



100 Medical Drive, Lake Jackson, TX 77566

NOTICE OF PRIVACY PRACTICE

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

PLEASE REVIEW IT CAREFULLY

INTRODUCTION:

In order to provide healthcare services, Brazosport Regional Health System (BRHS) must obtain and maintain medical information on you, the patient. The Notice of Privacy Practices describes the types of information that are collected and your rights regarding the information.

Under the Federal & State Law, your medical information is protected and confidential. This information is obtained from applications for health care coverage, surveys, claims for payment filed by health care providers, referrals made by health care providers and your medical records. Personal medical information may also be obtained over the phone from you. Other sources of medical information include group health plan administrators, employers and business partners such as third-party administrators, consultants and other entities engaged in obtaining healthcare information. Your personal doctor may have different policies and notices regarding the doctor's use and disclosure of your medical information created in the doctor's office or clinic.

Medical information includes the following:

- Your health history.
- Your medical records.
- Your (name, address and date of birth).
- Your marital status.
- Your sex.
- Your social security number.
- Information regarding your dependents.
- Other similar information that relates to past, present, and future medical care.

Uses and Disclosures:

How we may use and disclose Medical Information about you:

BRHS will obtain your consent to obtain, use and disclosure of your medical information for the purpose of routine treatment, payment, and healthcare operations.

Uses and disclosures for treatment:

Your medical information may be disclosed to healthcare providers including physicians, nurses, laboratory technicians, medical students, nursing students and other healthcare personnel involved in your care at the hospital. For example: A doctor treating you for a wound infection may need to know if you have diabetes because diabetes may slow the healing process. Different departments of the hospital also may share information about you in order to coordinate the care you may need, such as x-rays, lab work, meals and pharmaceuticals.

Uses and disclosures for payment:

We may use and disclose medical information about your treatment and services to bill and collect payment from you, your insurance company or a third party payor. We may also tell your health plan about the treatment you are going to receive to determine whether your plan will cover it. For example: We may need to call your insurance company to determine whether your plan will cover the test or surgery you may have done, so the hospital or yourself will be reimbursed.

Uses and disclosures for healthcare operations:

Your medical information may be used and disclosed for the purpose of quality review assessments, audits, business planning, legal services or administrative services. For example: We may combine medical information about many patients to evaluate new services. We may disclose medical information to doctors, nurses and other healthcare workers for educational purposes. We may remove information that identifies you from this set of medical information to protect your privacy.

We may also use and disclose medical information:

- To business associates we have contracted with to perform the agreed upon service and billing for it.
- To remind you that you have an appointment for

medical care.

- To tell you about possible treatment alternatives.
- To assess your satisfaction with our services.
- To contact you as part of fund raising efforts.
- To tell you about health-related benefits or services.
- To inform Funeral Directors.
- For population based activities relating to improving health.
- For conducting training programs or reviewing competence of health care professionals.
- Hospital Directory: We may include certain information about you in the hospital directory while you are a patient at the hospital. The information may include your name, location in the hospital, your general condition (e.g. fair, stable, etc.) and your religious affiliation. If you would like to opt out of being in the facility directory please request an Opt Out Form from the registration staff.
- Clergy.
- Research: We may disclose information to researchers when an institutional review board has reviewed the research proposal and established protocols to ensure the privacy of your medical information.

We may share this information with, business partners, for purpose of utilization review, appropriateness of care, reviews, and consultation with outside healthcare providers, consultants, attorneys and regulatory and accrediting agencies. BRHS requires its business partners to sign a contract specifying their compliance with BRHS privacy policies.

As required by law, we may also use and disclose medical information, including but not limited to:

- The health plan sponsor for claim purpose.
- Organ donation and tissue transplant entities, if you are an organ or tissue donor.
- The military service of which you are a member.
- Worker's compensation carriers.
- Public health agencies – Vital statistics, diseases and information related to recalls of dangerous products and similar information to public health and hospitals. (e.g. abuse, neglect, domestic violence)
- Law enforcement personnel in response to legal requirements.
- Coroners, medical examiners, funeral directors.

