

# Moore County Hospital District

## NOTICE OF

# **PRIVACY PRACTICES**

*Effective Date: 02/17/2013*

This notice describes how health information about you may be used and discussed and how you can get access to this information. Please review it carefully.

**UNDERSTANDING YOUR HEALTH RECORD:** Each time you visit MCHD, a record of your visit is made. This record may contain your symptoms, examination and test results, diagnoses, treatment, a plan for future care or treatment, and billing-related information. This notice applies to all records of your care generated by MCHD, whether made by hospital personnel, agents of MCHD, or your personal doctor. Your personal doctor may have different policies or notices regarding the doctor's use and disclosure of your health information created in the doctor's office or clinic.

**OUR RESPONSIBILITIES:** We are required by law to maintain the privacy of your health information and provide you a description of our privacy practices. We will abide by the terms of this notice.

**CHANGES TO THIS NOTICE:** We reserve the right to change this notice and the revised or changed notice will be effective for information we already have about you as well as any information we receive in the future. The current notice will be posted in MCHD and include the effective date. In addition, each time you register at, or are admitted to MCHD for treatment or health care services as an inpatient or outpatient, we will offer you a copy of the current notice in effect.

**USES AND DISCLOSURES:** How we may use and disclose Health Information about you.

The following categories describe examples of the way we use and disclose health information:

**For Treatment:** We may use health information about you to provide you with treatment or services. We may disclose health information about you to doctors, nurses, technicians, medical and other clinical students, other hospital personnel, or other healthcare providers who are involved in taking care of you at MCHD. For example: a doctor treating you for a broken leg may need to know if you have another medical condition that may affect the healing process. Different departments of MCHD also may share health information about you in order to coordinate the different things you may need, such as prescriptions, lab work, meals, and x-rays. We may also provide your physician or a subsequent healthcare provider with copies of various reports that should assist him or her in treating you once you are discharged from this hospital.

**For Payment:** We may use and disclose health information about your treatment and services to bill and collect payment from you, your insurance company or a third party payer. For example, we may need to give your insurance company information about your surgery so they will pay us or

reimburse you for the treatment. We may also tell your health plan about treatment you are going to receive to determine if it is a covered benefit.

**For Health Care Operations:** Members of the medical staff and/or quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it. The results will then be used to continually improve the quality of care for all patients we serve. For example, we may combine health information about many patients to evaluate the need for new services or treatment. We may disclose information to doctors, nurses, and other students for educational purposes. And we may combine health information we have with that of other hospitals to see where we can make improvements. We may remove information that identifies you from this set of health information to protect your privacy.

We may also use and disclose health information:

- To business associates contracted to perform a service/billing for it;

- To remind you of an appointment for medical care;

- To assess your satisfaction with our services;

- To tell you about health-related benefits or services;

- For population based activities relating to improving or reducing health care cost; and for conducting training programs or reviewing competence of healthcare professionals

When disclosing information, primarily appointment reminders and billing/collections efforts, we may leave messages on your answering machine/voice mail.

**Business Associates:** There are some services provided in our organization through contracts with business associates. Examples include physician services in emergency department and radiology, certain laboratory tests, and a copy service we use when making copies of your health record. When these services are contracted, we may disclose your health information to our business associates so that they can perform the job we have asked

them to do and bill you or your third-party payer for services rendered. To protect your health information, however, we require the business associate to appropriately safeguard your information.

**Directory:** We may include certain limited information about you in the hospital directory while you are a patient at MCHD. The information may include your name, location in MCHD, your general condition (e.g., good, fair) and your religious affiliation. This information may be provided to members of the clergy and, except for religious affiliation, to other people who ask for you by name. If you would like to opt out of being in the facility directory please request the Do Not Disclose Form from the admission staff.

