

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: the Methodist Health System Privacy Officer at 214-947-4472 or PrivacyOfficer@mhd.com

This Notice describes how all Methodist Health System entities may use and disclose your protected health information for purposes of treatment, payment or health care operations and for other purposes that are permitted or required by law. "Protected Health Information" is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services. It also describes your rights to access and control your protected health information.

We create a record of care and services in order to manage the care you receive and to comply with certain legal requirements. We understand that medical information about you is personal. We are committed to protecting medical information about you. We are required by law to:

- maintain the privacy of your protected health information;
- provide you with this notice summarizing our legal duties and our practices related to the use and disclosure of medical information;
- abide by the terms of the notice currently in effect;
- notify affected individuals following a breach of unsecured Protected Health Information.

We may dispose of your medical records ten (10) years after the date of your last hospitalization with a Methodist facility, or after the periods specified in existing law.

We reserve the right to change this notice. The new notice will be effective for all protected health information that we possess at that time and that we receive in the future. The current notice will be available in our facilities and on our web page at www.mhd.com.

1. Protected Health Information – Uses & Disclosures

All Methodist Health System entities, including Methodist Charlton Medical Center, Methodist Dallas Medical Center, Methodist Mansfield Medical Center, Methodist Richardson Medical Center, and all employees and agents of each such entity that have access to your medical record, will follow this notice. In addition, these entities may share medical information as necessary and appropriate for treatment, payment or healthcare operations to the extent permitted by law.

The following categories describe the types of uses and disclosures of your protected health care information we may make once you have signed our consent form. For each category of uses or disclosures, we will explain what we mean and give some examples. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures that may be made by our office as allowed under the law.

Treatment, Including Continuity Of Care. We will use and disclose your protected health information 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 protected health information. For example, we would disclose your protected health information, as necessary, to a home health agency that provides care to you. We may disclose medical information about you to doctors, nurses, technicians, medical students or other hospital personnel who are involved in taking care of you at our facilities. In addition, we may disclose your protected health information from time-to-time to another physician or health care provider (e.g., a specialist or laboratory) who, becomes involved in your care by providing assistance with your health care diagnosis or treatment.

Payment. We may use and disclose protected health information about you so that the treatment and services you receive or are provided on your behalf by the entities covered by this notice may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may need to give your health plan information about surgery you received at the hospital so your health plan will pay us or reimburse you for the surgery. 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. You have the right to request that any disclosures to your health plan made for purposes of receiving payment or to otherwise facilitate healthcare operations be restricted where payment for the service or item at issue has been remitted in full by a person or entity other than the health plan.

Healthcare Operations. We may use or disclose, as needed, your protected health information in order to support the business activities of the entities covered by this notice. These activities include, but are not limited to, quality assessment activities, employee review activities, training of medical students, licensing, and conducting or arranging for other business activities. We may also combine the medical information we have with medical information from other hospitals and entities to compare how we are doing and see where we can make improvements in the care and services we offer. 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.

Appointment Reminders. We may use or disclose your protected health information, as necessary, to contact you to remind you of your appointment.

Treatment Alternatives and Health-Related Benefits and Services. We may use or disclose your protected 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 Health System Corporate Offices – HIPAA Privacy Officer, 1441 N. Beckley, Dallas, Texas 75203 to request that these materials not be sent to you.

Fundraising Activities. 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 our Foundation office. If you do not want to receive these materials, please write to the Methodist Health System Corporate Offices – HIPAA Privacy Officer, 1441 N. Beckley, Dallas Texas 75203 to request that these fundraising materials not be sent to you.

Facility Directories. Unless you sign a document to become a "No Information Patient," we will use and disclose in our facility directory your name, the location at which you are receiving care, your condition (in general terms), and your religious affiliation. All of this information, except religious affiliation, will be disclosed to people that ask for you by name. Members of the clergy will be told your religious affiliation.

Individuals Involved in Your Care or Payment for Your Care. 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. 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.

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 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 use or disclose information about you for purposes of 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 name, address or other information that reveals who you are, or will be involved in your care at the hospital.

Food and Drug Administration. We may disclose your protected health information to a person or company required by the Food and Drug Administration to report adverse events, product defects or problems, biologic product deviations; to track products; to enable product recalls; to make repairs or replacements, or to conduct post marketing surveillance, as required.

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

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

Organ and Tissue Donation. If you are an organ donor, we may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

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.

