

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 Harris Health System's Privacy Officer at: Harris Health System, Office of Corporate Compliance, 2525 Holly Hall, Houston, TX 77054 • 713-566-6097

WHO WILL FOLLOW THIS NOTICE:

This notice describes Harris Health System's practices and that of:

- Any health care professional authorized to enter information into your hospital chart.
- All departments and units of Harris Health System.
- Any member of a volunteer group we allow to help you while you are in Harris Health System's Facilities.
- All employees, staff and other Harris Health System personnel and medical staff.
- All Harris Health System Facilities and extended health care service locations.

All the entities, sites and locations listed below will follow the terms of this notice and are participating in an Organized Healthcare Arrangement with Harris Health System.

Baylor College of Medicine

The University of Texas Health Science Center at Houston

The University of Texas M. D. Anderson Cancer Center

Craven & Plummer, P.C.

Lepow & Associates, L.L.P.

OUR PLEDGE REGARDING MEDICAL INFORMATION (PROTECTED HEALTH INFORMATION):

We understand that your protected health information and your health are personal. We are committed to protecting your protected health information. We create a record of the care and services you receive at the hospital. We need this record in order to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by Harris Health System, whether made by Harris Health System personnel or your Harris Health System doctors. Other doctors may have different policies or notices regarding the doctor's use and disclosure of your protected health information created in the doctor's office or clinic.

This notice will tell you about the ways in which we may use and disclose protected health information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of protected health information.

We are required by law to:

- Make sure that your protected health information is kept private;
- Give you this notice of our legal duties and privacy practices with respect to your protected health information;
- Follow the terms of the notice that is currently in effect; and
- Inform you that you have a right to or will receive notification following a breach of your unsecured protected health information.

HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION:

The following categories describe different ways that we use and disclose protected health information. For each category of uses or disclosures, we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories. Some of the uses and disclosures listed below require your authorization or your agreement. Please note that we may also disclose your protected health information electronically as permitted or required by law.

For Treatment. We may use your protected health information to provide you with medical treatment or services. We may disclose your protected health information to doctors, nurses, technicians, medical students, volunteers or other hospital personnel who are involved in taking care of you at the hospital. 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. In addition, the doctor may need to tell the dietitian if you have diabetes so that we can arrange for appropriate meals. Different departments of the hospital also may share your protected health information in order to coordinate the different things you need, such as prescriptions, lab work and x-rays. We also may disclose your protected health information to people outside the hospital who may be involved in your medical care after you leave the hospital, such as family members, clergy or others we use to provide services that are part of your care.

For Payment. We may use and disclose your protected health information so that the treatment and services you receive at the hospital 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.

For Health Care Operations. We may use and disclose your protected health information for hospital operations. These uses and disclosures are necessary to run the hospital and make sure that all of our patients receive quality care. For example, we may use protected health information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine protected health information about many hospital patients to decide what additional services the hospital should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to doctors, nurses, technicians, medical students, and other hospital personnel for review and learning purposes. We may also combine the protected health information we have with protected health information from other hospitals to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of protected health information so others may use it to study health care and health care delivery without learning who the specific patients are.

Fundraising Activities. We may use demographic information about you to contact you in an effort to raise money for the hospital and its operations. We may disclose demographic information to a foundation related to the hospital so that the foundation may contact you in raising money for the hospital. We may release information, such as your name, address and phone number and the dates you received treatment or services at the hospital. If you do not want the hospital to contact you for fundraising efforts, you may opt out of fundraising communications by notifying Harris Health System's Privacy Officer in writing.

Hospital Directory. We may include certain limited information about you in the hospital directory while you are a patient at the hospital. This information may include your name, location in the hospital, your general condition (e.g., undetermined, good, fair, serious or critical) and your religious affiliation. The directory information, except for your religious affiliation, may also be released to people who ask for you by name. Your religious affiliation may only be given to a member of the clergy, such as a priest or rabbi, even if they don't ask for you by name. This is so your family, friends and clergy can visit you in the hospital and generally know how you are doing.

