

Notice of Privacy Practices - Scott & White Hospital - Brenham

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

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 to comply with certain legal requirements. This notice applies to all of the records of your care generated by the hospital, 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. It will also describe your rights and certain obligations we have regarding the use and disclosure of medical information. If you have any questions you may contact our **HIPAA Compliance Officer, Scott & White Hospital – Brenham, 700 Medical Parkway, Brenham, TX 77833 (979)836-6173.**

HOW MAY WE USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU.

Your medical information will be collected, maintained and made available to members of your health care team, your insurance company or other third party entity, or utilized as a routine part of health care operations.

For Treatment.

Your medical information may be shared with the health care team members involved in your care. This is done so that the health care team can accurately diagnose and care for you. Examples of these uses include a) a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process and b) the radiology department may need to give information to the laboratory department to obtain some needed tests. Information may also be disclosed to the physicians, organizations or individuals outside of the hospital, but who are also part of your health care team.

For Payment. Scott & White Hospital - Brenham may use and disclose your information to your insurance company or other third party to collect payment for services. For example, we may need to give your health plan information about surgery you received while here 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.

For Health Care Operations. Information in your medical record may be made available as a part of routine facility operations. This is necessary to run the 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 hospital patients to decide what additional services the hospital 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 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 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

Personnel at the facility may use your medical information to contact you as a reminder that you have an appointment for treatment.

Treatment Alternatives & Health-Related Benefits and Services.

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. This may include telling you about health-related benefits or services.

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 only would release contact information, such as your name, address and phone number and the dates you received treatment or services at the hospital.

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 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 the clergy, such as a priest, rabbi, even if they don't ask for you by name. This is so family, friends and clergy can 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. In addition, we may disclose medical information about you to an entity assisting in disaster relief 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 an medication to those who received another for the same condition. All research projects are subject to special approval by the Institutional Review Board. We may disclose medical information about you to people preparing to conduct a research project so long as this information does not leave the facility. For example, a prospective researcher may want to look at patients with specific medical needs. If the research involves anything more than a review of medical information, you will be given the opportunity to agree, or not agree, to participate.

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.

Organ and Tissue Donation

If you are a donor, we may release medical information to organizations that handle organ procurement or transplant or banking.

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.

Worker's Compensation

We may release medical information about you for worker's compensation or similar programs.

Public Health Activities

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 disease or condition; and

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.

Health Oversight Activities

We may disclose information to a health oversight agency for activities authorized by law. These activities include audits, inspections and licensure.

Lawsuits and Disputes

If you are involved in a lawsuit or dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose information about you in a response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute.

Law Enforcement

We 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

We may release medical information to a coroner, medical examiner or to a Funeral Director, as necessary, to carry out their duties.

National Security and Intelligence Activities/Protective Services

We may release medical information about you to authorize federal officials for national security activities or to provide protection to the President of the United States or other authorized persons.

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 official.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

Right to Inspect and Copy

You have the right to inspect and copy information in your medical record. This right does not extend to any psychotherapy notes. To inspect and/or get a copy of your medical record you must submit your request in writing to the MEDICAL RECORDS department at the hospital. You may be required to pay copying costs.

Right to Amend

If you feel that information about you is incorrect, you may ask to amend the record.

To request an amendment, the request must be made in writing to the MEDICAL RECORDS department at the applicable hospital affiliate. In addition, you must provide a reason that supports your request. The Hospital is not obligated to comply with your request to amend your record.

Right to an Accounting of Disclosures

You have the right to request an 'accounting of disclosures'. This is a list of disclosures that we have made about you. To request an accounting, the request must be made in writing to the MEDICAL RECORDS department at the hospital. Certain time restrictions apply to a request for accounting disclosures including specifying the method for receiving the information (paper or electronically).

Right to Request Restrictions

You have the right to request limits on the use of your medical information for either treatment, payment or health care operations. You also have the right to request a limit on medical information we disclose to someone who is involved in your care or the payment of 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.

We are not required to agree to your request. If we do agree we will comply with your restrictions unless the information is needed to provide emergency treatment.

To request restrictions, the request must be made in writing to the MEDICAL RECORDS department at the hospital.

Right to 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. Your request must specify how or where you wish to be contacted. We will accommodate all reasonable requests. To request restrictions, the request must be made in writing to the MEDICAL RECORDS department at the hospital.

Right to a Paper Copy of This Notice

You have the right to a paper copy of this notice. You may obtain a copy of this notice at our website, www.swbrenham.org.

CHANGES TO THIS NOTICE

We are required by law to maintain the privacy of protected health information, to provide a notice of our legal duties and privacy practices and to abide by the terms of the notice currently in effect. 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 notices in the facility. The notice will contain the effective date. A copy of the current notice will be made available to you each time you register at a System affiliate for treatment or services.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the hospital or with the Secretary of the Department of Health and Human Services. To file a complaint with Scott & White Hospital - Brenham, contact our **HIPAA Coordinator, 700 Medical Parkway, Brenham, TX 77833 (979)836-6173**. 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 with 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.