

PRIVACY NOTICE

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.

*This Notice of Privacy Practices describes how we may use and disclose individually identifiable information about your past, present, or future health or condition, the provision of health care to you, or payment for your health care ("PHI"). We are required by law to extend certain protections to your PHI, and legally required to give you this Notice about our privacy practices that explains how, when and why we may use or disclose your PHI. Except in connection with your treatment and in other specified circumstances, we must use or disclose only the minimum necessary PHI to accomplish the intended purpose of the use or disclosure. We are required to follow the privacy practices described in this Notice. **We reserve the right to change our privacy practices and the terms of this Notice at any time.** Prior to the effective date of any such revisions, the revised Notice will be posted in our facility, will be available upon request from the facility or the contact person named in this Notice, and will be posted on our web site.*

Who Will Follow This Notice

This notice applies to all the departments of Paris Regional Medical Center. It applies to our entire workforce, including employees and volunteers. It also applies to members of our medical staff and other health care providers authorized to deliver services within the hospital.

How We May Use and Disclose Your PHI

We use and disclose your PHI for a variety of reasons. We have a limited right to use and/or disclose your PHI without your specific authorization. Federal law does not require that we obtain your authorization for uses or disclosures related to treatment, payment or health care operations. In certain other instances, federal or state law permits or requires us to use or disclose your PHI without your authorization. Otherwise, we must have your written authorization to disclose your PHI. If we disclose your PHI to an outside entity in order for that entity to perform a function on our behalf, we must have in place an agreement from the outside entity that it extends the same degree of privacy protection to your information that we must apply to your PHI. The following offers more description and some examples of our potential uses/disclosures of your PHI.

- ❖ **Treatment.** We may use and disclose PHI about you to provide, coordinate or manage your treatment and related services. Your PHI may be released to other healthcare professionals for the purpose of providing you with quality healthcare. For example, we would disclose your PHI, as necessary, to a home health agency that provides care to you.
- ❖ **Payment.** Your PHI will be used and disclosed, as needed, to obtain payment for your health care services. For example, obtaining approval for a hospital stay may require that your relevant PHI be disclosed to your health plan to obtain approval for the hospital admission.
- ❖ **Health Care Operations.** Your PHI may be used or disclosed for a variety of healthcare-related purposes which are necessary for the Hospital to function. We may use your PHI to ensure that all our patients receive quality care and to ensure that the Hospital continues to earn professional accreditation. For example, we may use your PHI so that the Hospital can evaluate the performance of our staff in caring for you.

In addition, we may utilize your PHI for routine purposes such as the following:

- ❖ **Appointment reminders:** To remind you that you have an upcoming appointment, lab test or other treatment.
- ❖ **Treatment alternatives and health-related services:** To tell you about alternative treatments or health-related services that may be of interest to you.

Uses and Disclosures of Your PHI Without Your Authorization

Your PHI may be released without your authorization in certain circumstances. Such circumstances include, but are not limited to the following:

- ❖ **Required By Law:** We may use or disclose your PHI to the extent that the use or disclosure is required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law.
- ❖ **Public Health:** We may disclose your PHI for public health activities to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose of controlling disease, injury or disability.
- ❖ **Health Oversight:** We may disclose your PHI to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections.
- ❖ **Abuse, Neglect or Domestic Violence:** We may disclose your PHI to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your PHI if we believe that you have been a victim of abuse, neglect or domestic violence to a governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.
- ❖ **Judicial and Administrative Proceedings:** We may disclose your PHI in the course of a judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized) or other lawful process.
- ❖ **Law Enforcement:** We may release your PHI if asked to do so by a law enforcement official as part of law enforcement activities; in investigations of criminal conduct or of victims of crime; in response to court orders; in emergency circumstances; or when required to do so by law.
- ❖ **Coroners, Medical Examiners and Funeral Directors:** We may disclose PHI to a coroner or medical examiner for identification purposes, determining cause of death or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose protected health information to a funeral director, as authorized by law, in order to permit the funeral director to carry out their duties.
- ❖ **Organ, Eye or Tissue Donation:** Your PHI may be used and disclosed for cadaveric organ, eye or tissue donation purposes.
- ❖ **Research:** We may disclose your PHI to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your protected health information.
- ❖ **To Avert a Serious Threat to Health or Safety:** Consistent with applicable federal and state laws, we may disclose your PHI, if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.
- ❖ **Specialized Government Functions:** We may disclose PHI if it relates to following: military personnel as required by military command authorities, national security and intelligence activities, and protective services for the President or foreign heads of state. We also may disclose PHI to a correctional institution having lawful custody of you or in other law enforcement custodial situations.
- ❖ **Workers' Compensation:** Your PHI may be disclosed by us as authorized to comply with workers' compensation laws and other similar programs.

