

Notice of Privacy Practices

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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.

We Respect Your Privacy

This "Notice of Privacy Practices" (Notice) explains how we protect and use your personal health and medical information, and what your rights are related to your health information under the Health Insurance Portability and Accountability Act (HIPAA) of 1996, as amended by the Health Information Technology for Economic and Clinic Health Act (HITECH) and the Omnibus Rules. The University of Texas Health Science Center at Tyler, also known as UT Health Northeast (UTHSCT) and all members of our workforce, including but not limited to staff, volunteers, students, residents, and those in our off-site clinics, follow the privacy practices described in this Notice.

Requirements Regarding This Notice

UTHSCT is required by law to provide you with this Notice. We will follow the practices outlined here as long as they are in effect. We may make changes to this Notice. These changes will be effective for current medical information we have about you as well as any information we may receive in the future. We will post a copy of the current Notice at UTHSCT and our off-site locations, as well as on our website. The Notice will include the effective date. The updated Notice will be given to each new patient and is available to all returning patients upon request.

UTHSCT keeps your medical information in records that are handled confidentially as the law requires; however, there are times when we must use and share your medical information with others in order to provide you with quality health care. For example, we will share your medical information when we refer you to a specialist or file your insurance claim for you.

We may use and disclose your health information for treatment, payment, or healthcare operations to provide you with quality health care.

Health information may identify you and may relate to your past, present, or future health condition related to the healthcare services received at our facility, or information that may be forwarded to us from other providers (doctors, hospitals, etc.).

Federal law permits us to use your health information for the following purposes without your prior authorization:

- **Treatment** - Physicians and other members of the healthcare team may share your health information
For example, we may send medical information about you to another physician when you are referred to that physician for treatment or evaluation.
- **Payment** - Your health information may be used to obtain payment for your health care bills.
For example, billing information may be sent to your insurance company.
- **Healthcare Operations** - Your health information may be used to improve the quality of care to support healthcare operations and reduce health care costs.
For example, teaching physicians, residents or nursing students may review your health information.

Unless you ask for restrictions on a specific use or disclosure, your health information may be used for the following purposes without your authorization:

- **Appointment Reminder**
We may contact you as a reminder that you have an appointment at our facility for treatment or medical care.
- **Hospital Directory**
The purpose of the hospital directory is to allow your family, friends, and clergy to visit you in the hospital. If you are admitted to the hospital, we will list your name in the hospital directory, which may include your location in the hospital, your general condition (good, fair, stable) and your religious affiliation. The directory information, except for your religious affiliation,

may be released to those who ask for you by name. Your religious affiliation may be given to a clergy member, such as a priest or pastor, even if the clergy member does not ask for you by name.

- **Individuals Involved In Medical Care and Disaster Relief**

We may disclose your health information to a family member or close personal friend who is involved in your medical care if the information released is directly relevant to the person's involvement with your care. We may give information to someone who helps pay for your care. In addition, we may release your health information to a group assisting with disaster relief so that your family may be notified of your location and condition.

- **Health Related Benefits and Services**

We may contact you to tell you about possible treatment choices, products, health benefits or services that may be of benefit to you. If you have been a patient at UTHSCT, you may receive a Patient Satisfaction Survey requesting information on how we can improve our services to you.

- **Research**

We may give your health information to researchers at UTHSCT. If a researcher wants to review your medical record, he/she must obtain permission by the UTHSCT's Institutional Review Board (IRB). The researchers may contact you and ask you if you would like to participate in the research study.

- **Business Associates**

We limit the sharing of information with others; however, we may disclose your health information to business associates to carry out health care treatment, payment and operations functions, such as to install a new computer system.

- **Development/Fundraising**

Certain limited information may be used internally, or disclosed to a business associate of UTHSCT, for the purpose of raising funds for UTHSCT. The limited information will only include contact information (for example, your name, address, phone number), and the dates you received treatment or services at UTHSCT. If you wish to have your name removed from the list to receive fund-raising requests, please write to: UTHSCT's Institutional Advancement Office at 11937 US Highway 271, Tyler, TX 75708-3154.

- **Public Health and Other Purposes**

Subject to certain requirements, we may give out health information about you for public health purposes, such as infectious disease control, notifying government authorities of suspected abuse, neglect or domestic violence, reporting purposes, audits, inspections, research studies, required notifications of death, Workers' Compensation, the Food and Drug Administration, health oversight, judicial and administrative proceedings, law enforcement, specialized government functions, state surveyors, licensing, accrediting, quality oversight agencies, and emergencies.

