

**MIDLAND MEMORIAL HOSPITAL - MIDLAND, TEXAS 79701**

**NOTICE OF PRIVACY PRACTICES**

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**THIS NOTICE DESCRIBES HOW YOUR MEDICAL INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.**

**PLEASE REVIEW THIS NOTICE CAREFULLY.**

If you have any questions about this Notice of Privacy Practices (“Notice”), please contact the Hospital’s Privacy Officer at:

Midland Memorial Hospital  
Privacy Officer  
400 Rosalind Redfern Grover Parkway  
Midland, Texas 79701  
(432) 221-1543

This Notice is effective as of March 23, 2015.

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**Who Will Follow this Notice.** This Notice describes the Hospital’s practices and that of:

- Any health care professional authorized to enter information into your Hospital chart.
- All departments and units of the Hospital.
- All employees, staff, agents and other Hospital personnel.
- Any member of a volunteer group allowed to help you while you are in the Hospital.

All entities, sites and locations within this Hospital’s system will follow the terms of this Notice and may share health information with each other for treatment, payment and health care operations purposes.

**Our Pledge Regarding Health Information.** We are committed to preserving the privacy and confidentiality of your health information, as is required by federal and state law, as well as by medical profession ethics. We are required by law to provide you with this Notice of our legal duties, your rights, and our privacy practices, with respect to using and disclosing your health information that is created or retained by Hospital.

We understand that health information about you and your healthcare is personal. A record is created of the care and services you receive at this Hospital. This record is needed to provide the necessary care and to comply with legal requirements. This Notice applies to all of the records of your care generated by the Hospital. Your personal physician may have different policies or Notices regarding the physician’s use and disclosure of your health information in the physician’s office or clinic.

This Notice will tell about the ways in which the Hospital may use and disclose health information about you. Also described are your rights and certain obligations we have regarding the use and disclosure of health information.

The law requires the Hospital to:

- Make sure that health information that identifies you is kept private;
- Inform you of our legal duties and privacy practices with respect to health information about you;
- Follow the terms of the *Notice of Privacy Practices* that is currently in effect;

- Notify you if we are unable to agree to a requested restriction; and
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

## HOW THE HOSPITAL MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

The following categories describe different ways the Hospital uses and discloses health information. Each category will be explained. Not every possible use or disclosure will be listed. However, all the different ways the Hospital is permitted to use and disclose information will fall within one of these categories.

- **Treatment.** Your health information may be used to provide you with medical treatment or services. This health information may be disclosed to physicians, nurses, technicians, or other agents of the Hospital who are involved in your care at the Hospital. Your health information may also be disclosed to healthcare students, interns and residents.

For example: A doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. The doctor may need to tell the dietitian about the diabetes so appropriate meals can be arranged. Different departments of the Hospital may also share health information about you in order to coordinate your different needs, such as prescriptions, lab work and x-rays. The Hospital also may disclose health information about you to people outside the Hospital who may be involved in your health care after you leave the Hospital, such as family members, home health agencies, or others used to provide services that are part of your care.

- **Payment.** Your health information may be used and disclosed so that the treatment and services received at the Hospital may be billed and payment may be collected from you, the insurance company and/or a third party.

For example: The health plan or insurance company may need information about surgery you received at the Hospital so it can provide payment for the surgery. Information may also be given to someone who helps pay for your care. Your health plan or insurance company may also need information about a treatment you are going to receive to obtain prior approval or to determine whether they will cover the treatment.

- **Health Care Operations.** Your health information may be used and disclosed for purposes of furthering day-to-day Hospital operations. These uses and disclosures are necessary to run the Hospital and to monitor the quality of care our patients receive.

For example, your health information may be:

- Reviewed to evaluate the treatment and services performed by our staff in caring for you.
- Combined with that of other Hospital patients to decide what additional services the Hospital should offer, what services are not needed, and whether certain new treatments are effective.
- Disclosed to doctors, nurses, technicians, and other agents of the Hospital for review and learning purposes.
- Disclosed to healthcare students, interns and residents.
- Combined with information from other facilities to compare how we are doing and see where we can improve the care and services offered. Information that identifies you in this set of health information may be removed so others may use it to study health care and health care delivery without knowing who the specific patients are.
- Shared with a health information exchange which provides for the electronic transfer of health information among health care facilities, Health Information

organizations and government agencies to provide quicker access to clinical data to deliver efficient, safe and timely care.

