



DOCTORS HOSPITAL AT RENAISSANCE

Effective Date: 8/29/2013
Revised: 02/05/2014

Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

This Notice of Privacy Practices ("NPP") is being provided to you as a requirement of federal law, the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"). Doctors Hospital at Renaissance ("DHR") recognizes that your health information is confidential, and DHR is committed to protecting the privacy of your information. Therefore, this Notice describes how DHR may use and disclose your protected health information ("PHI") to carry out treatment, payment or other 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 in some cases. Your PHI, as defined by HIPAA, means your personal health information that is found in your medical and billing records, and which relates to your past, present, or future physical or mental health conditions. This may also include information created or received by health care providers, insurance companies and/or your employer as it relates to the course of treatment and payment for your medical services.

Your Patient Rights

Although your health record is the physical property of DHR, the information belongs to you. You have the following rights regarding your Health Information:

- **A Copy of this Notice.** You have the right to a copy of this Notice. You may obtain a paper copy of this Notice at any time, even if you have been provided with an electronic copy. You do not have to submit a written request to obtain the Notice. Paper copies of this Notice may be obtained from any DHR registration or admissions desk. You may also obtain an electronic copy of this Notice on our website at www.dhr-rgv.com.
- **Inspect and Copy your Medical Records.** You have the right to inspect and obtain a copy of your medical records maintained by DHR, subject to certain limited exceptions. This information includes your medical and billing records. DHR may charge you a reasonable fee for copying/providing your records to you. To inspect or obtain a copy of your medical records, you must make your request, in writing to the Medical Records Department at (956) 362-3431.
- **Request Confidential Communications.** You have the right to request that DHR communicate with you about medical matters in a certain way or at a certain location. For example, you may prefer to receive mail regarding your health information at an address other than your usual mailing address. You must specify how and where you wish to be contacted and we will accommodate reasonable requests.
- **Request Restriction.** You have the right to request limitations on how DHR uses and/or discloses your health information. However, DHR is not required by law to agree to a requested restriction. If DHR agrees to your request, DHR will comply with your request unless the use or disclosure is necessary in order to provide you with emergency treatment or otherwise is required by law.
- **Out-of-Pocket-Payments.** If you paid out-of-pocket (or in other words, you have requested that we not bill your health plan) in full for a specific item or service, you have the right to ask that your health information with respect to that item or service not be disclosed to a health plan for purposes of payment or health care operations, and we will honor that request.
- **Request Amendment to your Medical Records.** If you believe your health information maintained by DHR is incorrect or incomplete, you may request an amendment to your information. DHR can only correct information that we have created or that was created on our behalf. DHR is not required to agree with your request. If your health information is accurate and complete, or if the information was not created by DHR, we may deny your request; however, if we deny any part of the request, we will provide a written explanation of our reasons for doing so.
- **Notice of a Breach.** You have the right to be notified upon a breach of any of your unsecured Protected Health Information.
- **Accounting of Hospital Disclosures of your Health Information.** You have the right to request a list of certain disclosures made by DHR of your PHI. The first accounting in any 12 month period is free; however, you will be charged a reasonable fee as allowed by law for each subsequent accounting you request within the same 12 month period.

Contact Information: To obtain information about how to request a copy of your medical records, receive an accounting of disclosures, or request an amendment to your health information, please contact our Medical Records Department at (956)-362-3448 or (fax) 956-362-3449.

Use and Disclosure of your Protected Health Information

The following categories describe the ways DHR may use and disclose your health information. Except for the purposes described below, we will use and disclose health information only with your written permission. You may revoke such permission at any time by writing to the DHR Medical Records Department located at Del Prado, Attn: Medical Records Department, 101 Paseo Del Prado, Edinburg, Texas 78539.

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FOR TREATMENT: DHR may use and disclose Health Information for your treatment and to provide you with treatment-related health care services. For example, we may disclose health information to doctors, nurses, technicians, medical students or other personnel who are involved in your care while at DHR. We may also provide your physician or a subsequent healthcare provider with health information to assist in treating you once you are discharged from care at DHR.

