

## HIPAA NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW YOUR MEDICAL INFORMATION MAY BE USED AND DISCLOSED TO COORDINATE YOUR HEALTH CARE AND HOW YOU MAY ACCESS THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

### **This notice describes our hospital and clinic's practices and that of:**

Any health care professional authorized to enter information into your chart.

All departments and units of the Richardson Medical Center.

Any member of a volunteer group we allow to help you while you are in our healthcare facility.

All employees, staff and other hospital personnel.

All of Richardson Medical Center entities will follow the terms of this notice. In addition, these entities may share medical information with each other for treatment, payment or hospital operations purposes described in this notice.

### **OUR PLEDGE REGARDING MEDICAL INFORMATION**

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of care and services you receive at our healthcare facility.

We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all the records of your care generated by our healthcare facility, whether made by hospital personnel or your personal doctor. Your personal doctor may have different policies or notices regarding the doctor's use and disclosure of your medical information created in the doctor's office or clinic.

This notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

### **We are required by law to:**

Maintain the privacy of your Protected Health Information (PHI) and provide this notice of our legal duties and privacy practices with respect to medical information about you; and follow the terms of the notice that is currently in effect.

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

#### **Treatment:**

We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, medical students, or other healthcare personnel who are involved in taking care of you at the hospital. 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 our healthcare facility also may share medical 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 our healthcare facility who may be involved in your medical care after you leave our healthcare facility, such as family members, clergy or others we use to provide services that are part of your care.

#### **Payment:**

We may use and disclose medical information about you so that the treatment and services you receive at our healthcare facility may be billed and payment be collected from you, an insurance company or a third party. For example, we may need to give your health plan information about surgery you received at the hospital so your health plan will pay us or reimburse you for the surgery. We 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.

#### **Health Care Operations:**

We may use and disclose medical information about you for hospital or clinic operations. These uses and disclosures are necessary to run our healthcare facility and make sure that all of our patients receive quality care. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for

you. We may also combine medical information about many facility patients to decide what additional services our healthcare facility should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to doctors, nurses, technicians, medical students, and other hospital personnel for review and learning purposes. We may also combine the medical information we have with medical information from other facilities to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of medical information so others may use it to study health care and health care delivery without learning who the specific patients are.

**Appointment Reminders:**

We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or medical care at our healthcare facility.

**Treatment Alternatives:**

We may use and disclose medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

**Health-Related Benefits and Services:**

We may use and disclose medical information to tell you about health-related benefits or services that may be of interest to you.

**Facility Directory:**

We may include certain limited information about you in our healthcare facility directory while you are a patient at the facility. This information may include your name, location in the facility, your general condition (e.g., fair, stable, etc.) and your religious affiliation. The directory information, except for your religious affiliation, may also be released to people who ask for you by name. Your religious affiliation may be given to a member of our healthcare facility. This is so your family, friends and clergy can visit you in our healthcare facility and generally know how you are doing.

**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. We may also tell your family or friends your condition and that you are in our healthcare facility. 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:**

Under certain circumstances, we may use and disclose medical information about you for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another, for the same condition. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of medical information, trying to balance the research needs with patient's need for privacy of their medical information. Before we use or disclose medical information for research, the project will have been approved through the research approval process, but we may, however, disclose medical information about you to people preparing to conduct a research project, for example, to help them look for patients with specific medical needs, so long as the medical information they review does not leave our healthcare facility. We will almost always ask for your specific permission if the researcher will have access to your name, address or other information that reveals who you are, or will be involved in your care at our healthcare facility.

**As Required by Law:**

We 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:**

We 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.

**SPECIAL SITUATIONS**

**Organ and Tissue Donation:**

If you are an organ donor, we 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, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.

**Workers Compensation:**

We may release medical information about you for worker's compensation or similar programs. These programs provide benefits for work-related injuries or illness.

**Health Oversight Activities:**

We 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.

**Public Health Risks:**

We 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 a victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

**Lawsuits and Disputes:**

If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We 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:**

We may release medical information if asked to do so by a law enforcement official such as:

- 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 our healthcare facility
- 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:**

We 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. We may also release medical information about patients of our healthcare facility to funeral directors as necessary to carry out their duties.

**National Security and Intelligence Activities:**

We 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:**

We 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 custody of a law enforcement official, we 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.

**YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU**

Although your medical record is the property of Richardson Medical Center, the information belongs to you. You have legal rights regarding your health information, which are described below. Your legal rights include the following.