- Legal representative in response to court order, subpoena or other legal proceeding such as gunshot wounds, suspected abuse, neglect or similar injuries and events.
- National Security and intelligence agencies as authorized by law.
- Correctional institutions if you are an inmate.
- Serious threat to health or safety – We may use and disclose information when necessary to prevent a serious threat to your health and safety of the public or another person.
- Protective service of the President and others.

YOUR RIGHTS:

Although your health record is the physical property of the hospital, you have the following rights regarding your health information.

- **Review and Copy:** You have the right to review your medical information maintained by BRHS and obtain a copy of such information. Usually, this includes medical and billing records, but does not include psychotherapy notes. 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 the hospital 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.
- **Reasonable fee:** A reasonable fee may be charged for copies of your health information records.
- **Amend:** If you feel that the medical or billing information we have about you are incorrect or incomplete you have the right to request an amendment as long as the information is kept by or for the hospital. Request for amendments include a written reason for the requested amendment. We may deny your request for amendment and if this occurs, you will be notified of the reason for the denial.
- **An Accounting of Disclosures:** You have a right to request an accounting of disclosures of your medical information made by the hospital. This request must be made in writing and may not be for a period longer than six (6) years, from the date of the request and may not include dates prior to April 14, 2003. This is a list of the disclosures we make of medical information about you. 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 costs involved before any costs are incurred.

- **Request Restrictions:** You have a right to request a restriction on the medical information that may be disclosed. **BRHS is not required to agree to this request.** If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. If we do not agree you will be notified in writing.
- **Request Confidential Communications:** You have the right to request that communication regarding your medical information from the hospital be communicated with you about medical matters in a certain way or at a certain location. This request must be in writing. BRHS will accommodate all reasonable requests.
- **Revoke:** You have the right to revoke your authorization.

To exercise any of your rights, please obtain the required forms from the Privacy Officer and submit your request in writing.

COMPLAINTS: If you are concerned that we have violated your privacy rights, or if you disagree with a decision we made about your records, you may file a complaint with the hospital by contacting the main number and asking for the Facility Privacy Officer or with the U.S. Department of Health and Human Services. All complaints must be submitted in writing.

You will not be penalized in any way for filing a complaint.

CHANGES TO PRIVACY PRACTICES: We reserve the right to change this notice and the revised or changed notice will be effective for information we already have about you as well as any information we receive in the future. The current notice will be posted in the hospital and include the effective date. In addition, each time you register at or are admitted to the hospital for treatment or health care services as an inpatient or outpatient, we will offer you a copy of the current notice in effect. For your convenience up-to-date privacy notices are maintained on the BRHS web site at www.brazosportregional.org.

INDEPENDENT CONTRACTORS: BRHS and the physicians who practice at the hospital are independent contracts and do not hereby assume any liability for the services or conduct of each other.

OTHER USES OF MEDICAL INFORMATION:

There are situations where your consent does not cover use and disclosure of your medical information; therefore, BRHS will ask for your authorization to use or disclose your medical information. This may be to release your medical information; including but not limited to: automobile insurance claims, referrals to other physicians not involved in your care. In most circumstances, the person to whom the medical information pertains may only make an authorization. In some circumstances, authorization may be obtained from a person representing your interests (such as in the case where you may be to incapacitated to make an informed authorization) or in an emergency situation where authorization would be impractical to obtain.

In order to ensure the privacy of your medical information, BRHS has developed privacy policies and procedures. Procedures are based on appropriate, administrative technical and physical safeguards necessary to maintain confidentiality of your medical information. Psychiatric information is limited to those individuals that have a legitimate business need for that information. This protection extends to the use of your medical information by BRHS business partners.

Privacy Official
979-297-4411

This notice was published and becomes effective on
April 14, 2003