



PINE CREEK
MEDICAL CENTER

NOTICE OF PRIVACY PRACTICES

This notice describes how Pine Creek Medical Center may use and disclose your medical information, and how you may access this information. Please read through and review it carefully.

This Notice covers Pine Creek Medical Center (PCMC), any of our affiliates and physicians practicing on PCMC owned or leased space, as well as their clinical support staff. All employees, staff, and other personnel will follow the terms of this notice. In addition, these entities, sites and locations may share medical information with each other for treatment, payment, or health care operation purposes as described in this notice.

Pine Creek's Commitment to Protecting Medical Information:

We understand and appreciate the personal nature of any information relating to you and your health. PCMC is committed to protecting your medical information, and is required by law to:

- Ensure the privacy of your identifiable medical information
- Provide you with this Notice of our legal duties and Privacy Practices with respect to your medical information
- Follow the terms of the most current Notice

This Notice describes how we may use and disclose your Protected Health Information (PHI) to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your PHI.

"PHI" refers to information about you, and may also include: demographic information that may be used to identify you as it relates to your past, present or future physical or mental health or condition and related health care services.

Uses and Disclosures of Patient's Protected Health Information

Uses and Disclosures of Protected Health Information Based Upon Your Written Consent

You will be asked by PCMC to sign a consent form. Once you have consented to the use and disclosure of your Protected Health Information for treatment, payment and health care operations by signing the consent form, PCMC will use or disclose your PHI as described in this section.

Each category of uses and disclosures will be explained, but not every use or disclosure in each category will be listed. However, every permissible use or disclosure will fall under one of the following categories:

Treatment:

We will use and disclose your PHI to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party that has already obtained your permission to have access to your PHI. We may disclose your PHI as necessary to: doctors, nurses, counselors, physician assistants, nurse practitioners, or any other personnel involved in your care.

For example: Your PHI may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you.

Payment:

We may use and disclose your health information so that we may bill for treatment and services you receive at PCMC and can collect payment from you, an insurance company or another third party.

For example: We may need to give your health plan information about your treatment in order for your health plan to pay for such treatment. We may also tell your healthcare provider about a treatment you are going to receive to obtain approval prior to your treatment, in order to determine whether your plan will cover the treatment.

Healthcare Operations:

We may use and disclose your health information for healthcare operation's purposes. These uses and disclosures are necessary to make sure that all of our patients receive quality care, and for our operation and management purposes.

For example: We may use your health information to review the treatment and services you receive to check on the performance of our staff in caring for you. We may also disclose information to: doctors, nurses, technicians, medical students and other personnel for educational and learning purposes.

USES OF YOUR MEDICAL INFORMATION WITHOUT YOUR AUTHORIZATION:

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

Appointment Reminders:

We may use and disclose your health information to contact you to remind you that you have an appointment for treatment or medical care.

Others Involved in Your Health Care:

Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your PHI that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary, if we determine that it is in your best interest based on our professional judgment. We may use or disclose PHI to notify or assist in notifying a family member, personal representative or any other person that is directly responsible for your care, as it relates to your location, general condition, or death. Finally, we may use or disclose PHI to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your health care.

Facility Directory:

We will include your name, your condition (described in general terms), and your religious affiliation (accessible to clergy only) in our Facility Directory. If you agree to being listed in the PCMC Facility Directory, all of the above information, with the exception of your religious affiliation, will be released to people who ask for you by name. Your religious affiliation may be given to members of the clergy, even if they do not ask for you by name. **You have the right to prohibit this.**

Business Associates:

There are some services provided at PCMC through contracts with Business Associates such as medical transcription services and record storage companies. Business Associates are required by Federal Law to protect your health information.

Emergencies:

We may use or disclose your PHI in an emergency treatment situation. If this happens, Pine Creek staff shall attempt to obtain your consent as soon as reasonably practicable after the delivery of treatment. Your physician or any Pine Creek staff member is required by law to treat you in an emergency. They will still attempt to obtain your consent, but if they are unable to do so, he or she may still use or disclose your PHI to treat you.

Communication Barriers:

We may use and disclose your PHI if we attempt to obtain consent from you but are unable to do so due to substantial communication barriers and we determine, using professional judgment, that you intend to consent to use or disclosure under the circumstances.

