Effective Date February 1, 2016

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION**

**READ CAREFULLY**

***If you have any questions about this notice, please contact Administration***

This notice describes our hospital’s practices and that of:

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

All departments and units of the hospital.

Any member of a volunteer group we allow to help you while you are in the hospital.

All employees, staff and other hospital personnel.

All of these entities, sites and locations follow the terms of this notice. In addition, these entities, sites and locations may share medical information with each other for treatment, payment or hospital operation 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 the care and services you receive at the hospital.

We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by the hospital, whether made by the hospital personnel or your personal doctor. Your personal doctor may have different 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:**

Make sure that medical information that identifies you is kept private.

Offer to you this notice of our legal duties and privacy practices with respect to medical information about you;

Notify you if a breach in the security of your Protected Health Information has been discovered and; Follow the terms of the notice that is currently in effect.

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU:

The following categories describe different ways that we use and disclose medical information. For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in the category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories below.

**For Treatment:** We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to your doctors, nurses, technicians, medical students, or other hospital 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 dietician if you have diabetes so that we can arrange for the appropriate meals. Different departments of the hospital 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 the hospital, such as, family members, clergy or other we use to provide services that are part of your care.

**For Payment:** We may use and disclose medical information about you so that the treatment and services you receive at the hospital may be billed and payment may be collected from you, an insurance company or a third party. For example, we may need to give your health plan information about your 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 treatment you are going to receive to obtain prior approval or determine whether your plan will cover the treatment. You have the right to request restrictions of disclosures to health plans for payment on healthcare operations regarding services for which you have paid in full out of pocket.

**For Health Care Operations:** We may use and disclose medical information about you for hospital operations. These uses and disclosures are necessary to run the hospital 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 hospital patients to decide what additional services the hospital should offer, what service 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 medical information we have with medical information from other hospitals 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 form 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 the hospital.

**Treatment Alternatives:** We may use and disclose medical information to tell you about or recommend possible treatment options or alternative that may be of interest to you.

**Business Associates:** We provide some services through contracts with business associates. Examples include certain diagnostic tests, a copy of service to make copies of medical records, and the like. When we use these services, we may disclose your health information to the business associates so that they can perform the function(s) that we have contracted with them to do and bill you or your third-party payer for services provided. To protect your health information, however, we require the business associate to appropriately safeguard your information. After February 17, 2010, business associates must comply with the same federal security and privacy rules as we do.

**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.

**Fundraising Activities:**  We may use medical information about you to contact you in an effort to raise money for the hospital and its operations. We may disclose medical information to a foundation related to the hospital so that the foundation may contact you in raising money for the hospital. We would only release contact information, such as our name, address and phone number and the dates you received treatment or services at the hospital. If you do not want the hospital to contact you for fundraising efforts, you must notify Administration in writing.

**Hospital Directory:** We may include certain limited information about you in the hospital directory while you are a patient at the hospital. This information may include your name, location in the hospital, your general condition, (e.g., fair, stable, etc.), and your religious affiliation. The directory information may be given to a member of the clergy, such as a priest or rabbi, even if they don’t ask for you by name. This is so, family, friends and clergy may visit you in the hospital 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 the hospital. 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 receive 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 or research, the project will have been approved through this research 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 the hospital. We will ask for your specific permission if the researcher will have access to your name, address or other information that reveal who you are, or will be involved in our care at the hospital.

**As required by law:** We will disclose information about you when required to by federal, state or local law.

**To Avert a Serious Threat to Health and 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 other persons. Any disclosure, however, would only be to someone able to 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.

**Disclosures of Child Immunization proof to schools:**  We may release medical immunization information to schools for proof of immunization.

**Worker’s 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.

**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 or neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

**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, inspection, 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, 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, by protecting the information requested.

**Law Enforcement:** We may also release medical information if asked to do so by 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 a 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 repot 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 the hospital to a funeral director as necessary to carry out their duties.

**National Security and Intelligence Activities / Protective Services for the President and Others:**  We may release medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of the state or conduct special investigations.

**Inmates:** If you are an inmate of a correctional institution or under the 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 the officers; or (3) For the safety and security of the correctional institution.

**The federal Department of Health and Human Services (“DHHS”.** Under the privacy standards, we must disclose your health information to DHHS as necessary to determine our compliance with those standards.

**Food and Drug Administration (“FDA”).** We may disclose to the FDA health information relative to adverse effects/events with respect to food, drugs, supplements, product or product defects, or post-marketing surveillance information to enable product recalls, repairs, or replacement.

**All other disclosures not described in this notice will be made only with the individual’s authorization.**

**YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU:**

You have the following rights regarding medical information we maintain for you:

**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.

For you to Inspect and Copy medical information, you must submit in writing to the Medical Records Department a request for copies or inspection of your medical information. If you request a copy of the information, we may charge a fee for the cost of copying, mailing or other supplies associated with your request.

We may deny your request to inspect a 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 the hospital will review your request and 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 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 the hospital. To request an amendment, your request must be made in writing and submitted to Administration. In addition, we may deny your request if you ask us to amend information that:

1. Was not created by our facility, unless the person or entity that created the information is no longer available to make the amendment.
2. Is not part of the medical information kept by or for this facility.
3. Is not part of the information which you would be permitted to inspect and copy / or is accurate and complete.

**Right to Accounting of Disclosures:** You have the right to request an “accounting of disclosures.” This is a list of the disclosures we made of the medical information about you.

To request this list or accounting of disclosures, you must submit in writing to the Medical Records Department. 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 or electronically). The first list you request within a 12 month period will be free. For additional lists, we may charge you for the cost of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

**Right to Request Restrictions:** You have the right to request restrictions or limitations on the medical information we use or disclose about you for treatment or payment, or healthcare 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 of your care, like a family member or a friend. For example, you could ask that we not use or disclose information about a surgery you previously 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 with emergency treatment.

To request restrictions, you must make your requests in writing to the Medical Records Department. We will not ask you 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 Business Office.

**Breach Notification Requirements:**

In the event of a breach of unsecured protected health information we will provide notification of the breach to the affected individuals, the Secretary, and, in certain circumstances, to the media. In, addition, business associates must notify covered entities that a breach has occurred. Notification of a breach will be in written form, unless the individual has specified that all communications be received in another format. The notification of a breach will be provided without unreasonable delay and in no case later than 60 days following the breach.

**Changes to This Notice:**

We reserve the right to make changes to this notice. We reserve the right to revise or change this notice effective for medical information we already have about your, as well as, any information we receive in the future. The notice will contain on the first page, in the tip right-hand corner the effective date. In addition, each time you register at or are admitted to the hospital for treatment or healthcare 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 hospital or with:

The Office of Civil Rights at:

The Office of Civil Rights

United States Dept. of Health and Human Services

1301 Young Street, Suite 1169, Dallas, Texas 75202

To file a complaint with the hospital contact: Jessica Philpot, HIPAA Privacy Officer at: (806) 637-3551 EXT 224.

All complaints must be in writing.

We will not retaliate or take action against your 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 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 at our facility.**