**Individuals Involved in Your Care or Payment for Your Care:** We may release health information about you to a friend or family member who is involved in your medical care or who helps pay for your care. In addition, we may disclose health information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

**Research:** We may disclose information to researchers when an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information has approved their research and granted a waiver of the authorization requirement.

**Future Communications:** We may communicate to you via newsletters, direct mail or other means regarding treatment options, health related information, disease-management programs, wellness programs, or other community based initiatives or activities our facility is participating in.

**Organized Health Care Arrangement:** MCHD, its medical staff members, and other health care providers who participate in your care at MCHD have organized and are presenting you this document as a joint notice. Information will be shared as necessary to carry out treatment, payment and health care operations. Physicians and caregivers may have access to protected health information in their offices to assist in reviewing past

treatment as it may affect treatment at the time of your visit in their office. As required by law, we may also use and disclose health information for the following entities, including but not limited to: Food and Drug Administration Correctional Institutions Workers Compensation Agents Organ and Tissue Donation Organizations Military Command Authorities Health oversight Agencies Funeral, Coroners and Medical Directors National, Protective and Intelligence Agencies Law Enforcement/ Legal Proceedings: We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena. State-Specific Requirements: Texas has some reporting requirements including population-based activities relating to improving health or reducing health care costs. Some Texas privacy laws may apply additional legal requirements. If the state privacy laws are more stringent than federal privacy laws, the state law preempts the federal law.

**YOUR HEALTH INFORMATIONS RIGHTS:** Moore County Hospital District admits and treats all individuals in need without discrimination on the basis of handicap, age, race, color, sex, religion or national origin.

Although your health record itself is the physical property of MCHD, the PHI in the record belongs to you.

**You have the Right to:**

**Inspect and Copy:** You have the right to inspect and obtain a copy of the health information that may be used to make decisions about your care.

Usually, this includes medical and billing records, but does not include psychotherapy notes. We may be allowed to charge you for the cost of making the copy according to Texas Department of Health guidelines. We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to health information, you may request that the denial be reviewed. Another licensed health care professional chosen by MCHD will review your request and the denial. The person conducting the review will not

be the person who denied your request. We will comply with the outcome of the review.

**Amend:** If you feel that health 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 MCHD. We may deny your request for an amendment and if this occurs, you will be notified of the reason for the denial.

**An Accounting of Disclosures:** You have the right to request an accounting of disclosures. This is a list of certain disclosures we make of your health record information for purposes other than treatment, payment or health care operations where an authorization was not required.

**Request Restrictions:** You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the health information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had. We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

**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. For example, you may ask that we contact you at work instead of your home. The facility will grant reasonable requests for confidential communications at alternative locations and/or via alternative means only if the request is submitted in writing and the written request includes a mailing address where the individual will receive bills for services rendered by the facility and related correspondence regarding payment for services. Please realize, we reserve the right to contact you by other means and at other locations if you fail to respond to any communication from us that

requires a response. We will notify you in accordance with your original request prior to attempting to contact you by other means or at another location.

**Paper Copy of This A Notice:** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. To exercise any of your rights, please obtain the required forms from the Compliance Officer and submit your request in writing.

**COMPLAINTS:** You will not be penalized for filing a complaint.

If you believe your privacy rights have been violated, you may file a complaint in writing to the MCHD compliance officer at: Moore County Hospital District, Attn: Compliance Officer, 224 E 2nd Street, Dumas, Texas 79029.

If you wish to report a complaint of abuse and neglect, or illegal, unethical or unprofessional conduct in accordance with HSC, §161.132(e), you may submit it in writing or verbally to the Patient Quality Care Unit, Department of State Health Services, 1100 West 49th Street, Austin, Texas 78756-3199, telephone, (888) 973-0022.

**OTHER USES OF HEALTH INFORMATION:** Other uses and disclosures of health information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose health information about you, you may revoke that permission in writing, at any time. If you revoke your permission, we will no longer use or disclose health information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provide to you.

*Updated 12/20/2022*