OTHER PERMITTED AND REQUIRED USES AND DISCLOSURES THAT MAY BE MADE WITHOUT YOUR CONSENT, AUTHORIZATION OR OPPORTUNITY TO OBJECT:

We may use or disclose your PHI in the following situations without your consent or authorization; these situations include, but are not limited to:

Required by Law:

We may use or disclose your PHI to the extent that the use or disclosure is required by law. The use or disclosure will be made in compliance with the law and will be limited to the minimum amount necessary. You will be notified, as required by law, of any such uses or disclosures. We may use or disclose your information to state agencies for registry purposes as appropriate and required under Texas State law.

For example: vital statistics, tumor, burn or trauma registries.

Public Health:

We may disclose the minimum necessary amount of your PHI for public health activities to a public health authority that is permitted by law to collect or receive the information. These uses and disclosures may include, but are not limited to:

- To prevent or control disease, injury, or disability
- To report child abuse or neglect by making a telephone report to the appropriate authorities, and to follow this report with a written confirmation
- To report reactions to medication(s) or problem(s) with product(s) as required by the Food and Drug Administration
- 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 the victim of domestic violence. We will only make this disclosure if you agree, and when consistent with the requirements or authorizations applicable under Texas and Federal Laws.

Health Oversight:

We may disclose PHI to a health oversight agency for activities authorized by law, such as audits, investigations, inspections, and licensure. Oversight agencies seeking this information include government agencies that oversee the healthcare system, government benefit programs, other government regulatory programs and Civil Rights laws.

Legal Proceedings:

We may disclose PHI in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), in certain conditions in response to a subpoena, discovery request or other lawful processes.

Law Enforcement:

We may also disclose your PHI, so long as applicable legal requirements are met and for law enforcement purposes. We may release the minimum necessary information if asked to do so by a law enforcement official.

- In response to a proper court order or similar process
- In response to a subpoena for a staff member of Pine Creek
- About criminal conduct involving our facility (PCMC)
- Suspicion that a death has occurred as a result of criminal conduct
- In the event that a crime occurs on the premises of the practice (PCMC)
- Medical emergency (not on Pine Creek's premises) but it is likely that a crime occurred

Coroners, Funeral Directors, and Organ Donation:

We may disclose PHI to a coroner or medical examiner for identification purposes, cause of death determination, or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose PHI to a funeral director, as authorized by law, in order to permit the funeral director to carry out their duties. We may also disclose such information in reasonable anticipation of death. **PHI may be used and disclosed for organ, eye, or tissue donation purposes.**

Research:

We may disclose your PHI to researchers when an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your PHI. In most cases, the medical information will be de-identified for privacy purposes.

Criminal Activity:

Consistent with applicable Federal and State laws, we may disclose your PHI, if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may also disclose PHI if it is necessary for law enforcement authorities to identify or apprehend an individual. Any such disclosure would be limited to the minimum amount necessary, and would be made to someone involved in the prevention of the threat.

Military Activity:

When the appropriate conditions apply, we may use PHI of individuals who are Armed Forces personnel (1) for activities deemed necessary by appropriate military command authorities; (2) for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits, or (3) to foreign military authority if you are a member of that foreign military services.

Workers' Compensation:

We may disclose your PHI for Worker's Compensation and other similar legally established programs, in accordance with State and Federal laws regarding such disclosures.

National Security:

We may disclose your PHI to authorized Federal Officials for intelligence, counterintelligence, and other national security activities authorized by law.

Required Uses and Disclosures:

By law, we must make minimum necessary disclosures when required to do so by state, federal, or local law.

USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION BASED UPON YOUR WRITTEN AUTHORIZATION

Most uses and disclosures of PHI for marketing purposes, as well as disclosures that constitute a sale of PHI, will be disclosed only upon your written authorization.

Any other uses and disclosures of your PHI not addressed in this Notice will be made only with your written authorization.

You may revoke this authorization at any time in writing, except to the extent that Pine Creek has taken an action in reliance on the use or disclosure indicated in the Authorization.

YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION

Right to Obtain a Copy of This Notice:

You have the right to a paper copy of this Notice. To receive a paper copy of this Notice, or any future revisions of this Notice, you may contact our Privacy Officer and request that a revised copy be sent to you in the mail. You may also obtain a copy in the Admissions Office or by visiting our website at:

www.pinecreekmedicalcenter.com

Right to Access:

With a few exceptions you have the right to review and receive a copy of your Health Information. You may inspect and obtain a copy of PHI about you that is contained in a designated record set for as long as we maintain the Protected Health Information. A "designated record set" contains medical and billing records and any other records that Pine Creek uses for making decisions about you.