**Right to Inspect and Copy:**

You have the right to inspect and copy medical information that may be used to make decisions about your care. Usually, this includes medical and billing records but does not include psychotherapy notes.

To inspect and/or copy medical information that may be used to make decisions about you, you must submit your request in writing to **The Director of Medical Records** at Richardson Medical Center. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request.

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 our healthcare facility 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.

**Right to Amend:**

If you feel that the 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 or for our healthcare facility. To request an amendment, your request must be made in writing and submitted to **The Director of Medical Records** at Richardson Medical Center.

In addition, you must provide a reason that supports your request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- It was not created by us, unless the persons or entity that created the information is no longer available to make the amendment
- It is not part of the medical information kept by or for the healthcare facility
- It is not part of the information which you would be permitted to inspect and copy; or
- It is accurate and complete.

**Right to 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 a surgery you had.

**Right to an Accounting of Disclosures:**

You have the right to request an accounting of disclosures. This is a list of the disclosures we made of medical information about you. To request this list or accounting of disclosures, you must submit your request in writing to **The Director of**



**Medical Records** at Richardson Medical Center. Your request must state a time-period which may not be longer than six years and may not include dates before February 26, 2003. Your request should indicate in what form you want the list (for example, on paper, electronically, etc.). The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at the time before any costs are incurred.

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.

To request restrictions, you must make your request in writing to **The Director of Medical Records** at Richardson Medical Center. In your request, you must tell us:

- (1) what information you want to limit
- (2) whether you want to limit our use, disclosure or both
- (3) to whom you want the limits to apply, for example, disclosures to your spouse.

**Right to have 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. To request confidential communications, you must make your request in writing to **The Director of Medical Records** at Richardson Medical Center. We will not ask you for the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

**Right to 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 obtain a paper copy of this notice, contact The Director of Medical Records at Richardson Medical Center.**

**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 our healthcare facility. The notice will contain on the first page, in the top right-hand corner, the effective date. In addition, each time you register at or are admitted to our healthcare facility 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 Richardson Medical Center or with the Secretary of the Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S. W. ,Washington, D.C. 20201, calling (877) 696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints](http://www.hhs.gov/ocr/privacy/hipaa/complaints). You will not be retaliated against for filing a complaint.

To file a complaint with the Richardson Medical Center, contact **Chief Compliance Officer**, at (318) 728-8387, 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.

### **Special Protections for Substance Use Disorder (SUD) Treatment Records (42 CFR Part 2)**

Certain information related to substance use disorder diagnosis, treatment, or referral for treatment is protected by federal law under **42 CFR Part 2**, in addition to HIPAA.

### **Use and Disclosure of SUD Records**

If we maintain records subject to 42 CFR Part 2:

- We will obtain your **written consent** before using or disclosing SUD treatment information, except as permitted by law.
- A single consent may permit use and disclosure for **treatment, payment, and healthcare operations**.
- Once disclosed with your consent to a HIPAA-covered entity, your information may be redisclosed in accordance with HIPAA regulations.

### **Disclosures Without Your Consent**

Federal law permits disclosure of SUD records without your consent in limited circumstances, including:

- Medical emergencies
- Public health reporting
- Reporting child abuse or neglect
- Court orders meeting Part 2 requirements
- Oversight activities

### **Prohibition of Unauthorized Use**

Federal law prohibits unauthorized use or disclosure of SUD records. Violations may result in civil or criminal penalties. SUD records may not be used to:

- Investigate or prosecute you solely for participation in treatment.
- Discriminate against you in employment, housing, or access to services.

### **Contact Us**

If you have any questions about this notice, please contact Brittni Giesbrecht, Chief Compliance Officer/Risk Management, at (318) 728-8387 or (318) 728-4181.

## Acknowledgement of Receipt of Privacy Notice

I have been presented with a copy of Richardson Medical Center's notice of privacy policies, detailing how my information may be used and disclosed as permitted under Federal and State law. I understand the contents of the notice, and I request the following restriction(s) concerning the use of my personal medical information.

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Further, I permit a copy of this authorization to be used in the place of the original and request payment of medical insurance benefits either to myself or to the party who accepts assignments. Regulations pertaining to medical assignment of benefits apply.

Signed: X \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

If not signed by patient, please indicate relationship to patient (e.g., spouse)

Relationship: \_\_\_\_\_ Witnessed by: \_\_\_\_\_

### Internal Use Only:

**If patient or patient's representative refuses to sign acknowledgement of receipt of notice, please document the date and time the notice was presented to patient or representative and sign below.**

**Presented on (date and time):**

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**By (name and title):**

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