There are certain other instances in which we may use or disclose your PHI pursuant to your opportunity to agree or object. If you are not present or able to agree or object to the use or disclosure of such information, your physician may, using professional judgment, determine whether the disclosure is in your best interest. Such uses include the following:

- ❖ **Facility Directories:** Unless you object, we will use and disclose in our facility directory your name, the location at which you are receiving care, your condition (in general terms), and your religious affiliation. All of this information, except religious affiliation, will be disclosed to people that ask for you by name. Your religious affiliation will be disclosed only to clergy members.
- ❖ **Others Involved in Your Healthcare:** Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, PHI that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information, as necessary, if we determine that it is in your best interest based on our professional judgment. We may use or disclose your PHI to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care of your location, general condition or death.

Other Uses of Your PHI

Uses and disclosures of your PHI not covered by this Notice will be made only with your written authorization. If you give us authorization to use or disclose PHI about you, you may revoke that authorization, in writing, at any time. If you revoke your authorization, thereafter we will no longer use or disclose PHI about you for the reasons covered by your written authorization. You must understand that we are unable to take back any disclosures we have already made with your authorization, and that we are required to retain our records of the care that we provided to you.

Your Rights Regarding Your PHI

You have the following rights related to PHI about you:

- ❖ **Right to request restrictions on uses/disclosures:** You have the right to ask that we limit how we use or disclose your PHI. We will consider your request, but are not legally bound to agree to any such restriction. To the extent that we do agree to any restrictions on our use/disclosure of your PHI, we will put any such agreement in writing and abide by it except in emergency situations. We cannot agree to limit uses/disclosures that are required by law.
- ❖ **Right to choose how we contact you:** 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, home or another location. The hospital grants requests for confidential communications at alternative locations and/or via alternative means only if the request is reasonable, is submitted in writing, the written request includes a mailing address where the individual receives bills for services rendered by the hospital and related correspondence regarding payment for services, and the request indicates other means or other locations in which we can contact you 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.
- ❖ **Right to inspect and request a copy of your PHI:** You have the right to inspect and request a copy of PHI that is maintained in a designated record set - records used to make decisions about your care (i.e. medical and/or billing records). Your request must be in writing and submitted to the Director of Medical Records. We may charge you related fees. We may deny your request in limited circumstances. You may request that the denial be reviewed, and another licensed healthcare professional chosen by the hospital will review your request and the denial. You will be informed of the results of this review.
- ❖ **Right to request amendment of your PHI:** You have the right to request an amendment to your PHI maintained in a designated record set. Your request must be made in writing and submitted to the Director of Medical Records. In addition, you must include the reason for the amendment.
 - If your request is approved, the amendment is included in your records. We will make reasonable efforts to inform others of the amendment, including persons you name who have received PHI about you, and who need the amendment.
 - Your request may be denied if the PHI is: (1) correct and complete; (2) not created by us (unless you show that the creator of the information is no longer available to respond to the request for amendment); (3) not part of the records used to make decisions about your care; (4) not available for review. If your request for amendment is denied, we will inform you in writing of the reasons for the denial and explain your rights to have the request and denial, along with any statement in response that you provide, appended to your PHI.
- ❖ **Right to find out what disclosures have been made:** You have a right to receive a list of disclosures of your PHI. You may ask for disclosures made up to six years before your request (not including disclosures made prior to April 14, 2003). This list of disclosures of your PHI does not include disclosures made for the following purposes:
 - For your treatment;
 - For billing and collection of payment for your treatment;
 - For our health care operations;
 - Incidentally, in connection with an otherwise authorized disclosure;
 - Allowed by law when the use or disclosure relates to certain specialized government functions, correctional institutions, or other law enforcement custodial situations; and
 - As a part of a limited set of information which does not contain certain information which could identify you.
 - Made to or requested by you, or that you authorized;
 - Made to individuals involved in your care;
 - For directory or notification purposes;

The list will include the date of the disclosure, the name (and address, if available) of the person or organization receiving the information, a brief description of the information disclosed, and the purpose of the disclosure. If you request a list of disclosures more than once in twelve (12) months, we can charge you a reasonable fee for the subsequent request.

- ❖ **Right to receive a copy of this Notice:** You have the right to receive a paper copy of this Notice. We will provide a copy of this Notice no later than the date you first receive service from us or in emergency situations as soon as practicable. You may request a copy of this Notice at any time. You may also access this Notice electronically on our web site.
- ❖ **You have the right to complain** to the hospital and/or to the Secretary of Health and Human Services if you believe your rights to privacy have been violated. If you feel your privacy rights have been violated, please submit your complaint in writing to:

Chief Executive Officer
Paris Regional Medical Center
820 Clarksville Street
Paris, Texas 75460

U.S. Department of Health and Human Services
200 Independence Avenue SW
Washington, DC 20201
Toll Free: 1.877.696.6775

- All complaints will be investigated. There will be no retaliation for filing a complaint.

- ❖ For further information about this Privacy Notice, contact:

Privacy Officer
Paris Regional Medical Center
820 Clarksville Street
Paris, Texas 75460
903-737-3825 phone • 903-737-1475 fax

- ❖ This Notice is effective as of January 1, 2004.