

# Notice of Privacy Practices for Nacogdoches County Hospital District/Nacogdoches Memorial Hospital

This notice describes how Nacogdoches Memorial Hospital may use and disclose your health care information, and how you may access your information. Please review the full notice carefully. This notice was developed to comply with the:

- **Health Insurance Portability and Accountability Act of 1996 (HIPAA - PL 104-191)**
- **HIPAA Omnibus Final Rule (Effective January 25, 2013)**
- **Texas Medical Records Act of 2003 (Texas Health and Safety Code § 181.101)**
- **Texas House Bill 300 (Effective September 1, 2012)**

If you have any questions, you may contact our Compliance Officer. (936-564-4611)

## **Our Promise to You Regarding Your Health Care Information**

We are committed to protecting the privacy and security of your health care information. Each time you visit a Nacogdoches Memorial Hospital facility, we make a record of the care and services you receive. This notice applies to all of the records created by the Hospital, Ambulance Service or Clinics.

- **Your protected health information** is described as any information that can be used to identify you. It is any information that can connect your identity and the health care services that the hospital provides to you.
- **Use of your health care information** means sharing or reading of information by people directly involved in your care or payment for services provided.
- **Disclosure of your health care information** means the release or transfer of your health care information in written or verbal form, or information stored in electronic format on the computer.
- **Risk Assessment** is a process to determine any potential harm to you should your protected health information become lost, stolen or compromised.
- **Breach** means someone who is not authorized to have the right to use your protected health information has gotten hold of the information.
- **Compromised** is described as determining that, during risk assessment for a potential breach, your health care information has been inappropriately viewed, re-identified, re-disclosed, or otherwise misused. Texas law defines a breach as unauthorized acquisition of computerized data that compromises the security, confidentiality, or integrity of sensitive personal information.
- **Covered Entity** is described as any person who, for commercial, financial, or professional gain, monetary fees, or dues, or on a cooperative, nonprofit, or pro bono basis, engages, in whole or in part, and with real or constructive knowledge, in the practice of assembling, collecting, analyzing, using, evaluating, storing, or transmitting protected health information.
- **Business Associate** is described as anyone who creates, receives, maintains, or transmits protected health information.

## **Who Must Follow This Notice?**

- All employees, students in training, and volunteers who work under the direct control of the hospital.
- All Covered Entities, Business Associates of the Hospital and any Sub-Contractors those Business Associates may employ.
- All the doctors who use the hospital and its facilities. The hospital and our doctors have developed this Notice together. If you receive services from a doctor in his or her own office, you will receive a different Notice of Privacy Practices that describes how the doctor's office protects your privacy rights.

## **Breach of Individually Identifiable Protected Health Information**

While the Hospital has taken steps to protect your information, effective September 23, 2013, should risk assessment determine your protected health information has been lost, stolen or compromised, you will be notified as soon as possible, but not more than 60 days from the date of the discovery, that your information may have been accessed by unauthorized persons and advised on how to further protect yourself from harm. You will be notified by either a letter sent to your last known address or by e-mail if you have requested electronic communication. An example of how

protected health information could be lost or stolen would be if a laptop computer containing patient identification information were lost or stolen.

## **Your Patient Rights**

Your medical record belongs to Nacogdoches Memorial Hospital; however, the information in your medical record belongs to you. **You have the right to:**

1. **Ask us not to release your health information:** If you ask to pay for services provided and request your insurance company not be notified, we will follow your instructions, unless the information is needed to provide you with emergency treatment. However, should you authorize release of restricted health information to another health care provider, the Hospital is not responsible for telling that provider that the information has been restricted. In addition, should the restricted information be related to subsequent services provided to you, you may be asked to authorize release or offered the option to continue to pay out of pocket any expenses due to honoring your request for restriction of the initial service provided to you.
2. **Receive a copy or request another copy of this Notice of Privacy Practices**
3. **Read and request a copy of your health care records.** We may refuse your request if your doctor thinks seeing your medical records will cause your health to get worse. If you disagree with your doctor, you may request a review by another doctor chosen by our Compliance Officer. The hospital will comply with the results of the second review.

Depending on the age of the information, your health care record may be maintained in either paper or electronic format. You have the right to request copies of your health care record in either paper or electronic format, (CD or zip drive.) Texas HB 300 allows up to 15 days following receipt of a written request from the patient or authorized representative, to provide the requested electronic health record copies either in electronic form or printed paper if agreeable. There will be a charge for preparing the records and either printing the paper copy or providing the electronic copy on a CD or zip drive. If the specific form or format requested by you is not readily producible, the Hospital reserves the right to produce a readable hard copy.

