

MEMORIAL HEALTH SYSTEM OF EAST TEXAS (MEMORIAL)

JOINT NOTICE OF PRIVACY PRACTICES

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.

What is the purpose of this notice?

This notice tells you how Memorial uses and discloses your medical information and your rights regarding your medical information.

To whom does this notice apply?

The following are required to follow the privacy practices described in this notice:

- Memorial Medical Center of East Texas and its medical staff,
- Memorial Medical Center – Livingston and its medical staff,
- Memorial Medical Center – San Augustine and its medical staff,
- Memorial Specialty Hospital and its medical staff,
- Pineywoods of East Texas Medical Associates
- Other health care providers under common ownership or control by Memorial Health System of East Texas (“Memorial Health System”) whose names will be made available for you upon request.

The above list includes departments, sections, divisions, workforce members, volunteers and trainees whose conduct is directly controlled by Memorial Health System. For purposes of this notice, each covered entity subject to this notice is referred to as “Memorial” or “we.” “You” and “your” refer to the Memorial patient or the person authorized to make health care decisions for the Memorial patient if the patient lacks that authority.

Who may use and disclose your medical information?

Memorial maintains your medical information in a confidential manner, as required by law. However, Memorial must share this medical information as necessary to provide you with quality health care. Memorial, its medical staff, and other covered entities participating in its organized health care arrangement also will share medical information with each other as necessary to carry out treatment, payment and health care operations relating to the organized health care arrangement. NOTE: The physicians who treat you at Memorial are not employees or agents of Memorial Health System.

What are treatment, payment and health care operations?

Treatment includes sharing information among health care providers involved in your care. For example, your doctor may share information about your condition with pharmacists to discuss appropriate medications, or with radiologists or other health care providers in order to make a diagnosis. Memorial also may share your medical information as required by your insurer or HMO to obtain payment for your treatment and/or hospital stay. Memorial also may use and disclose your medical information for

our health care operations, which includes activities to improve the quality of care -- for example, for review and training purposes.

How will Memorial use or disclose your medical information without your authorization?

Unless you ask for restrictions on a specific use or disclosure, your medical information may be used or disclosed for the following purposes:

- To provide you with appointment reminders.
- To inform you of treatment alternatives, benefits or services related to your health that may be of interest to you. (You will have an opportunity to refuse to receive this information.)
- Individuals who have the authority to consent to your treatment or who are involved in payment for treatment.
- Use in a hospital directory, which may include your name, general condition and location in the hospital.
- To carry out payment, health care operations or other functions through business associates (for example, to install a new computer system).
- Public health activities including disease prevention, injury or disability; reporting births and deaths; reporting child abuse or neglect; reporting reactions to medications or product problems; notification of recalls; infectious disease control; or notifying government authorities of suspected abuse, neglect or domestic violence (if you agree or as required by law).
- Health oversight activities (for example, audits, inspections, investigations and licensure).
- Lawsuits and disputes.
- Law enforcement (for example, in response to a court order or subpoena).
- Coroners and medical examiners.
- Organ and tissue donation.
- Certain research projects approved by an Institutional Review Board.
- The American Red Cross (or a government disaster relief agency) if your care is involved in a disaster relief effort.
- To prevent a serious threat to health or safety.
- To military command authorities if you are a member of the armed forces.
- National security and intelligence activities.
- Protection of the President or other authorized persons or foreign heads of state, or to conduct special investigations.
- To contact you or use (or disclose to a business associate) your medical information for fundraising activities, but such information will be limited to your name, address, phone number, and the dates you received services at, or by, Memorial. Funds raised will be used to expand and improve the services and programs we provide for the community. (You will have an opportunity to refuse to receive future fundraising communications.)
- Inmates. (Medical information about inmates of correctional institutions may be released to the institution.)
- Workers' Compensation. (Your medical information regarding benefits for work-related illnesses may be released as appropriate.)
- As required by law.

Your authorization is required for other disclosures.

Except as described above, Memorial will not use or disclose your medical information unless you provide Memorial written authorization to disclose it. You may revoke your authorization, which will be effective only after the date of your written revocation.

Is certain medical information subject to additional restrictions?

Certain types of information may be subject to additional restrictions on disclosure, such as substance abuse treatment records, AIDS test results and psychotherapy notes.

You have rights regarding your medical information.

To invoke any of the following rights, you may make a written request on the form provided by Memorial.

- **Right to request restriction.** You may request limitations on the medical information Memorial uses or discloses for treatment, payment or health care operations, but Memorial is not required to agree to your request. If we agree, we will comply with your request unless the information is needed to provide you with emergency treatment.
- **Right to confidential communications.** You may request to receive communications in a certain way or at a certain location, but you must specify how or where you wish to be contacted.
- **Right to inspect and copy.** You have the right to inspect and copy your medical information regarding decisions about your care. Memorial may charge a fee for copying, mailing and supplies. Under limited circumstances, your request may be denied; in some cases you may request review of the denial by another licensed health care professional chosen by Memorial. Memorial will comply with the outcome of the review.
- **Right to request amendment.** If you believe that the medical information Memorial has about you is incorrect or incomplete, you may request an amendment on the form provided by Memorial, which requires certain specific information. Memorial is not required to accept the amendment.
- **Right to accounting of disclosures.** You may request a list of the disclosures of your medical information that have been made by Memorial to persons or entities in the past six years, but not before April 14, 2003. Such a list will not include certain disclosures, including disclosures made (i) to you; (ii) with your authorization; or (iii) for treatment, payment and health care operations. After the first request, there may be a charge.
- **Right to a copy of this notice.** You may request a paper copy of this notice at any time, even if you have been provided with an electronic copy. You may also obtain an electronic copy of this notice at the Memorial Web site, <http://www.memorialhealth.org>.

You are not entitled access to information prohibited by the Clinical Laboratory Improvement Amendments.

Requirements regarding this notice.

Memorial is required by law to maintain the privacy of medical information and to provide you with this notice of our legal duties and privacy practices with respect to medical information. Memorial will be governed by this notice for as long as it is in effect. Memorial may change this notice, and these changes will be effective for medical information we have about you as well as any information Memorial receives in the future. We will provide you a copy of revised notices upon request and make them available when you seek our services.

Complaints?

If you believe your privacy rights have been violated, you may file a complaint with Memorial or with the Secretary of the United States Department of Health and Human Services. You will not be penalized or retaliated against in any way for making a complaint to Memorial or the Department of Health and Human Services.

Call the Memorial Privacy Officer at 936-639-7007 if:

- You have a privacy complaint.
- You have any questions about this notice.
- You wish to request restrictions on uses and disclosures for treatment, payment or health care operations.
- You wish to obtain a form to exercise your rights as described above.