

## 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.**

This Notice describes how all Methodist Medical Group entities may use and disclose your health information for purposes of treatment, payment or health care operations and for other purposes that are permitted or required by law. This Notice applies to all Methodist Medical Group facilities. It also applies to physicians and other health professionals at Methodist Medical Group. We reserve the right to change this notice. The new notice will apply to all protected health information that we possess at that time and in the future. The current notice will be available upon request in our facilities and on our website listed above. You have the right to discuss this with the Privacy Officer.

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**YOUR RIGHTS – When it comes to your health information, you have certain rights. This section explains your rights.**

- **Get an electronic or paper copy of your medical record**
  - You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you by contacting the Methodist Medical Group facility at which you were treated. Ask us how to do this.
  - We will provide a summary of your health information in accordance with applicable state/federal requirements, usually within 15 calendar days. We may extend the time to provide this by 15 days, if needed. We may charge a reasonable, cost-based fee, but will not charge a fee for viewing any PHI in person.
- **Ask us to correct your medical record**
  - You can ask us to correct health information about you that you think is incorrect or incomplete. Requests for amendment must be submitted to Methodist Medical Group facility at which you were treated. Ask us how to do this.
  - We may say “no” to your request, but we’ll tell you why in writing within 60 days.
- **Request confidential communications**
  - You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. Requests for such communication are to be made in writing to a registration representative. Ask us how to do this.
  - We will not ask you the reason for your request. We will say “yes” to all reasonable requests.
- **Ask us to limit what we use or share**
  - You may ask us **not** to use or share certain health information for the purposes of treatment, payment or healthcare operations.
    - We are not required by law to agree to a restriction that you may request, and we may say “no” if it would affect your care.
  - If you pay for a service out-of-pocket in full, you can ask us not to share information for the purpose of payment/operations with your health insurer.
    - We will say “yes” unless a law requires us to share that information.
- **Get a list of those with whom we’ve shared information**
  - You can ask for a list (accounting) of the times we’ve shared your health information for 6 years prior to the date you ask, who we share it with, and why.
  - We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months. To request this, contact in writing the Methodist Medical Group facility at which you were treated. Ask us how to do this.
- **Get a copy of this privacy notice**
  - You can ask for a paper copy of this notice at any time, even if you agreed to receive it electronically. We will provide a paper copy promptly.
- **Choose someone to act for you**
  - If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
  - We will make sure the person has authority and can act for you before we take any action.
- **File a complaint if you feel your rights are violated**
  - If you believe your privacy rights have been violated, you may complain to us by sending a written notice of your complaint to the Methodist Privacy Officer at the information listed at the top right header of this Notice.
  - You can file a complaint with the U.S. Department of Health and Human Services Office of Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-67785 or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/)
  - We will not retaliate against you for filing a complaint.

**YOUR CHOICES – For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.**

- **In the following cases, you have both the right and choice to tell us to:**
  - **Share information with your family, close friends, or others involved in your care**
    - Unless you designate otherwise, we may release protected health 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.
  - **Share information in a disaster relief situation**
    - 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.
  - **Contact you for fundraising efforts**
    - We may use or disclose your demographic information and the dates that you received treatment from our facilities, as necessary, in order to contact you for fundraising activities supported by the Methodist Health System Foundation office, but can tell us not to contact you again.

*If you are unable to tell us your preference, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*

- **In the following cases, we never share your information unless you give us written permission:**
  - **Marketing purposes**
  - **Sale of your information**
  - **Most sharing of psychotherapy notes, unless approved by your physician**

#### **OUR USES AND DISCLOSURES**

- **How do we typically use or share your health information? We typically use or share your health information in the following ways:**
  - **Treat you [Treatment]** – We use your health information and share it with other professionals who are treating you.
    - For example, we may disclose medical information to doctor or other health care provider who becomes involved in your care.
  - **Run our organization [Operations]** – We use and share your health information to run our operations, improve your care, and contact you when necessary.
    - For example, we may use your health information for quality assessment activities, employee review activities, training of medical students, licensing, conducting or arranging for other business activities or to contact you to remind you of your appointment. We may use a sign-in sheet at the registration desk and call you by name in the waiting room. We may also aggregate information with other healthcare professionals.
  - **Bill for your services [Payment]** – We use and share your health information to bill and get payment from health plans/other entities.
    - For example, we give information about you to your health insurance so it will pay for your services or to obtain prior approval.
- **How else can we use or share your health information? We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information, see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).**
  - **Help with public health and safety issues** – We can share information about you for certain situations such as preventing disease, helping with product recalls, reporting adverse reactions to medications/products, reporting suspected abuse, neglect, or domestic violence, preventing or reducing a serious threat to anyone’s health or safety, notifying persons who may have been exposed to a disease, and reporting certain work-related illnesses and injuries to your employer for workplace safety monitoring
  - **Research** – We may use or disclose information about you for purposes of health research or research projects approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information. We will almost always ask for your specific permission if the researcher will have access to your information that reveals who you are, or will be involved in your care.
  - **Comply with law** – We will share information about you if state/federal laws require it, including the Department of Health and Human Services.
  - **Food and Drug Administration (FDA)** – We may disclose to the FDA health information relative to adverse events with respect to food, medications, devices, supplements, products and product defects, or post marketing surveillance information to enable product recalls, repairs or replacement.
  - **Respond to organ and tissue requests** – We can share health information about you with organ procurement organizations.
  - **Work with post-care entities** – We can share health information with a coroner, medical examiner, or funeral director when an individual dies.
  - **Address worker’s compensation, law enforcement, and other government requests** – We can use or share health information about you for worker’s compensation claims, for law enforcement purposes or with a law enforcement official, with health oversight agencies for activities authorized by law, for special government functions such as military, national security, and presidential protective services.
  - **Student immunizations to schools** – We may disclose proof of your child’s immunizations to their schools based upon your verbal or written permission.
  - **Respond to lawsuits or legal actions** – We can share your health information in response to a court or administrative order, or in response to a subpoena.

#### **OUR RESPONSIBILITIES**

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind by contacting in writing the Privacy Officer at the contact information listed in the top right header.

#### **OTHER DISCLOSURES**

- **Treatment Alternatives and Health-Related Benefits and Services:** We may use or disclose your health information, as necessary, to provide you with information about treatment alternatives or other health-related benefits and services that may be of interest to you. You may write to the Methodist Medical Group, HIPAA Privacy Officer, 3400 W. Wheatland Rd., Suite 453, Dallas, TX 75237.
- **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 consent as soon as reasonably practicable after the treatment. If we are required by law to treat you and we attempt to obtain your acknowledgment but are unable to obtain it, we may still use or disclose your protected health information for treatment, payment and operation purposes.
- **Disposal.** We may dispose of your medical records seven (7) years after the date of your last visit to a Methodist Medical Group facility, or as specified in existing law.
- **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.
- **Uses and Disclosures of Protected Health Information Based upon Your Written Authorization.** Other uses and disclosures of your protected health information will be made only with your written authorization, unless otherwise permitted or required by law as described below. You may revoke your authorization, at any time, in writing, except to the extent that we have taken an action in reliance on the use or disclosure indicated in the authorization.
- **Participation in Health Information Exchange.** Methodist Medical Group entities participate in electronic health exchanges and other information sharing activities. Therefore, Methodist Medical Group Entities may share your health information with other health care providers/entities as permitted by law. Participation is voluntary. You may opt out by contacting the Privacy Officer at the contact information listed at the top right header of this Notice.