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

Participation in Health Information Exchange. Methodist Health System is making a transition from paper-based health records to electronic health records. To maximize the benefits of this transition, Methodist Health System, its hospitals, and other healthcare professionals that provide treatment services to Methodist patients may participate in a Health Information Exchange ("HIE"). An HIE allows participating providers secure, immediate electronic access to your pertinent protected health information maintained by participating health care providers as necessary as necessary for treatment. You have the option to "opt-out" of participation in the HIE, precluding your providers from sharing your health information for purposes of treatment. If you have not opted out of the HIE, your protected health information will be available through the HIE to participating health care providers that have a treatment relationship with you, consistent with this Notice of Privacy Practices and the law. If you opt-out of participation in the HIE, your protected health information will not be available through the HIE for your treating providers to search and locate in conjunction with your treatment, but will otherwise continue to be used consistent with this Notice of Privacy Practices and the law. For more information about opting out of the HIE, or for rejoining the HIE subsequent to a previous decision to opt out, you may visit www.ntahp.org, or call (817)-274-6300. To obtain information about the transition to electronic health records at Methodist Health System, and how it can improve your care and protect the privacy of your health information, please contact the Methodist Health System Security Officer (214-947-4530) or see our website at www.methodisthealthsystem.org.

Public Health Risks. We may disclose medical information about you for public health activities. These activities generally include the following:

- to prevent or control disease, injury or disability;
- to report births and deaths;
- to report child abuse or neglect;
- to report reactions to medications or problems with products;
- 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.

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. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Texas Department of State Health Services Data Collection. We may disclose medical information about you to the Texas Department of State Health Services, Texas Healthcare Information Collection program (THCIC) concerning treatment and services provided to you at a Methodist facility. Your medical information is used to help improve the health of Texas, through various methods of research and analysis. Patient confidentiality is upheld to the highest standard and your medical information is not subject to public release. THCIC follows strict internal and external guidelines as outlined in Chapter 108 of the Texas Health and Safety Code and the Health Information Portability and Accountability Act of 1996 (HIPAA). For further information regarding the data being collected, please send all inquiries to:

Chris Aker
THCIC
Department of State Health Services
Center for Health Statistics, MC 1898
PO Box 149347
Austin, TX 78714-9347

Location
Moreton Building, M-660
1100 West 49th Street
Austin, TX 78756
Phone: 512-776-7261 Fax: 512-776-7740
Email: thcichelp@dshs.state.tx.us

Lawsuits and Disputes. If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

Law Enforcement. We may release medical information if asked to do so by a law enforcement official:

- in response to a court order, subpoena, warrant, summons or similar process;
- to identify or locate a suspect, fugitive, material witness, or missing person;
- about the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
- about a death we believe may be the result of criminal conduct;
- about criminal conduct at the hospital; and
- in emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

Coroners, Medical Examiners and Funeral Directors. We may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about patients of the hospital to funeral directors as necessary to carry out their duties.

National Security and Intelligence Activities. We may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

Protective Services for the President and Others. We may disclose medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.

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.

Required Uses and Disclosures. Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of Section 164.500 et. seq.

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. Examples of the types of uses and disclosures that require a written authorization include: uses or disclosures of psychotherapy notes not subject to specific exceptions defined within applicable regulations; uses and disclosures of Protected Health Information to be used for marketing, unless communication is made face to face or is for a promotional gift of nominal value; uses and disclosures of Protected Health Information that is a sale of such information as defined within applicable regulations.

2. 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 inspect or obtain a written or electronic copy of your protected health information. You have the right to inspect and/or obtain a copy of your medical information, as provided by law. Usually, this includes medical and billing records but does not include psychotherapy notes. Requests to inspect and/or obtain a copy of your health record or any portion thereof must be submitted in writing to the Health Information Management Department of the Methodist facility at which you were treated. We may deny your request to inspect and/or obtain a 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 request, in writing, amendment of your protected health information. If you feel medical information we have about you is incorrect or incomplete, you may submit a written request that your health record, to the extent maintained by a Methodist facility, be amended. Requests for amendment must be submitted to the Health Information Management department of the Methodist facility at which you were treated and should include the reason for the request along with an explanation or other documentation supporting amendment. We may deny your request for an amendment if the request is:

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

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, unless the request is to restrict a disclosure to a health plan for purposes of payment or operations that relates to a service or item for which you or a source other than the health plan has already remitted payment in full. You may request a restriction by completing a Request for Restrictions form and present it to an admitting or registration representative for acceptance or denial.

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.

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 request a list of disclosures for a designated time period no longer than six years and not before April 14, 2003. The first list you request within a 12-month period will be free; additional requests will be billed based on the cost of production. We will inform you of the fee for this service before any charges occur. Requests for an accounting of disclosures must be made in writing to the Health Information Management Department of the Methodist facility at which you were treated. You may request that the accounting be provided in paper or electronic form.

Right to obtain a paper copy of this notice. Upon request, we will provide you with a paper copy of this notice, even if you have agreed to accept this notice electronically.

3. Complaints

You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by sending a written notice of your complaint to Methodist Health System, Corporate Offices – HIPAA Privacy Officer, 1441 N. Beckley, Dallas Texas 75203. We will not retaliate against you for filing a complaint.

This notice was published and becomes effective on March 1, 2013.