

DALLAM-HARTLEY COUNTIES HOSPITAL DISTRICT
NOTICE OF PRIVACY PRACTICES
EFFECTIVE: APRIL 14, 2003

1. **THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU GET ACCESS TO THIS INFORMATION, PLEASE REVIEW IT CAREFULLY.** This notice is provided in two layers: This top layer briefly summarizes how we handle your health information, and the attached bottom layer provides details of our privacy policies and procedures.

2. **How we may use and disclose your health information.** We use health information about you for treatment, to get paid for treatment, for administrative purposes, and to evaluate the quality of care that you receive. For example, your health information may be shared with other providers to whom you are referred. Information may be shared by paper, mail, electronic mail, fax, or other methods. We may use or disclose your health information without your written authorization before using or disclosing your health information. If you sign an authorization to disclose information, you can later revoke it to stop any future uses and disclosures.

3. **Your rights.** In most cases, you have the right to look at or get a copy of your health information that we use to make decisions about you. If you request copies, we may charge you a cost-based fee. You also have the right to request a list of certain types of disclosures of your information that we have made. If you believe your health information is incorrect or information is missing, you have the right to request that we correct the existing information or add the missing information.

4. **Our legal duty.** We are required by law to protect the privacy of your health information, provide this notice about our privacy practices, follow the privacy practices that are described in this notice, and seek your acknowledgement of receipt of this notice. We may change our privacy policies any time. Before we make significant change in our policies, we will change our notice and post the new notice in the waiting area. You can also request a copy of our notice at any time. For more information about our privacy policies, contact the person listed below.

5. **Privacy Complaints.** If you are concerned that we have violated your privacy rights, our privacy policies, or if you disagree with a decision we made about access to your health information, you may contact the person listed below. You may also send a written complaint to the U.S. Department of Health and Human Services. The person listed below can provide you with the appropriate address upon request.

If you have any questions or complaints, please contact: Leroy Schaffner, CEO, 806-244-9267, 1411 Denver Avenue, PO Box 2014, Dalhart, Texas, 79022.

**DALLAM-HARTLEY COUNTY HOSPITAL DISTRICT
NOTICE OF PRIVACY PRACTICES**

EFFECTIVE DATE: April 13, 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 VERY CAREFULLY.**

If you have any questions about this notice, please contact the Privacy Officer, Judy Howerton ext. 9273

WHO WILL FOLLOW THIS NOTICE

This notice describes DHCHD's practices and that of:

- ◆ Any health care professional authorized to enter information in to your chart.
- ◆ All departments and units of DHCHD.
- ◆ Any member of a volunteer group we allow to help you while you are in the care of DHCHD.
- ◆ All employees, staff and other DHCHD personnel.
- ◆ All 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 DHCHD 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 the care and services you receive from DHCHD. 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 DHCHD, whether made by DHCHD or another provider that you were referred to. Other physicians you may see in the course of your treatment 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.

Law requires us to:

- ◆ Make sure that medical information that identifies you is kept private.
- ◆ Give you 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.

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 and disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

- ◆ **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 the 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 dietician if you have diabetes so that we can arrange for 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 who may be involved in your medical care after you leave the 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 medical information about you so that the treatment and services you receive at DHCHD may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may need to give you health care information about treatment you received at DHCHD so your health plan will pay us or reimburse you for the care. 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:** We may use and disclose medical information about you for DHCHD operations. These uses and disclosures are necessary to run DHCHD 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 patients to decide what additional services the DHCHD 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 DHCHD personnel for review and learning purposes. We may also combine the medical information we have with medical information from other health providers to compare how we are doing and see where we can make improvements in the care and the 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 medical care.
- ◆ **Treatment Alternatives:** We may use and disclose medical information to tell you as 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.
- ◆ **Fund Raising Activities:** We may use medical information about you to contact you in an effort to raise money for DHCHD and its operations. We may disclose medical information to a foundation related to the DHCHD so that the foundation may contact you in raising money for DHCHD. We only would release contact information; such as your name, address, and phone number and the dates you

received treatment or services at DHCHD. If you do not want the DHCHD to contact you for fundraising efforts, you must notify the director in writing.

- ◆ **Individuals Involved in Your Care or Payment for Your Care:** Medical Records or CEO 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.
- ◆ **As Required By Law:** We will disclose medical information about you when required to do so by federal, state, or local law.
- ◆ **To Avert 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 to the public or another person. Any disclosures, 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 also 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.
- ◆ **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.
- ◆ **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 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 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.
- ◆ **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 the efforts have 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:
 - ◇ In response to a court order, subpoena, warrant, summon 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 DHCHD; 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 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 DHCHD 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 so they may provide protection to the President, other authorized persons or foreign heads of states 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 others; or (3) for the safety and security of the correctional institution.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

You have the following rights regarding medical information we maintain about 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 billing records, but does not include psychotherapy notes.

To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to one of the following individuals; Director of Medical Records-Hospital, Nursing Home Administrator, Rural Health Clinic Manager, or Prison Clinic Administrator. 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 DHCHD 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 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 the DHCHD.

To request an amendment, your request must be made in writing and submitted to the director. 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 and does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- ◇ Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- ◇ Is not part of the medical information kept by or for the DHCHD;
- ◇ Is not part of the medical information which you would be permitted to inspect and copy; or
- ◇ Is accurate or complete.

◆**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. List includes disclosures other than for treatment, payment, or healthcare operations.

To request this list or accounting of disclosures, you must submit your request in writing to the Director of Medical Records. Your request must state a time period which may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper, electronically). 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 that time before any costs are incurred.

◆**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 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.

To request restrictions, you must take your request in writing to the director. 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; and
- (3) to whom you want the limits to apply, for example, disclosures to your spouse.

◆**Right to Confidential Communication:** You have the right to request that we communicate with you about medical matters in 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. We will not ask you the reason for the 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.

You may obtain a copy at our website, www.dhchd.org

To obtain a paper copy of this notice, contact DHCHD administration.

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 the Admissions office. The notice will contain on the first page the effective date. In addition, each time you register at the Admissions Office 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 DHCHD or with the Secretary of the Department of Health and Human Services. To file a complaint with the DHCHD, contact: Leroy Schaffner, CEO, ext. 9267. All complaints must be submitted in writing.

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 reason 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.