

**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.**

If you have any questions about this Notice please contact: Privacy Officer at 903-577-6133.

This Notice describes the practices of Titus Regional Medical Center (TRMC), which includes the Community Women's Clinic, the TRMC Rural Health Clinic, Emergency Medical Services and any physician with staff privileges with respect to our protected health information created while you are a patient at TRMC. All TRMC entities, physicians on staff, and personnel authorized to have access to your medical chart are subject to this notice. In addition, TRMC employees and physicians on staff may share medical information with each other for treatment, payment or health care operations described in this notice. **Physicians participating in your care at Titus, including physicians in the Emergency Department, are not employees or agents of Titus and are not acting for or on behalf of Titus. Such physicians are independent contractors, engaged in the private practice of medicine, who have been granted to use this facility for the care of their patients.**

We create a record of the care and services you receive at TRMC. We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. This notice applies to all of the records of your care at TRMC.

This notice will tell you about the ways in which we may use and disclose medical information about you. We will also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

**UNDERSTANDING YOUR HEALTH RECORD/INFORMATION**

Each time you visit a hospital, physician, or other healthcare provider, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This information, often referred to as your health or medical record, serves as a:

- basis for planning your care and treatment
- means of communication among the many health professionals who contribute to your care
- legal document describing the care you received
- means by which you or a third party payer can verify that services billed were actually provided
- tool in educating health professionals;
- source of data for medical research;
- source of information for public health officials charged with improving the health of the nation;
- source of data for facility planning and marketing and
- tool with which we can assess and continually work to improve the care we render and the outcomes we achieve.

Understanding what is in your record and how your health information is used helps you to:

- ensure its accuracy
- better understand who, what, when, where and why others may access your health information

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- make more informed decisions when authorizing disclosure to others.

## **YOUR HEALTH INFORMATION RIGHTS**

The following is a statement of your rights with respect to your protected health information and a brief description of how you may exercise these rights.

**Right to request a restriction of your protected health information.** You may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment or healthcare operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care, unless provided for by law. We are not required by law to agree to a restriction that you may request. You may request a restriction by completing a Request for Restrictions form and present it to an admitting or registration representative. Your request will be forwarded for review and decision. Written notice will be provided to you if TRMC is unable to agree to a requested restriction.

**Right to inspect and copy your protected health information.** You have the right to inspect and copy your medical information, as provided by law. Usually, this includes medical and billing records but does not include psychotherapy notes. There is a fee to copy medical records. You must submit your request to inspect and copy in writing to the Health Information Management Department of TRMC. We may deny your request to inspect or copy in certain circumstances and in the case of such denial you have the right to have this decision reviewed by a health care professional of our choosing. The professional chosen will not be the person involved in the original denial and we will comply with the outcome of the review.

**Right to amend your protected health information.** If you feel medical information we have about you is incorrect or incomplete, you may request that we amend the information as long as the information is maintained by us. You must submit a request for amendment to the Health Information Management department of TRMC with a reason supporting your request to amend. We may deny your request for an amendment if the request:

- is not in writing
- is not supported by a reason
- asks to amend information that is accurate or complete
- is for parts of the information; you are not permitted to inspect or copy, by law
- is part of the record, which was not created by us.

**Right to an accounting of disclosures, if any, of your protected health information.** This right applies to disclosures for purposes other than treatment, payment or healthcare operations or other allowed disclosures including those to family members or friends involved in your care, as described in this Notice of Privacy Practices. It also excludes disclosures we may have made based upon written authorization from you. You have the right to a list of disclosures for time periods no longer than six years and not before April 14, 2003. The first list you request within a 12-month period will be free. For additional lists, we may charge you a fee, which we will ask for prior to compiling the list. All requests for a list of disclosures must be made in writing and submitted to the Health Information Management Department of.

**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. Please make this request in writing to an admitting or registration representative. We will not ask you the reason for your request. We will accommodate 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.

## **OUR RESPONSIBILITIES**

In addition to the responsibilities set forth above, we are also required to:

- maintain the privacy of your health information;
- provide you with a notice as to our legal duties and privacy practices with respect to information we maintain about you;
- abide by the terms of this notice;
- notify you if we are unable to agree to a requested restriction on certain uses and disclosures.

