

**Pregnancy Resources of Abilene, Inc.  
PRIVACY PRACTICES DISCLOSURE**

**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.**

*Effective as of December 1, 2020. Updated January 29, 2025.*

*Pregnancy Resources of Abilene, Inc. is required by law to take reasonable steps to ensure the privacy of your health information. Pregnancy Resources of Abilene, Inc. also is required to inform you about (i) Pregnancy Resources of Abilene, Inc.'s uses and disclosures of your health information, (ii) your privacy rights with respect to your health information, (iii) Pregnancy Resources of Abilene, Inc.'s duties with respect to your health information, (iv) your right to file a complaint with Pregnancy Resources of Abilene, Inc. and with the Secretary of HHS, and (v) the person or office to contact for further information about our privacy practices.*

**Your Rights:**

*When it comes to your health information, you have certain rights.* This section explains your rights and some of our responsibilities to help you.

<b>Get an electronic or paper copy of your health information</b>	You can ask to see or get an electronic or paper copy of health information we have about you. If we maintain the information, we will provide a copy or a summary of your health information, usually within 30 days of your request.
<b>Ask us to correct your health information</b>	You can ask us to correct health information that we maintain about you that you think is incorrect or incomplete. We may say “no” to your request, but we’ll tell you why.
<b>Request confidential communications</b>	You can ask us to contact you in a specific way (for example, home or office phone) call or text. We will say “yes” to all reasonable requests.
<b>Ask us to limit what we use or share</b>	You can ask us <u>not</u> to use or share certain health information for services or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care, but we’ll tell you why.
<b>Get a list of those with whom we’ve shared information</b>	You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why. We will include all the disclosures except for those about services and certain other disclosures (such as any you asked us to make).
<b>Get a paper copy of this privacy notice</b>	You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.
<b>Choose someone to act for you</b>	If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action.
<b>File a complaint if you feel your rights are violated</b>	You can complain if you feel we have violated your rights by contacting us using the information on the last page below. If you need to report a privacy violation, file a complaint with Texas Health and Human Services by calling 2-1-1 or 877-541-7905, toll-free. If you are hearing or speech impaired, you may call 7-1-1 or 800-735-2989 (TTY).  Or you can complete the Form H0404 Privacy Complaint found at: <a href="https://www.hhs.texas.gov/regulations/forms/0-999/form-h0404-privacy-complaint">https://www.hhs.texas.gov/regulations/forms/0-999/form-h0404-privacy-complaint</a> available in English and Spanish and send it to: HHS Privacy Division, P.O. Box 149030, Mail Code 1355, Austin, TX 78714  Or you may email your complaint to the HHS Privacy Division at <a href="mailto:privacy@hhs.texas.gov">privacy@hhs.texas.gov</a> We will not retaliate against you for filing a complaint.

**Your Choices:**

***For certain health information, you can tell us your choices about what we share.*** If you have a clear preference for how we share information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

<b>In these cases, you have both the right and choice to tell us to:</b>	<ul style="list-style-type: none"><li>• Share information with your family, close friends, or others involved in your care</li><li>• Share information in a disaster relief situation</li></ul> <p><i>If you are not able to tell us your preferences, for example if you are unconscious, we may share your information if we believe it is in your best interest. We also may share your information when needed to lessen a serious and imminent threat to health or safety.</i></p>
<b>In these cases we never share your information unless you give us written permission:</b>	<ul style="list-style-type: none"><li>• Marketing purposes</li><li>• Media Inquiries</li><li>• Most sharing of psychotherapy notes</li><li>• Other request for information not authorized by you.</li></ul>

**Our Uses and Disclosures:**

The following describes the ways we may use and disclose health information that identifies you. Except for the purposes described below, we will use and disclose your health information only with your written permission. You may revoke such permission at any time by writing to our Privacy Officer.

***Electronic Disclosure.*** Your health information may be subject to electronic disclosure.

***How do we typically use or share your health information?*** We typically use or share your health information by fax or paper copy.

<b>Help with public health and safety issues</b>	We can share health information about you for certain situations such as: <ul style="list-style-type: none"><li>• Preventing disease</li><li>• Helping with product recalls</li><li>• Reporting adverse reactions to medications</li><li>• Reporting suspected abuse, neglect, or domestic violence</li><li>• Preventing or reducing a serious threat to anyone’s health or safety</li></ul>
<b>Comply with the law</b>	We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we’re complying with federal privacy law.
<b>Address workers’ compensation, law enforcement, and other government requests</b>	We can use or share health information about you: <ul style="list-style-type: none"><li>• For workers’ compensation claims</li><li>• For law enforcement purposes or with a law enforcement official</li><li>• With health oversight agencies for activities authorized by law</li><li>• For special government functions such as military, national security, and presidential protective services</li></ul>
<b>Respond to lawsuits and legal actions</b>	We can share health information about you in response to a court or administrative order, or in response to a subpoena.
<b>Business Associates and Subcontractors</b>	We may disclose Health Information to our business associates and subcontractors that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. For example, we contract with business associates and subcontractors to perform functions necessary for direct services delivery and maintenance and storage of data. All of our business associates subcontractors are obligated to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract.

### **Our Responsibilities:**

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

**For more information see:** <https://www.texasattorneygeneral.gov/consumer-protection/health-care/patient-privacy>

### **Changes to the Terms of this Notice:**

We can change the terms of this notice, and the changes will apply to all protected health information we have about you. The new notice will be available upon request, in our office, and on our website.

### **Contact Information:**

If you need to report a privacy violation, file a complaint with Texas Health and Human Services by calling 2-1-1 or 877-541-7905, toll-free. If you are hearing or speech impaired, you may call 7-1-1 or 800-735-2989 (TTY).

Or you can complete the Form H0404 Privacy Complaint found at:  
<https://www.hhs.texas.gov/regulations/forms/0-999/form-h0404-privacy-complaint>

available in English and Spanish and send it to:  
HHS Privacy Division  
P.O. Box 149030  
Mail Code 1355  
Austin, TX 78714

Or you may email your complaint to the HHS Privacy Division at [privacy@hhs.texas.gov](mailto:privacy@hhs.texas.gov)

We will not retaliate against you for filing a complaint.

### ***Who to contact at Pregnancy Resources of Abilene, Inc. for more information?***

If you have questions regarding this notice or the subjects addressed in it, you may contact the following individual:

Privacy Officer:  
Kris Ritter, Program Director  
2110 N. Willis, Ste. A  
Abilene, TX 79603  
325-672-6415  
[kris@PRAbilene.com](mailto:kris@PRAbilene.com)