- **Psychotherapy Notes.** Under most circumstances, without your written authorization, we may not disclose the notes a mental health professional took during a counseling session. However, we may disclose such notes for certain treatment and payment purposes, for state and federal oversight of the mental health professional, for the purposes of medical examiners and coroners, to avert a serious threat to health or safety, or as otherwise authorized by law.
- **Census Information:** Limited information about you may be used in the census report while you are a patient at the Hospital. This information may include your name, location in the Hospital, admission date and room number.
- **Clergy Members:** While you are a patient in the Hospital, upon written consent, information about you may be disclosed to your specific clergy. This information may include your name, location in the Hospital, admission date and room number.
- **Appointment Reminders.** Your health information may be used to contact you as a reminder of an appointment you have for treatment or health care at the Hospital.
- **Treatment Alternatives.** Your health information may be used to tell you about or recommend possible treatment options or alternatives that may be of interest to you.
- **Health-Related Benefits and Services.** Your health information may be used to tell you about health-related benefits or services that may be of interest to you.
- **Business Associates.** The Hospital sometimes contracts with third-party business associates for services. Examples include answering services, transcriptionists, billing services, consultants, and legal counsel. We may disclose your health information to our business associates so that they can perform the job we have asked them to do. To protect your health information, however, our business associates are required by law and by contract to appropriately safeguard your information.
- **Fundraising.** We may contact you as part of a fundraising effort relating to the Hospital provided, however, that you are given the opportunity to opt out or elect not to receive any further fundraising communications.
- **Marketing.** In most circumstances, we are required by law to receive your written authorization before we use or disclose your health information for marketing purposes. However, we may make a face-to-face communication with you and/or provide you with promotional gifts of nominal value. Unless under a circumstance otherwise authorized by law, we will not sell our patient lists or your health information to a third party without your written authorization.
- **Newsletters and Other Communications.** We may use your personal information in order to communicate to you via newsletters, mailings, or other means regarding treatment options, health related information, disease management programs, wellness programs, or other community based initiatives or activities in which our Hospital is participating.
- **Private Accreditation Organizations.** Your health information may be used to fulfill this Hospital's requirements to meet the guidelines of private hospital accreditation organizations such as DNV, NCQA, etc.

- **Individuals Involved in Your Care.** With your permission, your health information may be released to a family member, guardian or other individuals involved in your care. They may also be told about your condition unless you have requested additional restrictions. In addition, your health information may be disclosed to an entity assisting in a disaster relief effort so your family can be notified about your condition, status, and location.
- **Research.** Under certain circumstances, your health information may be used and disclosed for research purposes.
- **De-identified Information.** We may use your health information to create "de-identified" information or we may disclose your information to a business associate so that the business associate can create de-identified information on our behalf. When we "de-identify" health information, we remove information that identifies you as the source of the information. Health information is considered "de-identified" only if there is no reasonable basis to believe that the health information could be used to identify you.
- **Limited Data Set.** We may use and disclose a limited data set that does not contain specific readily identifiable information about you for research, public health and health care operations. We may not disseminate the limited data set unless we enter into a data use agreement with the recipient in which the recipient agrees to limit the use of that data set to the purposes for which it was provided, ensure the security of the data, and not identify the information or use it to contact any individual.
- **As Required by Law.** Your health information will be disclosed when required to do so by federal, state, or local authorities, laws, rules and/or regulations.
- **Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, your health information will be disclosed in response to a court or administration order, subpoena, discovery request, or other lawful process by someone else involved in the dispute when we are legally required to respond.
- **Law Enforcement.** We may release your health information:
  - In response to a court order, subpoena, warrant, summons, or similar process
  - If authorized under state or federal law;
  - To identify or locate a suspect, fugitive, material witness, or similar 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 Hospital;
  - To coroners or medical examiners;
  - 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;
  - To authorized federal officials for intelligence, counterintelligence, and other national security authorized by law; and
  - To authorized federal officials so they may conduct special investigations or provide protection to the President, other authorized persons, or foreign heads of state.
- **To Alert a Serious Threat to Health or Safety.** Your health information may be used and disclosed when necessary to prevent a serious threat to your health and safety and that of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

- **Health Oversight Activities.** Your health information may be disclosed 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.

