

This summary notice describes how your medical information may be used, disclosed and how you can get access to this information.

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 communications from us
- Ask us to limit the information we share with others
- 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
- Respond to lawsuits and legal actions
- Address workers' compensation, law enforcement, and other government requests

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



Kim Pearce, Compliance & Privacy Officer

1101 S. Main Street, Fort Worth TX 76104 (817) 321-4847

PHCompliance@tarrantcountytx.gov

Confidential Compliance Hotline

(817) 884-2361