4. **Request a change to the information written in your medical record if you feel the information is wrong or incomplete.** Your request must be in writing and include a reason. The hospital is not required to remove any information from your health record. Your request will be made part of your record even if we refuse your request to make a change. We may also deny your request if:

- The information was not created by our hospital, doctors, nurses, and therapists
- The information is not part of the information kept by our facility
- The law does not allow us to let you to inspect and copy the information you would like to change
- We decide that the information you want to change is correct and complete

4. **Get a list of disclosures of your health information made by Nacogdoches Memorial Hospital.** If you make a written request, we will provide you with a list of releases we have made from your health care information as well as the names of those individuals who have accessed your electronic medical record information. The list will not include:
  - Disclosures you have given permission to release in writing
  - Disclosures prior to January 1, 2010, to your insurance company, Medicare or Medicaid
  - Disclosures prior to January 1, 2010, to your doctors, nurses, or other people who have used your health information for purposes of treatment, payment or operational activities.

5. **Request that we send your health information to a different address, contact you at a different phone number, or to a fax machine.** We do not e-mail patients health care information.

6. **Withdraw your written permission** for the hospital to disclose your health information.

**You have the right to file a complaint if you believe your privacy rights have been violated. Filing a complaint will not be held against you.** If you file a complaint with Nacogdoches Memorial Hospital, you may expect an explanation.

You also have the right to complain to the Secretary of the Department of Health and Human Services. You may file complaints with the hospital by making a telephone call, visiting, or writing:

Nacogdoches Memorial Hospital  
Compliance Officer  
1204 N. Mound Street,  
Nacogdoches, Texas 75961  
(936)564-4611 Ext. 8389

## **Uses and Disclosures of Your Health Information That Require Your Written Permission**

**Family, Friends, and Members of the Clergy** - If you tell us in advance and give us written permission, information about your health care may be disclosed to family members or friends helping with your care. You may restrict access to information by name or may provide names of others that you want to know about your condition. We must also have your written permission to talk to your friends and clergy.

**Decedent Information** – If not contrary to prior expressed preference, 50 years after your date of death, minimum necessary information may be released without patient authorization.

**Employer** - If you give us written permission, information about your health care may be disclosed to your employer.

**Research** - When a research study involves your treatment, we must obtain your written permission to disclose your health information to researchers. In some cases, this right may be waived if an Institutional Review Board has reviewed the research proposal, and has established that proper procedures are in place to protect the privacy of your health information.

**Marketing** – Hospital patient address lists are not used for marketing or advertising by Nacogdoches Memorial Hospital.

**Immunization Records:** The Hospital may release student immunization records to your child’s school without authorization as Texas requires current immunizations to attend school. Written or oral agreement to release the information must be documented.

**Electronic Disclosures:** Nacogdoches Memorial Hospital creates, receives, maintains, and in some instances discloses protected health information (PHI) in an electronic format. Nacogdoches Memorial Hospital will secure a separate authorization from the patient or the patient’s legally authorized representative prior to electronically disclosing PHI for any reason other than treatment, payment, health care operations, or as otherwise authorized or required by law.

## **Using and Disclosing Your Health Information without Your Written Permission**

For the purposes of your care and treatment, payment for your treatment, and operating the hospital, the law permits the hospital to share your health care information without your verbal or written permission.

**Treatment** - To make sure you receive quality care, the hospital will share your health information with people directly involved in your care, for example your doctors, nurses, your nursing home, your pharmacy, your physical therapist, other hospitals or clinics, etc.

**Payment for Your Care** - The hospital may share your medical information for the purpose of collecting payment from you, your insurance company, or any other responsible party.

**Restrictions for use and release of PHI** - If you tell us, prior to receiving services, that you want to pay for the services to be provided, you have the right to request the information not be released to your Insurance Company. However, should you authorize release of restricted health information to another health care provider, the Hospital is not responsible for telling that provider that the information has been restricted. In addition, should the restricted information be related to subsequent services provided to you, you may be asked to authorize release or offered the option to continue to pay out of pocket any expenses due to honoring your request for restriction of the initial service provided to you.

**Health Care Operations** - We may use and disclose your medical information to operate the hospital. This includes reading your health information to review the performance of our staff or collecting information to help us improve our day-to-day procedures.

**Business Associates** - Sometimes our services are provided by people or organizations that contract with the hospital. We may disclose your health information to our business associates so that they can perform the job we've asked them to do. We require our business associates to sign a contract that states they will protect your information.

## **Situations That Do Not Require Your Written Permission or An Opportunity to Agree or Object**

Federal or state laws allow the following disclosures of your health information without your verbal or written permission:

**Organ and Tissue Donation** - The hospital may release your health information to organizations involved with organ, eye or tissue donation and transplantation.

**When Required by Law to Release Information** - The hospital will release your information when we are required by federal or state law to do so. For example, we are required by law to report gun shot wounds, animal bites, etc.

