

Notice of Privacy Practices

Effective Date: April 14, 2003

**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, please contact the Facility Privacy Officer at North Texas Hospital by dialing 940-220-0600.

Each time you visit a hospital, physician, or other healthcare provider a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, a plan for future care or treatment and billing-related information. This notice applies to all of the records of your care generated by North Texas Hospital, whether made by North Texas Hospital personnel, agents of the North Texas Hospital, or your personal doctor. Your personal doctor may have different policies or notice regarding the doctor's use and disclosure of your health information created in the doctor's office or clinic.

Uses and Disclosures:

How we may use and disclose Health Information about you.

The following categories describe different ways that we use and disclose medical information.

For Treatment We may use health information about you to provide you 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 your service. 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 health 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 North Texas 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 health information about your treatment and services to bill and collect payment from you, your insurance company and 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 a treatment or service you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

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 also combine health information about many patients to evaluate the need for new services or treatment. We may disclose information to the doctors, nurses, and students for education 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 we have contracted with to perform the agreed upon service and billing for it;
- ◆ To remind you that you have an appointment for medical care;
- ◆ To assess your satisfaction with our services;
- ◆ To contact you as part of fundraising efforts;
- ◆ To inform Funeral Directors consistent with applicable law;
- ◆ For population based activities relating to improving health or reducing health care costs; and
- ◆ For conducting training programs or reviewing competence of healthcare professionals.
- ◆ When disclosing information, primary appointment reminders and billing/collections efforts, we may leave messages on your answering machine or voice mail.

Business Associates There are some services provided at North Texas Hospital through contracts with business associates. Examples include physicians' services in the emergency department, radiology, certain laboratory tests and a copy service we may use when making copies of your health record. When these services are contracted, we may disclose your health information to our business associate so that they can perform the job we've asked them to do and bill you, your insurance company or a 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 North Texas Hospital. The information may include your name, location in the hospital, 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 Opt Out Form from the admission staff or Facility Privacy Official.

Individuals Involved in Your Care or Payment for Your Care

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. In addition, we 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.

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, mail outs, or other means regarding treatment options, health related information, disease-management programs, wellness programs, or other community based initiatives or activities North Texas Hospital is participating in.

Organized Health Care Arrangement North Texas Hospital and its medical staff members have organized and are presenting you this document as a joint notice. Information will be shared as necessary to carry out treatment, payment, and healthcare 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.

Affiliated Covered Entity Protected health information will be made available to hospital personnel at local affiliated hospitals as necessary to carry out treatment, payment, and health care operations. Caregivers at other facilities may have access to protected health information at their locations to assist in reviewing past treatment information as it may affect treatment at this time. Please contact the Facility Privacy Official for further information on the specific sites included in this affiliated covered entity.

As Required By Law We may also use and disclose health information for the following types of entities, including but not limited to:

- ◆ Food and Drug Administration
- ◆ Public Health or Legal Authorities charged with preventing or controlling disease, injury or disability.
- ◆ Correctional Institutions
- ◆ Workers Compensation Agents
- ◆ Organ and Tissue Donation Organizations
- ◆ Military Command Authorities
- ◆ Health Oversight Agencies
- ◆ Funeral Directors, Coroners and Medical Directors
- ◆ National Security and Intelligence Agencies
- ◆ Protective Services for the President and Others

Law Enforcement/Legal Proceedings We may disclose health information for law enforcement purposes as required by law or in response to valid subpoena.

State Specific Requirements Many states have requirements for reporting including population-based activities relating to improving health or reducing healthcare costs. Some states have separate privacy laws that 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 Rights Regarding Medical Information About You

Although your health record is the physical property of the healthcare practitioner or North Texas Hospital, you have the **Right to:**

- ◆ **Inspect and Copy**. You have the right to inspect and copy 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 deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional chosen by North Texas Hospital 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 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 North Texas Hospital. To request an amendment, your request must be made in writing and submitted to the Facility Privacy Official.
We may deny your request for an amendment and if this occurs, you will be notified of the reason for the denial.

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

- ◆ **Request Restrictions**
You have the right to request a restriction or limitation on the medical 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 medical 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 care 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 can ask that we only contact you at work or by mail. North Texas Hospital will grant requests for confidential communications at alternative locations and/or via alternative means

only if the requests are 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.

◆ **A Paper Copy of This 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 Privacy Official at North Texas Hospital and submit your request in writing.

Changes To This Notice

We reserve the right to change this notice

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 North Texas Hospital and include effective date. In addition, each time you register at the front desk for treatment or health care services as an inpatient or outpatient, we will offer you a copy of the current notice in effect.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with the North Texas Hospital or with the Secretary of the Department of Health and Human Services. To file a complaint with the North Texas Hospital, contact the Privacy Official at 2801 South Mayhill Road, Denton, Texas 76208. All complaints must be submitted in writing. **You will not be penalized for filing a complaint.**

Other Uses of Medical Information

Other uses and disclosures of medical 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 medical 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 medical 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 provided to you.