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, we will have the revised notice available for you to request at TRMC. The revised notice will also be posted at TRMC and on the web site: [www.titusregional.com](http://www.titusregional.com).

We will not use or disclose your health information without your written authorization, except as described in this notice.

### ***FOR MORE INFORMATION OR TO REPORT A PROBLEM:***

*If you have questions and would like additional information, you may contact the Health Information Management Department (903)-577-6133.*

*If you believe your privacy rights have been violated, you can file a complaint with Administration at Titus Regional Medical Center or with the Department of Health and Human Services. There will be no retaliation for filing a complaint.*

## **EXAMPLES OF DISCLOSURES FOR TREATMENT, PAYMENT, AND HEALTH CARE OPERATIONS**

The following categories describe different ways that we use and disclose medical information. For each category of uses or 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 should fall within one of the categories.

***We will use your health information for treatment.***

**For example:** We may disclose medical information about you to doctors, nurses, technicians, medical students, or other personnel who are involved in taking care of you at TRMC. We may share medical information about you in order to coordinate different treatments, such as prescriptions, lab work and x-rays.

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We would disclose your protected health information, as necessary, to a home health agency that provides care to you. We may also provide your physician or a subsequent health-care provider with copies of various reports to assist in treating you once you are discharged from care at TRMC.

We may release medical information about you to a friend or family member who is involved in your medical care. We may also tell your family or friends your condition and that you are in the hospital. 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.

***We will use your health information for payment.***

**For example:** A bill may be sent to you or a third-party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used. 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. We may also give information to someone who helps pay for your care as defined by law.

***We will use your health information for regular health care operations.***

**For example:** We may use the information in our health record to assess the care and outcome in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the health care and services we provide. In addition, we may use a sign-in sheet at the registration desk where you will be asked to sign your name and we may also call you by name in the waiting room when we are ready to see you.

**Business Associates:** There are some services provided in our organization through contacts with business associates. Examples include physician services, certain laboratory tests, and consultants. To protect your health information, however, we require business associates to appropriately safeguard your information.

**Directory:** Unless you sign a document to become a “**No Information Patient**”, we will use and disclose in our facility directory your name, location in facility, and religious affiliation. Information provided to people that asks for you by name include your general condition and location in the facility. Members of the clergy will be told your religious affiliation. **NOTE: a “No Information Patient” means you will not receive telephone calls, flowers or have mail delivered.**

**Notification:** We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, of your location, and general condition. If we are unable to reach your family member or personal representative, then we may leave a message for them at the phone number that they have provided us, such as on an answering machine.

**Emergencies:** We may use or disclose your protected health information in an emergency treatment situation without your acknowledgment of this Notice. If this happens, we will try to obtain your acknowledgment as soon as reasonably practicable after the delivery of treatment. If we are required by law to treat you and we attempt to obtain your acknowledgment but are unable to obtain your acknowledgment, we may still use or disclose, your protected health information for treatment, payment and operation purposes.

Research: We may disclose information to researchers. We will only do so when an institutional review board has reviewed and approved the research proposal and established protocols to ensure the privacy of your health information. At present, there are no such research projects ongoing or contemplated at TRMC.

Justice of Peace, Pathologist (Autopsy), Funeral directors: We may disclose health information to these people consistent with applicable law to carry out their duties.

Organ procurement organizations: Consistent with applicable law, we may disclose health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.

Public Reminders: We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Fund raising: We may contact you as part of a fund-raising effort.

Food and Drug Administration (FDA): We may disclose to the FDA health information relative to adverse events with respect to food, medications, devices, supplements, product and product defects. We will also post marketing surveillance information to enable product recalls, repairs, or replacement.

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 the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

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.

Public Health Risks: We may disclose medical information for public health activities. The purpose of such activities, generally, is:

- to prevent or control disease, injury or disability;
- to report births and deaths;
- to report child abuse or neglect;
- 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 the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law. In a case of domestic violence we will only make this disclosure if you agree.

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.

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NOTICE OF PRIVACY PRACTICES

Worker's Compensation: We may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Correctional institution: Should you be an inmate of a correctional institution, we may disclose to the institution or agents thereof health information necessary for your health and the health and safety of other individuals.

Required by law: We will disclose medical information about you when required to do so by federal, state, or local law.

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