Individuals Involved in Your Care or Payment for Your Care. We may release your protected health information 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 your protected health information to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location. Unless doing so is inconsistent with any prior expressed preference of the patient that is known to Harris Health, we may also disclose protected health information of a deceased patient to family members or friends who may have been involved in the care or payment for health care of the deceased patient. Such protected health information disclosed would be relevant to the level of involvement of the family member or friend.

Research. Under certain circumstances, we may use and disclose your protected health information for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another, for the same condition. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of protected health information, trying to balance the research needs with patients' need for privacy of their protected health information. Before we use or disclose protected health information for research, the project will have been approved through this research approval process, but we may, however, disclose your protected health information to people preparing to conduct a research project, for example, to help them look for patients with specific medical needs, so long as the protected health information they review does not leave the hospital.

As Required By Law. We will disclose your protected health information when required to disclose by federal, state or local law.

To Avert a Serious Threat to Health or Safety. We may use and disclose your protected health information 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.

USES AND DISCLOSURES THAT REQUIRE YOUR AUTHORIZATION

Except as otherwise permitted or required under 45 C.F.R. Parts 160 and 164, Harris Health System in most situations may not use or disclose protected health information without your authorization for the following purposes:

Psychotherapy Notes. We must obtain written authorization for use or disclosure of psychotherapy notes. However, the following uses of psychotherapy notes do not require your authorization to carry out the following treatment, payment, or health care operations:

- Use by the originator of the psychotherapy notes for treatment;
- Use or disclosure by Harris Health System for its own training programs in which students, trainees, or practitioners in mental health learn under supervision to practice or improve their skills in group, joint, family, or individual counseling;
- Use or disclosure by Harris Health System to defend itself in a legal action or other proceeding brought by the individual; or
- A use or disclosure that is required or permitted with respect to the oversight of the originator of the psychotherapy notes.

Marketing. Harris Health System must obtain written authorization for any use or disclosure of protected health information for marketing, except if the communication is in the form of a face-to-face communication made by Harris Health System to you or a promotional gift of nominal value provided by Harris Health System.

If Harris Health receives financial remuneration from a third party for marketing, the authorization must state that such remuneration is involved. Financial remuneration means direct or indirect payment from or on behalf of a third party whose product or service is being described. Direct or indirect payment does not include any payment for treatment of an individual.

Sale of Protected Health Information. We must obtain written authorization for any disclosure of protected health information which is a sale of protected health information. Such authorization must state that the disclosure will result in remuneration to Harris Health System.

SPECIAL SITUATIONS

Organ and Tissue Donation. If you are an organ donor, we may release protected health 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 your protected health information as required by military command authorities. We may also release protected health information about foreign military personnel to the appropriate foreign military authority.

Workers' Compensation. We may release your protected health information for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Public Health Risks. We may disclose your protected health information for public health activities.

These activities generally include the following:

- a. To prevent or control disease, injury or disability;
- b. To report births and deaths;
- c. To report child abuse or neglect;
- d. To report reactions to medications or problems with products;
- e. To notify patients of product recalls;
- f. 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;
- g. 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 your protected health 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.

Lawsuits and Disputes. If you are involved in a lawsuit or a dispute, we may disclose your protected health information in response to a court or administrative order. We may also disclose your protected health information 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 disclose your protected health information for law enforcement purposes, as required by law or in response to a valid court order or subpoena.

Coroners, Medical Examiners and Funeral Directors. We may release protected health 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 protected health information about patients of the hospital to funeral directors as necessary to carry out their duties.

National Security and Intelligence Activities. We may release your protected health information 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 your protected health information to authorized Federal officials so they may provide protection to the President of the United States, other authorized persons or foreign heads of state or conduct special investigations.

Security Clearances. We may use your protected health information to make decisions regarding your medical suitability for a security clearance or service abroad. We may also release your medical suitability determination to the officials in the Department of State who need access to that information for these purposes.

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.