Under Federal Law, however, this generally does not apply to the following: psychotherapy notes, information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and PHI that is subject to law that prohibits access to Protected Health Information.

Depending on the circumstances, a decision to deny access may be reviewable. In some circumstances, you may have a right to have this decision reviewed. Please contact our Privacy Officer if you have questions about access to your medical records.

If your PHI is maintained in an electronic format, you have the right to request that an electronic copy of your record be given to you or transmitted to another entity. We will make every effort to provide access to your PHI in the form or format you request, if it is readily producible in such form or format.

To inspect and/or copy your medical information maintained by Pine Creek, you must submit your request in writing to the Health Information Management Department. You may be charged a fee for the copying, mailing, and any other activities associated with your request.

Right to Request an Amendment:

If you feel any of your medical information maintained by Pine Creek is incorrect or inaccurate, you may request an amendment of that information for as long as we maintain this information. To request an amendment, **your request must be made in writing and must include the reason for the request. All requests for amendment are to be submitted to the Health Information Management Department.**

PCMC reserves the right to deny your request for amendment for any of the following reasons:

- We believe information is complete and accurate
- We did not create the information you feel is incorrect
- The person or entity that created the information is no longer available to make the amendment
- The information is not part of the medical information kept by our hospital
- The request pertains to information that you are not permitted to inspect and copy

You have the right to file a statement of disagreement with us. In turn, we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. Please contact our Privacy Officer if you have questions regarding amending your medical record.

Right to an Accounting of Disclosures:

This right applies to disclosures for purposes other than treatment, payment or healthcare operations as described in this Notice of Privacy Practices for a time frame of up to six years from the date of the request. It excludes routine disclosures, such as any we may have made to you, our Facility Directory, and to family members or friends involved in your care, or for notification purposes.

To request an Accounting of Disclosures, you must submit a written request to the Health Information Management Systems Department. Your request must state a time period, which may not exceed six years. You will not be charged for the first request for accounting within a twelve-month period; however, you may be charged a fee for the administrative costs of retrieving, copying, mailing, and any other activities associated with any additional requests for accounting. You will be notified of the costs involved and will have the option to withdraw your request at that time, before any costs are incurred.

Right to Request Restriction:

You have a right to request that PCMC restrict the use or disclosure of any part of your PHI for the purposes of treatment, payment or healthcare operations. You have the right to request, in writing, a Restriction on Disclosures of Health Information to a health plan with respect to treatment services for which you have paid out of pocket in full. You may also request that your PHI be disclosed to family members or friends for notification purposes on an all or nothing basis. You must decide whether to grant disclosure to all family and friends, or to none. Your request must state the specific restriction requested. PCMC is not required to agree to a restriction that you may request. If we believe it is in your best interest to permit use and disclosure of your PHI, it will not be restricted. If we do agree to the requested restriction, we may not use or disclose your PHI in violation of that restriction unless it is needed to provide emergency treatment. With this in mind, please discuss any restriction you wish to request with your physician/PCMC.

Right to Request Confidential Communications:

You have the right to request to receive confidential communications from PCMC by alternative means or at an alternative location. For example, you may wish to be contacted only at work or by mail. We will accommodate all reasonable requests. We may also condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. We will not request an explanation from you as to the basis for the request. **To request such a limitation, you must make your request in writing to PCMC Privacy Officer Fax 214.572.7138.**

Breach Notification: You have the right to be notified of any breach of your unsecured PHI.

CHANGES TO THIS NOTICE:

We reserve the right to change the terms of our Notice at any time. Any revisions of the Notice will be effective for all PHI that we maintain at that time. We will post a copy of the current Notice at each PCMC Admission Office and on our website. The end of our Notice will contain the Notice's effective date.

Complaints:

If you believe your Privacy Rights have been violated, you may file a complaint with PCMC or with the Secretary of Health and Human Services. To file a complaint with us contact our Privacy Officer for further information about the complaint process. We will not retaliate against you for filing a complaint.

If you have any questions about this Notice, please contact our Privacy Officer: Rivona Wasserman, direct line: 214.572.7137, email: RWasserman@pinecreekmedicalcenter.com.