FOR PAYMENT: DHR may use or disclose your health information to obtain payment from your insurance company or a third party. For example, DHR may need to provide your health plan with information about treatment you received so that your health plan will pay us or reimburse you for the treatment. Or DHR may need to provide your health plan with information regarding a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

FOR HEALTHCARE OPERATIONS: DHR may use or disclose your health information for routine health care operations that are necessary to run the Hospital and assure that all of our patients receive quality care. Health care operations at DHR include, but are not limited to, training and education programs, reviewing the quality of care provided by health care professionals, obtaining health insurance, conducting legal services and auditing services, conducting business planning and development activities, conducting risk management activities and investigations, and managing the business and general administrative activities of DHR.

APPOINTMENTS and TREATMENT ALTERNATIVES: DHR may use or disclose your health information to contact you as a reminder that you have an appointment for treatment or medical care at DHR. Also, we may use or disclose health information to tell you about or recommend possible treatment options or alternatives that may be of interest to you. Further, we may use and disclose health information to tell you about health-related benefits or services that may be of interest to you.

BUSINESS ASSOCIATES: DHR contracts with outside companies that perform business services for us, such as billing companies, management consultant, quality assurance reviewers, accountants or attorneys. In certain circumstances, we may need to share your medical information with a business associate so it can perform a service on our behalf. DHR will limit the disclosure of your information to a business associate to the amount of information that is "minimum necessary" for the company to perform such services for DHR. In addition, we will have a written contract in place with the business associate requiring him/her to protect the privacy of your health information.

DIRECTORY: DHR may include your name, location in the facility and general condition (but not specific health information about you) in DHR's patient directory while you are receiving care as an inpatient. We make this information available so that individuals can contact or visit you in the hospital. Unless you specifically request that your information be excluded from the directory, DHR may release this directory information to people who ask for you by name. This does not apply to patients who are receiving treatment for certain conditions, such as mental health problems. Further, DHR may disclose your name and location in the hospital to your clergy even if you are not asked for by name. In the event that you do not wish your information to be included in the directory, you may notify DHR at the time of your admission.

INDIVIDUALS INVOLVED IN YOUR CARE OR PAYMENT FOR YOUR CARE: When appropriate, DHR may disclose health information to a family member, other relative, or close personal friend who is involved in your medical care or payment for your care, unless you tell us otherwise. We also may notify your family about your location or general condition or disclose such information to an entity assisting in a disaster relief effort.

DATA BREACH NOTIFICATION PURPOSES: We may use or disclose your Protected Health Information to provide legally required notices of unauthorized access to or disclosure of your health information.

RESEARCH: DHR participates in clinical research studies that have been approved through a special review process to protect patient safety, welfare, and confidentiality. Your medical information may be important to further research efforts and the development of new knowledge. To determine your eligibility for these studies, DHR may need to obtain patients' basic and clinical information. DHR may use and disclose medical information about our patients for research purposes, subject to the confidentiality provisions of federal and state law. Basic information includes: name, age, gender, race, ethnic background, and potentially family history. Clinical information includes your medical records, diagnoses, test results, and prescribed medications. This information is subject to change from time to time. DHR may contact you in the future regarding your eligibility for these clinical studies, unless you decide to opt out of receiving this information. Enrollment in these studies can only occur after you have been informed about the study, had an opportunity to ask questions, and indicated your willingness to participate by signing a consent form. Other approved studies may be performed using your de-identified medical information without requiring your consent. For example, a research study may involve a chart review to compare the outcomes of patients who received different types of treatment.

FUNERAL DIRECTORS: DHR may disclose health information to funeral directors consistent with applicable law to carry out their duties.

ORGAN PROCUREMENT ORGANIZATIONS: Consistent with applicable law, DHR may disclose your 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.

MARKETING: We may contact you to provide appointment reminders, treatment alternative information, other health-related benefits, and goods and services provided by DHR that may be of interest to you.

FUNDRAISING: DHR may use or disclose your PHI, as necessary, in order to inform you about fundraising opportunities. You have the right to opt out of receiving fundraising communications. If you do not want to receive this information, please submit a written request to the DHR Privacy Officer, or call (956) 362-3431 for more information.

LAWSUITS AND DISPUTES: DHR may disclose your health information in response to a court or administrative order. In addition, DHR may disclose your health information in response to a valid subpoena, discovery request, or other lawful process provided that efforts have been made to tell you about the request or to obtain an order protecting the information requested, as required by law.

