MEDICAL SERVICES BUREAU
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. Please review it carefully.

By law, Medical Services Bureau (MSB) is required to protect the privacy of your health information. MSB is required to give you this Notice to tell you how it may use and disclose (give out) health information that it maintains about you. MSB is also required to adhere to the Notice currently in effect.

MSB must disclose your protected health information:

- To you, to someone you designate (name), or someone who has the legal right to act for you (your personal representative);
- To the Secretary of the Department of Health and Human Services, if necessary, to make sure your privacy is protected; and
- Where required by law;

MSB has the right to use and give out your protected health information for treatment, payment or health care operations. For example:

- MSB may disclose your health information to a doctor to help him treat you;
- MSB may use your protected health information to facilitate payment of a claim;
- MSB may disclose your protected health information to make sure you get the service you've requested;

MSB may use or give out your protected health information for the following purposes in limited circumstances:

- To State and Federal agencies that have the legal right to receive data;
- For public health activities (such as reporting disease outbreaks);
- For government health care oversight activities (such as fraud and abuse investigations);
- For judicial and administrative proceedings (such as in response to a court order);
- For law enforcement purposes; For research studies that meet all privacy law requirements (such as research related to the prevention of disease or disability);
- To avoid a serious and imminent threat to health or safety;
- To create a collection of information that can no longer be traced back to you (such as for making decisions about additional services we may want to evaluate);
- To share information with business associates who perform certain duties on behalf of MSB, such as relaying messages or sending correspondence;
By law, we must have your authorization (written permission) to use or give out your medical information for any purpose that isn’t set out in this Notice. You may revoke (take back) your written permission at any time, unless MSB has already acted based on your permission.

By law, you have the right to:

- See and get a copy of your protected health information held by MSB;
- Request your protected health information be amended if you believe that it is wrong or if information is missing;
- Get a list of those who have accessed your health information, as required by law;
- Ask MSB to communicate with you in a different manner or at a different place (for example, by calling you at work instead of home or sending materials to a post office box instead of your home address);
- Get a letter that tells you about any breach of your protected health information;
- Get a separate paper copy of this Notice;
- File a complaint with the Secretary of the Department of Health and Human Services (HHS);
- Speak to the Privacy Officer about any questions, concerns, exercising your privacy rights or to make a complaint about MSB’s privacy practices; The Privacy Officer can be reached by calling (512) 206 1112.

MSB reserves the right to change the terms of the Notice and to make the new Notice effective for all the protected information maintained. A revised Notice will be posted on MSB web site no later than the date on which it becomes effective. The effective date of this Notice is May 30, 2016.