## SPECIAL SITUATIONS

- **Organ and Tissue Donation.** If you are an organ or tissue donor, your health information may be released to organizations that handle organ procurement or organ, eye and tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.
- **Health Devices.** Your social security number and other required information will be released in accordance with federal laws and regulations to the manufacturer of any health device(s) you have implanted or explanted during a hospitalization and to the Food and Drug Administration, if applicable. This information may be used to locate you should there be a need with regard to such health device(s).
- **Military and Veterans.** If you are a member of the armed forces, your health information may be released as required by military command authorities. If you are a member of the foreign military personnel, your health information may be released to the appropriate foreign military authority.
- **Workers' Compensation.** If you seek treatment for a work-related illness or injury, we must provide full information in accordance with state-specific laws regarding workers compensation claims. Once state-specific requirements are met and an appropriate written request is received, only the records pertaining to the work-related illness or injury may be disclosed.
- **Public Health Risk.** Your health information may be used and disclosed for public health activities. These activities generally include the following:
  - o To prevent or control disease, injury or disability;
  - o To report births and deaths;
  - o To report child abuse or neglect;
  - o To report reactions to medications or problems with products;
  - o To notify people of recalls of products they may be using;
  - o 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;
  - o 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.
- **HLTV-III Test.** If we perform the HLTV-III test on you (to determine if you have been exposed to HIV), we will not disclose the results of the test to anyone but you without your written consent unless otherwise required by law. We also will not disclose the fact that you have taken the test to anyone without your written consent unless otherwise required by law.
- **Coroners, Medical Examiners, and Funeral Directors.** Your health information may be released to a coroner or health examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release health information about patients of the Hospital to funeral directors as necessary to carry out their duties.

- **Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release health information about you to the correctional institution or law enforcement official. This release would be necessary for the following reasons:
  - o For the institution to provide you with health care;
  - o To protect the health and safety of you and others;
  - o For the safety and security of the correctional institution.

## WRITTEN PERMISSION

Other uses and disclosures of health information not covered by this Notice or the laws that apply to this Hospital will be made only with your written authorization. If you provide the Hospital authorization to use or disclose your health information, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose your health information for the reasons covered in your written authorization. You understand that we are unable to take back any disclosures already made with your authorization, and that we are required to retain our records of the care that the Hospital provided to you.

A description of the types of uses and disclosures of your health information which require written authorization include the use of psychotherapy notes, marketing, and the sale of your health information.

## YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

You have the following rights regarding health information the Hospital maintains about you:

**\*\* NOTE: All Requests Regarding Health Information Must Be Submitted in Writing to the Hospital Health Information Management Department.**

- **Right to Inspect and Copy.** You have the right to inspect and copy health information that may be used to make decisions about your care. Usually, this includes health and billing records, but does not include psychotherapy notes.

To inspect and copy health information, you must submit a written request to our Privacy Officer. We will supply you with a form for such a request. If you request a copy of your health information, we may charge a reasonable fee for the costs of labor, postage, and supplies associated with your request. We may not charge you a fee if you require your health information for a claim for benefits under the Social Security Act or any other state or federal needs-based benefit program.

**We may deny your request to inspect and copy in certain limited circumstances. If you are denied access to health information, you may request that the denial be reviewed. A licensed healthcare professional who was not directly involved in the denial of your request will conduct the review. We will comply with the outcome of the review.**

If your health information is maintained in an electronic health record, you also have the right to request that an electronic copy of your record be sent to you or to another individual or entity. We may charge you a reasonable cost based fee limited to the labor costs associated with transmitting the electronic health record.

- **Right to Amend.** If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as we retain the information. To request an amendment, your request must be made in writing and submitted to our privacy officer. In addition, you

must provide a reason that supports your request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- o Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- o Is not part of the medical information kept by or for Hospital;
- o Is not part of the information which you would be permitted to inspect and copy;  
or
- o Is accurate and complete.

If we deny your request for amendment, you may submit a statement of disagreement. We may reasonably limit the length of this statement. Your letter of disagreement will be included in your medical record, but we may also include a rebuttal statement.

- **Right to an Accounting of Disclosures.** You have the right to request an accounting of disclosures of your health information made by us. In your accounting, we are not required to list certain disclosures, including:

- o Disclosures made for treatment, payment, and health care operations purposes, or disclosures made incidental to treatment, payment, and health care operations; however, if the disclosures were made through an electronic health record, you have the right to request an accounting for such disclosures that were made during the previous 3 years;
- o Disclosures made pursuant to your authorization;
- o Disclosures made to create a limited data set;
- o Disclosures made directly to you.

