

This notice describes Hamilton Healthcare System's practices and those of:

- Any healthcare professional authorized to enter information into your chart.
- All departments and units of Hamilton Healthcare System.
- Any member of a volunteer group we allow to help you while you are in the care of Hamilton Healthcare System.
- Any business associate or practices associated with or on behalf of Hamilton Healthcare System or any affiliated entities. All these entities, sites and locations follow the terms of this notice. In addition, these entities, sites & locations may share medical information with each other for treatment, payment or healthcare operation purposes described in this notice.

OUR PLEDGE REGARDING MEDICAL INFORMATION:

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care & services you receive. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care whether made by us or another provider that you were referred to.

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 medical information about you; and
- Follow the terms of the notice that is currently in effect.

Payment, Treatment or Healthcare Operations:

Treatment includes sharing information among healthcare providers involved in your care. 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 medical information about you in order to coordinate the things you need, such as prescriptions, lab work and x-rays. We also may disclose medical information about you 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. HHS may use your medical information as required by your insurer or HMO to obtain payment for your treatment and hospital stay or clinic visit. We may use and disclose medical information about you for healthcare operations to improve the quality of care, e.g., for review and training purposes. These uses and disclosures are necessary to make sure all of our patients receive quality care.

Hamilton Healthcare System may use your medical information for the following purposes:

- **Hospital Directory**, which may include your name, general condition and your location in the hospital. This information may be provided to other people who ask for you by name. If you do not want us to list this information in our directory, you must tell us that you object.
- **Religious Affiliation** to a member of the clergy. If you do not want us to share this information with a member of the clergy, you must tell us that you object.
- **Appointment Reminders:** We may use and disclose medical information to contact you as a reminder that you have an appointment for medical care.
- **Individuals Involved in Your Care or Payment for Your Care:** We may release medical information about you to family members, other relative, or close personal friend who is involved in your medical care or payment for your treatment. If you are able to agree or object we will give you that opportunity

prior to disclosing information. If you are unable to agree or object, our health professionals will use their best judgment in communicating with your family and others. We may also give information to someone who helps pay for your care.

- **Disaster Relief Agency:** We may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.
- **Public Health Activities:** Public Health Activities usually include disease prevention, injury or disability; reporting births and deaths; reporting child abuse or neglect; reporting reactions to medications or product problems; notification of recalls; infectious disease control; notifying government authorities of suspected abuse, neglect or domestic violence (if you agree or as required by law).
- **As required by law:** We will disclose medical information about you when required to do so by federal, state or local law, subpoena or other legal processes.
- **Organ and Tissue Donation:** If you are a donor, we may release medical 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.
- **Coroners, Medical Examiners and Funeral Directors.** Health information may be disclosed to funeral directors or coroners to enable them to carry out their lawful duties.
- **Health Oversight Activities:** We may disclose medical information to a health oversight agency for activities authorized by law such as audits, investigations, inspections and

licensure. These activities are necessary for government to monitor the health care system, government programs and compliance with civil rights laws.

- **Treatment Alternatives, Health Related Benefits and Services:** We may use and disclose medical information to give you information about treatment alternatives or health related benefits/services that may be of interest to you. You will have an opportunity to refuse to receive this information.
- **Workers Compensation:** Your medical information regarding benefits for worker-related illnesses may be released as appropriate.
- **Your Authorization Is Required for Other Disclosures:** Except as described, we will not use or disclose your medical information unless you authorize (permit) Hamilton Healthcare System in writing to disclose your information. You may revoke your authorization, which will be effective only after the date of receipt of your written revocation.
- **Fundraising Activities:** We may use limited medical information about you (name, address, phone number and date of service) to contact you in an effort to raise money for Hamilton Healthcare System and its operations. You will have an opportunity to refuse to receive these communications.
- **Governmental Disclosures:** Hamilton Healthcare System may disclose health information:
 - About Armed Forces personnel to military authorities under certain circumstances,
 - As required for lawful intelligence, counterintelligence, & other national security activities to authorized federal officials, or

- About inmates to correctional institutions or law enforcement officials having lawful custody.

Patient Rights:

You have the following rights regarding medical information we maintain about you:

- **Right to Request Restriction.** You may request limitations on your medical information we used or disclose for health care treatment, payment or operations, but we are not required to agree to your request. If we agree we will comply with your request unless the information is needed to provide you with emergency treatment to request restrictions you must contact the Medical Records Director @ (254) 386-1600.
- **Right to Request Confidential Communication:** You have the right to request that we communicate with you all about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you by telephone at work or that we only contact you by mail at home. Your request must specify how or where you wish to be contacted. To request confidential communications you must contact the Director of Medical Records. We will not ask you the reason for your request. We will accommodate all reasonable requests.
- **Right to Request Amendment:** If you feel that medical information we have about you is incorrect or incomplete, you may request an amendment in writing to the Director of Medical Records. Hamilton Healthcare System is not required to accept the amendment.
- **Right to an Accounting of Disclosures:** You may request a list of the disclosure of your medical information that has been made to persons or entities other than for treatment, payment or operations in the past six (6) years, but not prior to April

14, 2003. The first list you request within a twelve (12) month period will be free of charge. For additional lists, Hamilton Healthcare System may charge you for the costs of providing the list. To request an accounting of disclosures, you must contact the Director of Medical Records, (254) 386-1600.

- **Right to Inspect & Copy:** You have the right to inspect and copy your medical information that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes. You must make your request in writing to the Director of Medical Records. We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed healthcare professional chosen by Hamilton Healthcare System 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. To inspect and receive a copy of your medical record, call the Director of Medical Records (254) 386-1600.
- **Right to a 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. You may obtain a copy of this Notice at our Family Practice Rural Health Clinic or the lobby of the Hamilton General Hospital.
- **How to Complain:** If you believe your privacy rights have been violated, you may file a complaint with Hamilton Healthcare System 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.**

If you have a complaint contact:

**Hamilton Healthcare System
Administrator
400 North Brown
Hamilton, Texas 76531
(254) 386-1600**

Or

**Healthy Facility Compliance
Group (MC 1979)
Texas Department of
State Health Services
PO Box 149347
Austin, TX 78714-9347
(888) 973-0022**

If you have questions regarding this Notice,
please call the Privacy Officer at
(254) 386-1600



NOTICE OF PRIVACY PRACTICES

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 questions
about this notice,
please contact
the Privacy Officer
at (254) 386-1600