

Protecting Your Privacy

United Regional Health Care System

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 the information carefully. The guidelines are effective as of April 14, 2003.

UNDERSTANDING YOUR HEALTH INFORMATION

Each time you visit a hospital, physician, or other healthcare provider, a record of your visit is made in order to manage the care you receive, and to comply with certain legal requirements. United Regional Health Care System understands that the medical information that is recorded about you and your health is personal. The confidentiality of your health information is also protected under both state and federal law.

WHO WILL FOLLOW URHCS NOTICE OF PRIVACY PRACTICES

- Any health care professional authorized to enter information into your hospital chart including physicians and other allied health professionals involved in your hospital based care. (Note: Your personal doctor may have different policies or notices regarding the doctor's use and disclosure of your medical information created in the doctor's office or clinic.)
- All departments and units of URHCS
- Any member of a volunteer group we allow to help you while you are in the hospital
- All employees, staff, and other hospital personnel

YOUR HEALTH INFORMATION RIGHTS

Although your health information is the physical property of the facility or practitioner that compiled it, the information belongs to you, and you have certain rights over that information. You have the right to:

- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the medical information we use or disclose about you. However, agreement with the request is not required by law, such as when it is determined that compliance with the restriction cannot be reasonably guaranteed.
- **Right to Inspect and Request a Copy.** You have the right to inspect and request that we provide a copy of the medical information that may be used to make decisions about your care as provided by law.
- **Right to Amend.** If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the hospital. You will be notified if your request cannot be granted.

- **Right to an Accounting of Disclosures.** You have the right to request an accounting of disclosures as provided by law.
- **Right to Request Confidential Communications.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. Reasonable requests will be accommodated.
- **Right to a Paper Copy of This Notice.** You have the right to a paper copy of this notice at any time upon request. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. You may view a current copy of this notice at our website, www.urhcs.org

You may exercise these rights by directing a request to URHCS Privacy Officer as listed in this notice.

OUR RESPONSIBILITIES

- Make sure that medical information that identifies you is kept private.
- Provide you with a copy of this notice of our legal duties and privacy practices with respect to medical information about you.
- Follow the terms of the Medical Information Policy that is currently in effect.

We reserve the right to change these information privacy policies. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in the hospital. The notice will contain on the first page, in the top right-hand corner, the effective date. In addition, each time you register at or are admitted to the hospital for treatment or health care services as an inpatient or outpatient, we will offer you a copy of the notice currently in effect.

HOW WE MAY USE AND DISCLOSE INFORMATION ABOUT YOU.

The following categories describe different ways that we are allowed by law to use and disclose medical information. For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

- **For Treatment.** We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, medical students, or other hospital personnel who are involved in taking care of you at the hospital. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. In addition, the doctor may need to tell the dietitian if you have diabetes so that we can arrange for appropriate meals. Different departments of the hospital also may share medical information about you in order to coordinate the different things you need, such as prescriptions, lab work and x-rays. We also may disclose medical information about you to people outside the hospital who may be involved in your medical care after you leave the hospital, such as family members, clergy or others we use to provide services that are part of your care.

- **For Payment.** We may use and disclose medical information about you so that the treatment and services you receive at the hospital may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may need to give your health plan information about surgery you received at the hospital so your health plan will pay us or reimburse you for the surgery. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment. We may also share information about you with physicians and others formally or informally associated with URHCS who have provided services required for your care so that these physicians can bill for services provided to you while you are a United Regional Health Care System patient. Such physicians and entities include pathologists and radiologists, ER physicians, as well as admitting and consulting physicians or their staff, and other entities such as ambulance services.
- **For Health Care Operations.** We may use and disclose medical information about you for hospital operations. These uses and disclosures are necessary to run the hospital and make sure that all of our patients receive quality care. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine medical information about many hospital patients to decide what additional services the hospital should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to doctors, nurses, technicians, medical students, and other hospital personnel for review and learning purposes. We may also combine the medical information we have with medical information from other hospitals to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of medical information so others may use it to study health care and health care delivery without learning who the specific patients are.
- **Appointment Reminders.** We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or medical care at the hospital.
- **Treatment Alternatives.** We may use and disclose medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.
- **Health-Related Benefits and Services.** We may use and disclose medical information to tell you about health-related benefits or services, or products that may be of interest to you. If you do not want URHCS to contact you about health-related benefits, services, or products, you must notify URHCS in writing.
- **Fundraising Activities.** We may use certain information about you to contact you in an effort to raise money for URHCS and its operations. Any fundraising materials you receive will give you the opportunity to opt out of any future communications. For instructions on opting out, contact URHCS Privacy Officer at the address / phone number on this notice.
- **Hospital Directory.** We may include certain limited information about you in the hospital directory while you are a patient at the hospital. This information may include your name, location in the hospital, your general condition (e.g., fair, stable, etc.) and your religious affiliation. The directory information, except for your religious affiliation, may also be released to people who ask for you by name. Your religious affiliation may be given to a member of the clergy, such as a priest or rabbi, even if they don't ask for you by name. This is so your family, friends and clergy can visit you in the hospital and generally know how you are doing. You have the right to prevent your information from being in the hospital directory or the release of any information about you from the hospital directory. You will be given this option during the admitting process whenever you come to URHCS for treatment. If you choose to prevent your information from being in the hospital directory, choose classification as a "DNP" or "Do Not Publish"