To request an accounting of disclosures, you must submit your request in writing to our Privacy Officer. Your request must state a time period which may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you would like the accounting of disclosures (for example, on paper or electronically by e-mail). The first accounting of disclosures you request within any 12 month period will be free. For additional requests within the same period, we may charge you for the reasonable costs of providing the accounting of disclosures. We will notify you of the costs involved and you may choose to withdraw or modify your request at that time, before any costs are incurred. Under limited circumstances mandated by federal and state law, we may temporarily deny your request for an accounting of disclosures.

- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment, or health care operations. If you paid out-of-pocket for a specific item or service, you have the right to request that 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 are required to honor that request. You also have the right to request a limit on the health information we communicate about you to someone who is involved in your care or the payment for your care.

Except as noted above, we are not required to agree to your request. If we do agree, we will comply with your request unless the restricted information is needed to provide you with emergency treatment.

To request restrictions, you must make your request in writing to our Privacy Officer. In your request, you must tell us:

- o What information you want to limit;

- o Whether you want to limit our use, disclosure, or both; and
  - o To whom you want the limits to apply.
- **Right to Request Confidential Communication.** You have the right to request that we communicate with you about health 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.

To request confidential communications, you must make your request in writing. 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.

- **Right to Obtain a Paper Copy of This Notice.** You have the right to a paper copy of this Notice of Privacy Practices at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy.
- **Right to Receive Notice of a Breach.** We are required to notify you by first class mail or by e-mail (if you have indicated a preference to receive information by e-mail), of any breaches of Unsecured Protected Health Information as soon as possible, but in any event, no later than 60 days following the discovery of the breach. “Unsecured Protected Health Information” is information that is not secured through the use of a technology or methodology identified by the Secretary of the U.S. Department of Health and Human Services to render the Protected Health Information unusable, unreadable, and undecipherable to unauthorized users. The notice is required to include the following information:
  - o A brief description of the breach, including the date of the breach and the date of its discovery, if known;
  - o A description of the type of Unsecured Protected Health Information involved in the breach;
  - o Steps you should take to protect yourself from potential harm resulting from the breach;
  - o A brief description of actions we are taking to investigate the breach, mitigate losses, and protect against further breaches;
  - o Contact information, including a toll-free telephone number, e-mail address; and
  - o Web site or postal address to permit you to ask questions or obtain additional information.

In the event the breach involves 10 or more patients whose contact information is out of date we will post a notice of the breach on the home page of our Web site or in a major print or broadcast media. If the breach involves more than 500 patients in the state or jurisdiction, we will send notices to prominent media outlets. If the breach involves more than 500 patients, we are required to immediately notify the Secretary. We also are required to submit an annual report to the Secretary of a breach that involved less than 500 patients during the year and will maintain a written log of breaches involving less than 500 patients.

## **IDENTITY THEFT NOTIFICATION LAWS**

Pursuant to identity theft rules, promulgated by the Texas Identity Theft Enforcement and Protection Act, the Hospital must immediately notify any individual whose identifying information, which may be included in a patient’s health information, has been, or potentially has been, accessed or acquired in an unauthorized manner.

## **ADDITIONAL INFORMATION CONCERNING THIS NOTICE**



**Changes to this Notice. We reserve the right to change our practices and to make the new provisions effective for all your health information that we maintain.** Should our information practices change, a revised *Notice of Privacy Practices* will be available upon request. If there is a material change, a revised Notice of Privacy Practices will be distributed to the extent required by law. We will not use or disclose your health information without your authorization, except as described in our most current *Notice of Privacy Practices*.

You have a right at any time to receive a paper copy of this Notice upon request.

## **COMPLAINTS**

If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the U.S. Department of Health and Human Services, 200 Independence Ave, S.W., Washington, D.C. 20201. To file a complaint with us, contact our Privacy Officer at Midland Memorial Hospital, Attention Privacy Officer, 400 Rosalind Redfern Grover Parkway, Midland, Texas, 79701. All complaints must be submitted in writing and should be submitted within 180 days of when you knew or should have known that the alleged violation occurred. See the Office for Civil Rights website, [www.hhs.gov/ocr/hipaa/](http://www.hhs.gov/ocr/hipaa/) for more information. You will not be penalized for filing a complaint. For further information, you may contact the Privacy Officer at 432-221-1543.