If you have any questions about this Notice of Privacy Practices (the "Notice") please contact the HIPAA Privacy Officer at 214-947-4472 or at PrivacyOfficer@mhds.com.

This Notice describes how physicians, dentist, podiatrists and independent allied health professionals engaged in the private practice of medicine who have been granted privileges to provide health care at Methodist Health System ("Methodist" or "MHS") facilities (collectively the "Practitioners") may use and disclose your Protected Health Information for purposes of treatment, payment or health care operations and/or other purposes permitted or required by law, "Protected Health Information" means information, that may identify you, include health information about current or future physical or mental health condition and related health care services. This Notice also describes your rights to access and control your Protected Health Information.

A record of care and services is created in order to manage the care you receive and to comply with certain legal requirements. The Practitioners understand that medical information about you is personal. The Practitioners are committed to protecting medical information about you and are required by law to:

- maintain the privacy of your Protected Health Information;
- provide you with this Notice summarizing the Practitioners legal duties and practices related to the use and disclosure of medical information;
- abide by the terms of the Notice currently in effect.

Methodist and/or Practitioners will maintain your medical record(s) for at least ten (10) years after the date of your last hospitalization with a Methodist facility, or consistent with any periods specified by existing law, after which time Methodist and/or Practitioners may dispose of your medical record(s).

Practitioners reserve the right to change this Notice. The new Notice will be effective for all Protected Health Information that Practitioners possess at that time and that Practitioners receive in the future. A copy of the Notice currently in effect is available upon request, at Methodist facilities, and on the Methodist website (www.MHDS.com).

**1. Protected Health Information – Uses & Disclosures**

The following categories describe the types of uses and disclosures of your Protected Health Information that the Practitioners, their office staff, and their agents may make once you have acknowledged receipt of this Notice. For each category of uses or disclosures this Notice will explain what is meant and provide some examples. These categories and examples are not meant to be exhaustive, but to describe the types of uses and disclosures that may be made as allowed under the law.

**Treatment, Including Continuity of Care:** The Practitioners will use and disclose your Protected Health Information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party that has already obtained your permission to have access to your Protected Health Information. For example, the Practitioners would disclose your Protected Health Information, as necessary, to a home health agency that provides care to you. The Practitioners will also disclose Protected Health Information to other physicians who may be treating you when you have given the necessary permission to disclose your Protected Health Information. For example, your Protected Health Information may be provided to a physician who is not normally associated with your care to ensure relevant treatment. The Practitioners may also disclose your Protected Health Information from time-to-time to another physician or health care provider (e.g., a specialist or laboratory) who becomes involved in your care by providing assistance with your health care diagnosis or treatment.

**Payment:** The Practitioners may use and disclose Protected Health Information about you so that the treatment and services you receive or are provided on your behalf can be billed and/or reimbursed. The Practitioners will not bill you for services that you may be able to bill/reimburse from a third party. For example, the Practitioners may need to give your health plan information about surgery you received at the hospital so your health plan will pay the involved Practitioners or reimburse you for the surgery. The Practitioners may also tell your health plan about a treatment you receive to obtain prior approval or to bill/reimburse for the services you receive and cover the treatment.

**Healthcare Operations:** The Practitioners may use or disclose, as-needed, your Protected Health Information in order to support the business activities of their practices. These activities include, but are not limited to, quality assessment activities, employee review activities, training of medical staff, licensing, and conducting or arranging for other business activities. For example, the Practitioners may disclose your Protected Health Information to their office staff to coordinate your care and records. In addition, the Practitioners may use a signature sheet at the registration desk where you will be asked to sign your name and indicate your physician. The Practitioners may also call you by name in the waiting room when your physician is ready to see you.

**Appointment Reminders:** The Practitioners may use or disclose your Protected Health Information, as necessary, to contact you to remind you of your appointment.

**Treatment Alternatives and Health-Related Benefits and Services:** The Practitioners may use or disclose your Protected Health Information, as necessary, to provide you with treatment alternatives and benefits and services that may be of interest to you. You may contact your Practitioner’s office from where you received such material to request, in writing, that these materials not be sent to you.

**Facility Directories:** Unless you sign a document to become a “No Information Patient,” the Practitioners may use and disclose in a 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 your name by you. Members of the clergy will be told your religious affiliation.

**Individuals Involved in Your Care or Payment for Your Care:** The Practitioners may release Protected Health Information about you to a friend or family member who is involved in your medical care. The Practitioners may also give information to someone who helps pay for your care. The Practitioners may also tell your family about your condition and that you are at the hospital. In addition, the Practitioners may disclose medical 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.

**Emergencies:** The Practitioners may use or disclose your Protected Health Information in an emergency treatment situation without your acknowledgment of this Notice. If this happens, an attempt will be made to notify and obtain your acknowledgement as soon as reasonably practicable after the delivery of treatment. If a Practitioner is required by law to treat you and the Practitioner has attempted to obtain your acknowledgment but is unable to obtain your acknowledgement, he or she may still use or disclose your Protected Health Information for treatment, payment and operation purposes.

**Research:** The Practitioners may use or disclose information about you for purposes of research projects approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your Health Information. The Practitioners will always ask you for your specific permission if they 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.

**Food and Drug Administration:** The Practitioner may disclose your Protected Health Information to a person or company required by the Food and Drug Administration to report adverse events, product defects or problems, biologic product deviations; to track products; to enable product recalls; to make repairs or replacements, or to conduct post marketing surveillance, as required

**As Required By Law:** The Practitioners will disclose medical information about you when required to do so by federal, state or local law.

**To Avert a Serious Threat to Health or Safety:** The Practitioners may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

**Organ and Tissue Donation:** If you are an organ donor the Practitioners 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, the Practitioners may release medical information about you as required by military command authorities. The Practitioners may also release medical information about foreign military personnel to the appropriate foreign military authority.

**Workers’ Compensation:** The Practitioners may release medical information about you for workers’ compensation or similar programs. These programs provide benefits for work-related injuries or illness.

**Participation in Health Information Exchange:** To maximize the benefits of the transition from paper-based health records to electronic health records, some Practitioners may participate in a Health Information Exchange ("HIE"). An HIE allows participating providers secure, immediate electronic access to your protected health information. The Practitioners participating in a Health Information Exchange will have the option to “opt-out” of participation in the HIE, which will preclude your providers from sharing your Health Information for purposes of treatment. If you do not opt out of the HIE, the Practitioners will participate in the HIE to facilitate the safe transmission of your health information. If you choose to opt-out of participation in the HIE, your Protected Health Information will not be available through the HIE for your treating providers to search and locate in conjunction with your treatment, but will otherwise continue to be used consistent with this Notice of Privacy Practices and the law. For more information about opting out of the HIE, or for rejoining the HIE subsequent to a previous decision to opt out, you may visit the HIE website for North Texas at 214-274-6300. To opt-out call (877) 274-6300. To rejoin call (877) 274-6300. To learn more go to the Methodist Health website at www.methodisthealthsystem.org.