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HEALTH OVERSIGHT ACTIVITIES: DHR may disclose your health information to a health oversight agency for activities authorized by law. These oversight activities might include audits, investigations, inspections and licensure. These activities are necessary for the government to monitor the healthcare system, government benefit programs and compliance with civil rights laws.

WORKER'S COMPENSATION: DHR may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to worker's compensation or other similar programs established by law.

PUBLIC HEALTH: As required by law, DHR may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury or disability.

ABUSE, NEGLECT OR DOMESTIC VIOLENCE: As required by law, DHR may disclose health information to a governmental authority authorized by law to receive reports of abuse, neglect or domestic violence.

JUDICIAL, ADMINISTRATIVE AND LAW ENFORCEMENT PURPOSES: Consistent with applicable law, DHR may disclose health information about you for judicial, administrative and law enforcement purposes. This may include disclosures to avert a serious threat to your or a third party's health or safety as well as victims of crime or criminal conduct at DHR.

TO AVERT A SERIOUS THREAT TO HEALTH OR SAFETY: DHR may use and disclose your health information when we believe it is 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 or lessen the threat or to law enforcement authorities in particular circumstances.

NATIONAL SECURITY AND INTELLIGENCE ACTIVITIES: DHR may release your health information to authorized federal officials for lawful intelligence, counterintelligence and other national security activities authorized by law.

MILITARY AND VETERANS: If you are a member of the armed forces, DHR may release health information about you as required by military authorities. DHR may also share information about foreign military personnel to the appropriate foreign military authority.

CUSTODIAL SITUATIONS: If you are an inmate in a correctional institution and if the correctional institution or law enforcement authority makes certain representations to DHR, DHR may disclose your health information to a correctional institution or law enforcement official.

REQUIRED OR ALLOWED BY LAW: DHR will disclose your PHI when required or allowed to do so by federal, state or local law.

OTHER USES OF YOUR HEALTH INFORMATION: Other uses and disclosures of health information not covered by this Notice will be made only with your written authorization. If you give DHR permission to use or disclose your health information, you may cancel that permission, in writing, at any time. If you cancel your permission, DHR will no longer use or disclose health information about you for the reasons covered by your written authorization. DHR is unable to take back any disclosures we have already made with your permission.

Changes to this Notice: DHR reserves the right to change this Notice and to make the revised Notice effective for PHI DHR already has about you as well as any information DHR receives in the future. A copy of the current Notice or a summary of the current Notice will be posted at various locations at DHR and on our website at www.dhr-rgv.com. In addition, each time you register at or are admitted at any DHR facility for treatment or health care services as an inpatient or outpatient, DHR will have available for you, at your request, a copy of the current Notice in effect.

Complaints: If you believe your privacy rights have been violated, you may file a complaint with the DHR Privacy Officer at (956) 362-3431, or with the Secretary of the United States Department of Health and Human Services. You will not be penalized or retaliated against in any way for making a complaint.

Contact: If you have any questions about this Notice or your privacy rights, or wish to obtain a form to exercise your rights as described above, you may contact the DHR Medical Records Department at (956) 362-3431.

Notice to Patient: Destruction of Medical Records

In accordance with Texas Health and Safety Code, Section 241.103, this notice is given to you regarding the destruction of medical records

It is the policy of Doctors Hospital at Renaissance ("DHR") to authorize the disposal of any medical records on or after the tenth (10th) anniversary of the date on which you, the patient, were last treated at this facility.

If you, the patient, are younger than 18 years of age when you were last treated, DHR may authorize the disposal of medical records relating to you, the patient, on or after your twentieth (20th) birthday, or after the tenth (10th) anniversary of the date on which you were last treated, whichever date is later.

DHR will not destroy medical records that relate to any matter that is involved in litigation if the hospital knows the litigation has not been fully resolved.

PATIENT NOTIFICATION OF DATA COLLECTION

This document shall provide notice to patients that the Texas Department of State Health Services, Texas Healthcare Information Collection program (THCIC) receives patient claim data regarding services performed by the named Provider. The patients claim data is used to help improve the health of Texas, through various methods of research and analysis. Patient confidentiality is held to the highest standard and your 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 Insurance Portability and Accountability Act of 1996 (HIPAA).

For further information regarding the data being collected, please send all inquiries to:

Chris Aker, THCIC Dept. of State Health
Services Center for Health Statistics, MC 1898
PO Box 149347, Austin, Texas 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