**To Report Suspected Abuse of a Child or an Adult who is Disabled or Elderly**. The hospital will report suspected abuse or neglect of children and older adults or adults who have mental, sensory, or physical disabilities.

**Military and Veterans** - If you are a member of the armed forces, the hospital may release health information about you when requested by military authorities.

**Worker's Compensation** - If you have a work related injury, the hospital may release health information about you to the administrator of your worker's compensation program. We will not release this information directly to your employer without your written permission.

**To Prevent a Serious Threat to Health or Safety** - The hospital will use or disclose health information about you when necessary to prevent a serious threat to your health or safety, or the health and safety of another person. These disclosures would be made only to someone who can prevent the threat, such as law enforcement.

**Public Health Activities** - The hospital will disclose health information about you to organizations like the Texas Department of Health, the Centers for Disease Control, Texas Health Care Information Collection (THCIC,) or the Federal Drug Administration to:

- Prevent or control disease, injury or disability
- Report births and deaths, diagnosis of cancer, trauma and other State required reporting
- Report reactions to medications or problems with medical devices or products
- Notify people of recalls of medical devices or products they may be using
- Notify a person who may have been exposed, or may be at risk for contracting or spreading a disease or condition
- Allow the State to monitor health care practices and expenses associated with health care

**Health Care Audits, Investigations, Inspections, or Licensure Activities** - The hospital will disclose health information to organizations that are required by state or federal law to watch and control the delivery of health care services.

**Subpoenas and Lawsuits**- We will disclose health information about you if we are served with a court subpoena or court order, a notary or attorney subpoena, discovery request, or other lawful process, with documentation that you or your attorney have been notified and have had an opportunity to stop the release. We will also comply with a court order or subpoena signed by a judge or a grand jury subpoena.

**Law Enforcement** - The hospital will disclose your health information upon request:

- In response to a court order, subpoena, warrant, summons or similar process
- To identify or locate a suspect, escapee, an eyewitness, or a missing person

- If you are the victim of a crime
- About your death if we believe it may be the result of a criminal conduct
- If we believe you have committed a crime at our facility
- The location of a crime or victims, or the identity, description or location of the person who committed the crime discovered during emergency care and treatment

**Coroners, Medical Examiners and Funeral Home Directors** - The hospital will disclose your health information to a coroner or medical examiner. This may be necessary to identify a deceased person or determine the cause of death of a person. We may also release health information about patients at our facility to funeral home directors as necessary to carry out their duties.

**National Security and Intelligence Activities** - The hospital will disclose health information about you to the federal government for intelligence, counterintelligence and other issues of national security activities.

**Prisoners and Inmates** - If you are locked up in a prison or jail we may disclose health information about you to the operators of the prison or jail.

## **Uses and Disclosures of Your Health Information That Require the Opportunity to Object**

**Directory Information** – At admission, you will be given the choice to be included in the hospital directory. The directory information includes:

- Your name
- Your room number
- General condition (excellent, good, fair, poor, critical, treated and released)

If you choose to be in the facility directory, when someone asks for you by your full name, the hospital will release the information listed above.

If you refuse to be included in the facility directory, the hospital will not give out your room number, flowers will not be delivered to you, and the hospital will not be able to connect telephone calls to your room.

**Community Referrals** – With your verbal permission, we will connect you to community services such as the Community RX program, food pantries, etc.

**Notification Purposes** – Unless you object during an emergency, we will notify a family member, your legally authorized representative(s), or another person responsible for your care, of your location, general condition, or death.

**Fundraising** – We will use and disclose information about you for hospital fund-raising. Each time we contact you, we will tell you how to be taken off the mailing list.

**The Hospital Health Related Benefits and Services** – We will contact you about health care services, treatment alternatives, or other health-related benefits offered by the hospital, such as Diabetes Support Groups. Each time we contact you, we will tell you how to be taken off the mailing list.

**Waiting Rooms/Lobby** – Unless you object in advance, we may ask you to sign-in when you visit one of our facilities, and we may call your name in the waiting room.

**Hospital Rooms** – In order to assist with your rehabilitation at Cecil Bomar Rehabilitation Center, we will place your name on your door and on any medical equipment you may use.

**Appointment Reminders** – Unless you object, the hospital will contact you as a reminder that you have an appointment for treatment or medical care at one of our facilities.

**Disaster Relief Purposes** – We will share information about you with public or private agencies such as the American Red Cross. Even if you object, we may still share information about you if it is necessary for the emergency circumstances.

**The Hospital is not required to furnish a Notice of Privacy Practices with each admission**  
*All patient choices will remain in effect until you tell us otherwise*

## **This Notice of Privacy Practices is effective September 23, 2013**

**Changes to this notice** - We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for health information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in our facilities, and it will also be posted on our web site at [www.nacmem.org](http://www.nacmem.org). A copy of the current notice in effect will be available at all registration areas.