

**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.**

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@mhd.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" is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or 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 web page ([www.MHS.com](http://www.MHS.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 to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you. In addition, the Practitioners may 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 by the Practitioners covered by this Notice at the hospital may be billed to and payment may be collected from you, an insurance company or 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 are going to receive to obtain prior approval or to determine whether your plan will 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 students, 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 sign-in 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 Practitioner may use or disclose your Protected Health Information, as necessary, to provide you with information about treatment alternatives or other health-related 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.

**Fundraising Activities.** A Practitioner may use or disclose your demographic information and the dates that you received treatment from your Practitioner, as necessary, in order to contact you for fundraising activities supported by our office. If you do not want to receive these materials, please contact your Practitioner's office, in writing, and request that these fundraising 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 you by name. 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 or friends your condition and that you are in 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 try 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 acknowledgment, he or she may still use or disclose your Protected Health Information for treatment, payment and operation purposes.

**Research.** The Practitioner 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 Practitioner will almost always ask 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 pertinent Protected Health Information maintained by participating health care providers as necessary for treatment. You 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, your Protected Health Information will be available through the HIE to participating health care providers that have a treatment relationship with you, consistent with this Notice of Privacy Practices and the law. 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 [www.ntahp.org](http://www.ntahp.org), or call (817)-274-6300. To obtain information about the transition to electronic health records and how it can improve your care and protect the privacy of your Health Information, you can contact the HIPAA Privacy or Security Officers (214-947-4472) or go to the Methodist Health System website at [www.methodisthealthsystem.org](http://www.methodisthealthsystem.org).

**Public Health Risks.** The Practitioners 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.** The Practitioners 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 the Practitioners may disclose medical information about you in response to a court or administrative order. The Practitioners 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.** The Practitioners 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;
- To identify or locate a suspect, fugitive, material witness, or missing person;
- About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
- About a death we believe may be the result of criminal conduct;
- About criminal conduct at the hospital; and
- In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

**Coroners, Medical Examiners and Funeral Directors.** The Practitioners 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. The Practitioners may also release medical information about patients of the hospital to funeral directors as necessary to carry out their duties.

**National Security and Intelligence Activities.** The Practitioners 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.** The Practitioners 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, the Practitioners 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.

**Required Uses and Disclosures:** Under the law, the Practitioners must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of Section 164.500 et. seq.

**Uses and Disclosures of Protected Health Information Based upon Your Written Authorization.** Other uses and disclosures of your Protected Health Information will be made only with your written authorization, unless otherwise permitted or required by law as described below. You may revoke your authorization, at any time, in writing, except to the extent that a Practitioner or his or her practice has taken an action in reliance on the use or disclosure indicated in the authorization.

## **2. Your Health Information Rights**

The following is a statement of your rights with respect to your Protected Health Information along with a brief description of how you may exercise these rights.

**Right to inspect or obtain a written or electronic copy of your Protected Health Information.** You have the right to inspect and/or obtain a copy of your Protected Health Information, as provided by law. Usually this includes medical and billing records but does not include psychotherapy notes. Requests to inspect and/or obtain a copy of your health record or any portion thereof must be submitted in writing to the Health Information Management Department of the Methodist facility at which you were treated. Your request to inspect or copy may be denied in certain circumstances and, in case of such denial, you may have the right to have this decision reviewed by a health care professional of the Practitioner's choosing. The professional will not be the individual involved in the original denial, and the Practitioners will comply with the outcome of any such review for records maintained by the Methodist facility. For purposes of this Notice of Privacy Practices, the right expressed in this provision applies only to the Health Information maintained by the Methodist facility at which the Practitioner provided you care. For Health Information maintained by the specific Practitioner in question (or the specific Practitioner's office), please contact the Practitioner or the Practitioner's office.

**Right to request, in writing, that your physician amend your Protected Health Information.** If you feel medical information the Practitioner have about you is incorrect or incomplete, you may submit a written request that your health record, to the extent maintained by a Methodist facility, be amended. Requests for amendment should be submitted to the Health Information Management Department of the Methodist facility at which you were treated and should include the reason for the request along with an explanation or other documentation supporting the requested amendment. The request may be denied if the request is;

- Not in writing
- not supported or corroborated
- to amend information that is accurate or complete
- to amend parts of the information you are not permitted to inspect or copy, by law; or
- to amend part of the record which is not created or maintained by the Practitioner

For purposes of this Notice of Privacy Practices, the right expressed in this provision applies only to the health information maintained by the Methodist facility at which the Practitioner provided you care. For health information maintained by the specific Practitioner in question (or the specific Practitioner's office), please contact the Practitioner or the Practitioner's office.

**Right to request a restriction of your Protected Health Information.** You may ask a Practitioner not to use or disclose any part of your Protected Health Information for the purposes of treatment, payment or healthcare operations. You may also request that any part of your Protected Health Information not be disclosed to family members or friends who may be involved in your care, unless provided for by law. The Practitioners are not required by law to agree to a restriction that you may request. You may request a restriction by completing a Request for Restrictions form and presenting it to an admitting or registration representative at the Methodist hospital at which you were treated for acceptance or denial. For purposes of this Notice of Privacy Practices, the right expressed in this provision applies only to the health information maintained by the MHS facility at which the Practitioner provided you care. For health information maintained by the specific Practitioner in question (or the specific Practitioner's office), please contact the Practitioner or the Practitioner's office.

**Right to request confidential communications.** You have the right to request that the Practitioner communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that you only be contacted at work or by mail. Please make this request in writing to an admitting or registration representative at the MHS hospital at which you were treated. You will not be asked the reason for your request, and reasonable requests will be accommodated. Your request may also be conditioned on you providing information as to how payment will be handled or specification of an alternative address or other method of contact. For purposes of this Notice of Privacy Practices, the right expressed in this provision applies only to communications of or with the MHS facility at which the Practitioner provided you care. For communications of or with the specific Practitioner in question (or the specific Practitioner's office), please contact the Practitioner or the Practitioner's office.

**Right to an accounting of disclosures, if any, of your Protected Health Information.** This right applies to disclosures for purposes other than treatment, payment or healthcare operations or other allowed disclosures including those to family members or friends involved in your care, as described in this Notice of Privacy Practices. It may also exclude disclosures made based upon a written authorization from you. You have the right to request a list of disclosures for a designated time period no longer than six years and not before April 14, 2003. The first list you request within a 12 month period will be free; additional requests will be billed based upon the cost of production.

**We will inform you of the fee for this service before any charges occur.** Requests for an accounting of disclosures covered by this Notice must be made in writing to the Health Information Management Department of the Methodist facility where you were treated. You may request that the accounting of disclosures listing be provided in paper or electronic form. For purposes of this Notice of Privacy Practices, the right expressed in this provision applies only to disclosures made by the MHS facility at which the Practitioner provided you care. For disclosures made by the specific Practitioner in question (or the specific Practitioner's office), please contact the Practitioner or the Practitioner's office.

**Right to obtain a paper copy of this Notice.** Upon your request, the Practitioner's office will provide you with a paper copy of this Notice, even if you have agreed to accept this Notice electronically.

## **3. Complaints**

You may complain to your Methodist Practitioner, to the Methodist facility where the Practitioner provided you care, or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by a Methodist Practitioner. You may file a complaint by notifying in writing your Practitioner or the Methodist facility where you were treated, of your complaint or sending your written complaint to Methodist Health System, Corporate Offices – HIPAA Privacy Officer, 1441 N. Beckley, Dallas, Texas 75203, of your complaint. There will be no retaliation against you for filing a complaint.