patient, we still may use your health information for treatment, payment and operations as outlined above and in the SPECIAL SITUATIONS described in the following pages.

- **Individuals Involved in Your Care or Payment for Your Care.** Unless you give notice of an objection, we may release medical information about you to a friend or family member who is involved in your medical care. We may also give information to someone who helps pay for your care. We may also tell your family or friends your condition and that you are in the hospital.
- **Research.** Under certain circumstances, we may use and disclose medical information about you for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another, for the same condition. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of medical information, trying to balance the research needs with patients' need for privacy of their medical information. Before we use or disclose medical information for research, the project will have been approved through this research approval process, but we may, however, disclose medical information about you to people preparing to conduct a research project, for example, to help them look for patients with specific medical needs, so long as the medical information they review does not leave the hospital. We will almost always ask for your specific permission if the researcher will have access to your name, address or other information that reveals who you are, or will be involved in your care at the hospital.

SPECIAL SITUATIONS IN WHICH WE MAY DISCLOSE INFORMATION WITHOUT YOUR AUTHORIZATION OR NOTIFICATION:

- **As Required By Law.** We will disclose medical information about you when required to do so by federal, state or local law.
- **Organ and Tissue Donation.** If you are an organ donor, we may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.
- **Military and Veterans.** If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authorities. If you are a member of the Armed Forces, we may disclose medical information about you to the Department of Veterans Affairs upon your separation or discharge from military services. This disclosure is necessary for the Department of Veterans Affairs to determine if you are eligible for certain benefits.
- **Workers' Compensation.** We may release medical information about you for workers' compensation or similar programs.
- **Public Health Risks.** We may disclose medical information about you for public health activities. These activities generally include the following: to prevent or control disease, injury or disability; to report births and deaths; to report child abuse or neglect; to report reactions to medications or problems with products; to notify people of recalls of products they may be using; to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; to notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

- **Health Oversight Activities.** We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.
- **Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.
- **Law Enforcement.** We may release medical information if asked to do so by a law enforcement official: In response to a court order, subpoena, warrant, summons or similar process; and in other limited circumstances.
- **Coroners, Medical Examiners and Funeral Directors.** We may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about patients of the hospital to funeral directors as necessary to carry out their duties.
- **National Security & Intelligence Activities.** We may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.
- **Protective Services for the President and Others.** We may disclose medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.
- **Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.
- **Emergency Medical Services Providers:** We may disclose medical information about you to transporting emergency medical service providers for determination of the patient's diagnosis and outcome of the patient's hospital admission.
- **The American Red Cross:** or another entity assisting in a disaster relief effort to fulfill its duties so that your family can be notified about your condition, status and location.
- **This Hospital:** should a change of ownership occur.
- **Regional Poison Control Centers:** as needed to provide information and education to health professionals in the management of poison and overdose victims.

OTHER USES AND DISCLOSURES:

Any other uses or disclosures of your health information not addressed in this Notice or otherwise required by law will be made only with your written authorization. You may revoke such authorization at any time.

PRIVACY COMPLAINTS / QUESTIONS:

If you have any questions regarding your privacy rights or this notice, please contact URHCS Privacy Officer. If you believe your privacy rights have been violated, you may file a complaint with URHCS Privacy Officer at the address below, or with the Secretary of the Department of Health and Human Services at 1-877-696-6775. You will not be penalized for filing a complaint.

URHCS Privacy Officer

1600 10th Street

Wichita Falls TX 76301

(940) 764-3047