

## Little River Healthcare System

1700 Brazos

Rockdale, Texas 76567

# PRIVACY NOTICE

*Effective Date of this Notice: April 14, 2003*

**WE ARE REQUIRED BY FEDERAL LAW TO KEEP YOUR HEALTH CARE INFORMATION PRIVATE. THIS NOTICE TELLS YOU HOW WE CAN USE YOUR INFORMATION AND WHAT YOUR RIGHTS ARE. WE ARE REQUIRED BY LAW TO ABIDE BY THE TERMS OF THIS NOTICE.**

**Contact Person:** If you have any questions about this Notice, please contact the Privacy Officer at 512-446-4500.

**PLEASE READ!!!**

**THIS NOTICE CONTAINS IMPORTANT INFORMATION ABOUT YOUR PRIVACY RIGHTS UNDER THE HEALTH INFORMATION PORTABILITY AND ACCOUNTABILITY ACT OF 1996 (HIPAA):**

**IT TELLS YOU:**

- YOUR PRIVACY RIGHTS TO YOUR PROTECTED HEALTH INFORMATION (PHI)
- HOW INFORMATION ABOUT YOU CAN BE USED BY US
- WHEN AND HOW WE CAN GIVE YOUR INFORMATION TO OTHERS
- HOW YOU CAN GET ACCESS TO YOUR ACCOUNT INFORMATION
- HOW YOU CAN LIMIT USES OF YOUR ACCOUNT INFORMATION
- HOW YOU CAN CORRECT INFORMATION THAT MAY BE ERRONEOUS
- HOW YOU CAN FIND OUT TO WHOM WE HAVE GIVEN YOUR INFORMATION TO
- WHO TO CONTACT WITHIN OUR ORGANIZATION FOR INFORMATION OR TO EXERCISE YOUR RIGHTS

**WHO WILL FOLLOW THIS NOTICE:** This notice describes the Little River Healthcare System and all managed facilities. The above entities may share medical information with each other for the treatment, payment and health care operations and activities described in this notice.

**OUR DUTIES:** We are required by law to:

- Make sure that medical information that identifies you is kept private;
- Give you this Notice of our legal duties and privacy practices with respect to your medical information and ;
- Follow the terms of this Notice as long as it is currently in effect. If we revise this Notice, we will follow the terms of the revised Notice as long as it is currently in effect.
- We have the right to amend this notice, but no amendments may go into effect until the amended notice has been posted.

**OUR RIGHTS:**

We may use your Protected Health Information (PHI) in the following ways without your consent and authorization:

*Consent* refers to how we can use your information.

*Authorization* refers to when we pass your information along to others.

**FOR YOUR TREATMENT:** Without your consent or authorization, we will use PHI about you to treat you. We will try to get a written consent from you if we can, but in emergencies or when we can't reasonably get a signed consent from you we may use your information without it. We will pass PHI along to other medical personnel involved in your care, including doctors and nurses at treatment facilities to which you may be taken. We may use radio, telephone, fax, written and computer communications to transmit this information as needed for your care. Copies of your patient care records will be given to people at facilities who treat you. We can disclose information about you to your relatives, friends and other individuals who have a need to know about your condition.

**FOR PAYMENT:** Without your consent or authorization, we will submit your PHI to insurance companies, to Medicare or Medicaid as appropriate to obtain payment for our services to you. We may use an outside billing company to process our claims for payment. We may use your PHI for determining medical necessity for your treatment, for justifying our treatments of you for payment purposes, and when an insurance company or other payer requests further information about you to determine our rights to payment. We may transmit your PHI to a collection agency hired by us to collect past due accounts.

**FOR HEALTH CARE OPERATIONS:** Without your consent or authorization we will use your PHI in Health Care Operations. Health Care Operations means all activities that we use to evaluate our treatment of you, our employees' performance in treating you and following our policies and procedures, and other processes that we engage in for the purposes of improving patient care. We may use PHI for Health Care Operations involving:

- Case reviews
- Education
- Obtaining legal and accounting services
- Business planning
- Resolving complaints
- Employee discipline
- Fundraising and marketing activities, including contacting you to tell you about services we can offer to you
- Medical research
- Data bases which involve your PHI, but do not identify your individual information
- Reminders of when we have an appointment to transport you somewhere

**WHEN REQUIRED BY LAW:** Whenever we are required by law to provide your PHI we will transmit your PHI to others without either your consent or authorization. Some examples are:

- To law enforcement officials when necessary to identify you or someone who has committed a crime against you
- To law enforcement officials when there is an immediate need for the information to prevent or solve a crime
- To public health authorities to report births, deaths or a disease that we are required to report.
- To people who may have been exposed to a communicable disease by you.
- To report child abuse, elder abuse or domestic violence as required by law
- To the FDA and other agencies to report an adverse event from the use of a drug or medical device
- To government agencies who have a right to the information for conducting investigations, audits, inspections, disciplinary proceedings or other administrative or judicial actions in order to determine our compliance with the law
- In response to subpoenas, search warrants and other legal requests or directives which require us to produce and disclose your PHI
- To government military, defense, investigative, security and other agencies who have a right to your PHI in order to protect citizens, officials of the United States or a foreign country and to investigate or prevent terrorist activities
- To public health officials of the US or foreign countries to avert a serious threat to the safety and health of people
- As required by worker's compensation laws

**OTHER USES:** For any other purposes not listed here which may reasonably be required to carry out the treatment, payment, operations and legal disclosure functions that Little River Healthcare System may deem reasonably necessary or advisable and required or permitted under any applicable laws. We may use your PHI without your express consent or authorization for other unnamed uses if they can be reasonably said to fall within any of the categories listed above.

**WHEN YOUR AUTHORIZATION IS REQUIRED:**

Other uses or disclosures of your medical information for other purposes or activities, not listed above, will be made only with your written authorization (permission). If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by our written permission. However, we are unable to take back any disclosures we have already made with your permission.

**YOUR RIGHTS:** You have the right to: **COMPLAIN TO US OR TO THE SECRETARY OF HEALTH AND HUMAN SERVICES OF THE USA IF YOU THINK WE HAVE VIOLATED YOUR RIGHTS.**

If you file a complaint:

- Your complaint must be in writing, either on paper or by e-mail
- You must address a complaint to us to the Privacy Officer listed at the bottom of this notice
- You must address a complaint to the Secretary of Health and Human Services to: Secretary of Health and Human Services, Washington, D.C.
- Your complaint must describe the event in sufficient detail for us to determine what you are complaining about
- Your complaint must be filed within 180 days of the occurrence you are complaining about or when you first found out about it and tell us whether or not it was we or somebody else that violated the rules. The Secretary of Health and Human Services may extend the time for filing.

**LOOK AT AND COPY YOUR PHI:** You can come to our offices during business hours and request to look at and copy your medical information, subject to the exceptions provided by law:

**Exceptions:**

- When disclosure to you would be contrary to law, would be harmful to you or harmful to someone else
- We must inform you of why we deny you access to your PHI and tell you your rights to appeal our refusal
- We can charge you reasonable fees for copying your records, postage for mailing to you, and summarizing your records if you agree to a summary rather than a full set of records

- We must provide your records to you within 30 days of request if the records are in our possession, or 60 days if they are in the possession of someone else. If we can not provide the records to you within this time, we can have an additional 30 days, but we must let you know why we can not provide them and tell you when we will furnish them to you.

**RESTRICT OUR USE OF YOUR PHI:** You have the right to require us to restrict our use and disclosure of your PHI with certain exceptions, but we do not have to agree if any of the following exceptions apply:

**Exceptions:**

- We are not required to agree with your request for restriction, but if we refuse your request, we must tell you why we did
- If we DO agree to your requested restrictions, we must honor them and must tell all others to whom we have disclosed your PHI or will disclose your PHI about your restrictions and require them to honor those restrictions.
- When we are required by law to disclose your information
- When your PHI is needed for your treatment in an emergency

**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. To request confidential communications, you must make your request in writing to the Privacy Officer at Little River Healthcare System. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

**AMEND YOUR PHI:** If you think your PHI is not correct, you can ask us to amend it and if we agree we must do so within 60 days from your request. **HOWEVER WE CAN REFUSE YOUR REQUEST IF:**

- Your records were not created by us
- We do not have access to your records or we can not get access to them
- We believe our records are correct
- An amendment would result in our being unable to obtain payment for services rendered to you

**REQUEST AN ACCOUNTING FOR OUR USE AND DISCLOSURES OF YOUR PHI DURING THE LAST 6 YEARS BEGINNING ON APRIL 14, 2003., THE DATE WHEN HIPAA PRIVACY PROVISIONS TAKE EFFECT:**

However, we will not be required to account for uses and disclosures prior to April 14, 2003. We do not have to account to you for disclosures made in connection with your treatment, for payment, health care operations or disclosures that were required by law. You have the right to one free accounting in any 12-month period. For additional accountings, we may charge a reasonable fee.

**NO RETALIATION: WE WILL NOT RETALIATE AGAINST YOU IN ANY WAY FOR EXERCISING ANY OF YOUR RIGHTS UNDER HIPAA.**

**HOW TO CONTACT US: The person for you to contact within our organization if you have any questions or complaints and to exercise any rights you have under HIPAA is:**

**Privacy Officer  
Little River Healthcare System  
1700 Brazos  
Rockdale, Texas 76567  
512-446-4500**

You have a right to obtain a copy of this notice in writing. You may ask any employee of Little River Healthcare System to give you a copy of this Notice at any time. We will ask you to sign an acknowledgment that you have received this notice. If you cannot do so, we will make reasonable attempt later to obtain your acknowledgment.