YOUR RIGHTS REGARDING PROTECTED HEALTH INFORMATION ABOUT YOU

You have the following rights regarding your protected health information:

Right to Inspect and Copy. You have the right to inspect and request a copy of the healthcare information that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes. To inspect and request a copy of healthcare information that may be used to make decisions about you, you must submit your request in writing to the Harris Health System Privacy Officer. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request. We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to protected health information, you may request that the denial be reviewed. A licensed health care professional chosen by the hospital will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

If you request an electronic copy of your protected health information that is maintained in one or more designated record sets electronically, Harris Health System must provide you with access to the protected health information in the electronic form and format as requested by you, if it is readily producible in such form and format; or, if not, in a readable electronic form and format as agreed by you and Harris Health System.

You may direct Harris Health System to transmit a copy of your protected health information directly to another person that you designate. Such request must be in writing, signed, and clearly identify the designated person and where to send the copy of the protected health information.

You may contact the Office of Corporate Compliance at:

Harris Health System, Office of Corporate Compliance, 2525 Holly Hall, Suite 171, Houston, TX 77054

Please indicate either Attn: HIM for Medical Records or Attn: PFS for Billing Records

Right to Amend. If you feel that the protected health 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 the information is kept by or for the hospital. To request an amendment, your request must be made in writing and submitted on the *Request for Amendment of the Designated Record Set* form to Harris Health System's 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:

- a. Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- b. Is not part of the protected health information kept by or for the hospital;
- c. Is not part of the information which you would be permitted to inspect and copy; or
- d. Is accurate and complete.

If your request is denied you may submit a "*Statement of Disagreement*" to Harris Health System's Privacy Officer.

You may contact the Office of Corporate Compliance at:

Harris Health System, Office of Corporate Compliance

2525 Holly Hall, Suite 171, Houston, TX 77054

Please indicate either Attn: HIM for Medical Records or Attn: PFS for Billing Records

Right to an Accounting of Disclosures. You have the right to request an "accounting of disclosures." This is a list of the disclosures we made of your protected health information. To request this list or accounting of disclosures, you must submit your request in writing to Harris Health System's 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 want the list (e.g., on paper, electronically). The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to Request Restrictions. You have the right to request a restriction or limitation on your protected health information we use or disclose for treatment, payment or health care operations. You also have the right to request a limit on your protected health information we disclose to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had.

Harris Health System must agree to restrict disclosure of protected health information concerning a treatment or procedure to a health plan if you, or someone on your behalf, pays Harris Health System in full for that particular treatment or procedure. *For all other situations, Harris Health is not required to agree with your request.* If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. To request restrictions, you must make your request in writing to Harris Health System's Privacy Officer. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

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. To request confidential communications, you must make your request in writing to Harris Health System's Privacy Officer. 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 a Paper Copy of This Notice. You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

You may obtain a copy of this notice at our website, www.harrishealth.org.

To obtain a paper copy of this notice:

Harris Health System, Office of Corporate Compliance

2525 Holly Hall, Suite 171, Houston, TX 77054

PRESERVATION OF RECORDS

We may authorize the disposal of your medical records on or after the 10th anniversary of the date on which you were last treated at Harris Health System. If you were younger than 18 years of age when you were last treated, we may authorize the disposal of medical records relating to you on or after the date of your 20th birthday or on or after the 10th anniversary of the date on which you were last treated, whichever date is later. We will not destroy your medical records if they relate to any matter that is involved in litigation, if we are aware that the litigation has not been finally resolved.

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 your protected health information we already have as well as any information we receive in the future. We will post a copy of the current notice in the hospital. The notice will contain on the first page, under the title, the effective date. In addition, each time you register at or are admitted to the hospital for treatment or health care services as an inpatient or outpatient, you may obtain a copy of the current notice in effect, if you so desire.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the hospital or with the Secretary of the U.S. Department of Health and Human Services. To file a complaint with the hospital, contact Harris Health System's Privacy Officer at the address and/or telephone number listed below. **You will not be penalized for filing a complaint.**

OTHER USES OF PROTECTED HEALTH INFORMATION

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

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