These examples of potential disclosures of health information are not intended to cover all the ways UTHSCT may use your protected health information. Additional disclosures may be appropriate without requiring your prior authorization.

Special Situations

As Required By Law

We will disclose your health information when required to do so by federal, state, or local law.

Special Protections for Alcohol and Drug Abuse Information, Psychotherapy Notes and for Marketing or Sale of Protected Health Information

UTHSCT will not disclose or provide any protected health information relating to the patient's substance abuse treatment, psychotherapy notes, for marketing or for sale unless: 1) the patient consents in writing; 2) a court order requires disclosure of the information; 3) qualified personnel use the information for treatment, payment or health care operations; or 4) it is necessary to report a crime or a threat to commit a crime, or to report abuse or neglect as required by law.

Uses and Disclosures of Protected Health Information Based on Your Written Authorization

Except as described above, we will not use or disclose your medical information, unless you allow UTHSCT in writing to do so. For example, we will not sell your medical information or use photographs for presentations outside UTHSCT without prior written permission from you. You may

revoke, or withdraw your permission, which will be effective only after the date of your written withdrawal. You may obtain an authorization form from UTHSCT's Health Information Management Department, 11937 US Highway 271, Tyler, TX 75708-3154.

Your Rights Regarding Your Medical Information

You may make written requests on the forms provided by UTHSCT to exercise your rights as stated below:

- **Right to Request Restrictions**

You have a right to request limitations on your health information used or disclosed about you for treatment, payment, and health care operations; however, we are not required to comply with your request. For example, you may ask us not to disclose that you had a particular procedure. We will release the information if necessary for emergency treatment.

You have the right under HITECH to restrict certain disclosures to health plans when you have paid out of pocket in full for that health care item or service.

UTHSCT may contact you for fundraising purposes. You have the right to opt-out of receiving fundraising communications from UTHSCT.

- **Right to Inspect and Copy**

You have a right to review and request a copy of your medical or health record, with certain exceptions. For example, psychotherapy notes may not be inspected. Under limited circumstances your request may be denied. If denied, you may request a review by another licensed health care professional chosen by UTHSCT. We will comply with the outcome of the review. We may charge a fee for the costs of copying, mailing, or other fees associated with your request.

- **Right to Request Amendment**

If you believe that health information in your record is incorrect or incomplete, you may request an amendment on the form that is provided by UTHSCT. We may deny your request under certain circumstances and you have a right to appeal that denial.

- **Right to Accounting of Disclosures and Breach Notification**

You may request a list of the disclosures of your medical information that have been made by UTHSCT in the past six (6) years prior to the date of your request, but not prior to April 14, 2003. However, there are exceptions to this right. For example, disclosures to carry out treatment, payment and health care operations as well as disclosures for national security, intelligence purposes, correctional institutions, law enforcement officials and those in which you have authorized are not included in this listing. You may be charged a reasonable fee for this information.

You have the right to be notified following a breach of your unsecured protected health information.

- **Right to Confidential Communications**

You have the right to request that your medical information be communicated to you in a certain way or at a certain location. For example you may wish to be contacted by telephone at your work. To request such a communication you must notify UTHSCT in writing. We will accommodate all reasonable requests. You may obtain these forms from UTHSCT's Health Information Management Department, 11937 US Highway 271, Tyler, TX 75708-3154.

- **Right to a Copy of This Notice**

You may request a paper copy of this Notice at any time, even if you have agreed to receive it electronically. To obtain a paper copy, contact the UTHSCT Privacy Official at 11937 US Highway 271, Tyler, TX 75708-3154. You may also obtain an electronic copy of this Notice at our website, www.uthealth.org.

How to File a Complaint:

If you believe your privacy rights have been violated, you may file a complaint with UTHSCT's Privacy Official or with the Secretary of the United States Department of Health and Human Services, Office for Civil Rights, by submitting the complaint in writing by mail, fax or email at OCRMail@hhs.gov. You can find additional information about how to file a complaint with the OCR at www.hhs.gov/hipaa or by calling 1-800-368-1019. You can file a complaint with the UTHSCT Privacy Official at 11937 US Highway 271, Tyler, TX 75708-3154 or by calling 1-903-877-2884. Anyone can file a complaint, and there will be no penalty or retaliation against any individual for filing a complaint.