy practices, if necessary. If privacy practices change, participants will be notified and will be asked to sign a new notice of privacy practices.

For additional information or to share your concerns, please contact the El Paso United Family Resiliency Center Director:

Mailing address: 6314 Delta Dr. El Paso, TX 79905

Telephone: (915) 775-2783

YOUR RIGHTS AS A PARTICIPANT

- You have the right to receive timely, respectful, high quality services from the FRC staff without regard to age, ethnicity, gender, gender identity, disability, religion, sexual orientation, values, beliefs, or marital status.
- You have the right to request copies of all signed documents and have access to your service record.
- You have the right to participate in the development of your plan of care.
- You have the right to choose the provider and the type of services and care required within the scope of clinical responsibility.
- You have the right to repeal decisions with which you do not agree and to complete a patient client grievance form.
- You have the right to request an interpreter to enhance communication.

YOUR RESPONSIBILITIES AS A PARTICIPANT

- To conduct yourself in a courteous and respectful manner and to respond in a timely manner to all appointments.
- To keep all appointments or notify FRC staff if scheduled appointments need to be changed or canceled. Although scheduling conflicts may arise, please communicate conflicts in a timely manner.
- To work closely with your Resiliency Navigator to develop an appropriate plan of care.
- To provide all requested documentation to facilitate enrollment in eligible programs or services.
- To notify your Resiliency Navigator if you have problems obtaining services or if you are dissatisfied with your care.
- To notify your Resiliency Navigator of any changes such as contact information, employment status, etc.

Should you feel that services were not provided in a satisfactory manner, the following GRIEVANCE PROCEDURE may be utilized:

- Voice a concern or grievance, either verbally or in writing, to your Resiliency Navigator.
- If you are not satisfied with the results of the meeting with your Resiliency Navigator, you may request a meeting with the FRC Director.
- If you are not satisfied with the results of the meeting with the FRC Director, you may file a complaint or grievance in writing to:

Attn: President & CEO / United Way of El Paso County
100 N. Stanton, Ste. 500
El Paso, TX 79901
Telephone: (915) 533-2434 ext. 234

I had the opportunity to discuss this document with an FRC staff member and I am fully aware of the rights, responsibilities and grievance procedures outlined above.

The FRC's Notice of Privacy Practices was reviewed with me, and I was provided with a copy.

The Family Resiliency Center (FRC) does not discriminate against program participants and/or beneficiaries on the basis of race, color, national origin, religion, sex, disability, age, sexual orientation, and gender identity in its delivery of services.

_____	_____	_____
Printed Name of Participant	Signature of Participant	Date
_____	_____	_____
Printed Name of Representative	Signature of Representative and Representative's Authority to Sign for Participant (i.e., parent, guardian, power of attorney, executor)	Date
_____	_____	_____
Printed Name of Resiliency Navigator	Signature of Resiliency Navigator	Date