



## **PALO PINTO COUNTY HOSPITAL DISTRICT NOTICE FOR USE AND SHARING OF PROTECTED HEALTH INFORMATION**

**THIS NOTICE APPLIES TO ALL PALO PINTO COUNTY HOSPITAL DISTRICT DIVISIONS AND LOCATIONS**

**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 at Palo Pinto County Hospital District (PPCHD) pledge to give you the highest quality health care and to have a relationship with you that is built on trust. This trust includes our commitment to respect the privacy and confidentiality of your health information.**

PPCHD includes all of the facilities and locations listed at the end of this notice. This Notice also applies to private physicians who are on the medical staff if they see you at a PPCHD site.

This Notice is being given to you because federal law gives you the right to be told ahead of time about:

- How we will handle your medical information
- Our legal duties related to your medical information
- Your rights with regard to your medical information.

### **HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION**

When you need health care, you give information about yourself and your health to doctors, nurses, and other health care workers and staff. This information, along with the record of the care you receive, is **“protected health information”** (or “health information”). The information in your medical record is kept in paper form and/or in an electronic form on the computer.

PPCHD uses your health information within its system, and shares your health information outside its system in order to give you excellent medical care. PPCHD uses and shares your health information for other reasons that can include medical research and training new health care workers. This Notice tells you how PPCHD uses and shares your health information for these and other purposes. It also tells you when we need to get your specific permission to do so.

### **Part I - Most Common Uses and Disclosures**

#### **Treatment**

We may use health information about you to provide you treatment or services. We may disclose health information about you to doctors, nurses, technicians, medical students, or other facility personnel who are involved in taking care of you at the facility. For example, your primary care doctor may refer you to a specialist such as a radiologist or surgeon. The specialist may tell you that you need to be admitted to the hospital for treatment or surgery. This is to coordinate your care before, during and after you go into the hospital. Different departments of the facility also may share health information about you in order to coordinate the different things you may need, such as prescriptions, lab work, meals, and x-rays. This helps to make sure that everyone caring for you has the information they need.

## **Payment**

PPCHD will use and share your health information to bill and collect payment for the health care services it gives to you. For example, if you have health insurance, your health care provider will share your medical information with the insurance company or government agency (for example, Medicare or Medicaid). The insurance company uses the information to tell if you are eligible for benefits or if the services you received were medically needed.

## **Health Care Operations**

Members of the medical staff and/or quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it. The results will then be used to continually improve the quality of care for all patients we serve. We may disclose information to doctors, nurses, and other students for educational purposes. And we may combine health information we have with that of other facilities to see where we can make improvements. We may remove information that identifies you from this set of health information to protect your privacy. Examples of how we may also use and disclose health information include:

- Monitoring the quality of care and making improvements where needed
- Making sure health care providers are qualified to do their jobs
- Reviewing medical records for completeness and accuracy
- Meeting standards set by regulating agencies; such as, Joint Commission
- Teaching health professionals
- Using outside business services; such as, transcription, storage, auditing, legal or other consulting services
- Storing your health information on computers
- Managing and analyzing medical information

**Appointment Reminders** - We may use your health information to contact you at the address and telephone numbers you give to us (including leaving messages at the telephone numbers): about scheduled or cancelled appointments, registration/insurance updates, billing or payment matters, pre-procedure assessment or test results.

**Treatment Alternatives** - We may use your health information to contact you with information about patient care issues, treatment choices and follow up care instructions.

**Health-Related Benefits and Services** - We may use your health information to contact you with other health-related benefits and services that may be of interest to you.

**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 only release contact 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 must notify the Facility Privacy Official in writing.

**Patient Census/Facility Directory** - We may include your name, location and religious affiliation (should you choose to provide one) in current patient lists for our facility. This information is maintained for PPCHD personnel to assist family members and other visitors or persons in locating you while you are in PPCHD. For example, a relative may wish to visit you in the hospital and would need to know your hospital room number. This information is only shared with people who ask for you by name or with members of the clergy. If you indicate a religious affiliation, it will be shared only with members of the clergy. You can choose not to have such information released from the facility directory/patient census. If you do not want PPCHD to release such information, please inform the person assisting you during registration and/or admission.

**Disclosures to Family, Friends or Others** - We may share relevant health information about you with a family member or other person close to you if they are involved in your care or payment for your care. We may also use or share your health information to notify a family member or other person responsible for you of your location, general medical condition or death. In addition, 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.

**Medical Research** - Under certain circumstances, we may use and disclose medical information about you for approved research when written permission is not required by federal or state law. This also may include preparing for research or telling you about research studies in which you might be interested.

## **Part II - Other Potential Uses and Disclosures**

We may legally use and/or share your health information with others for the following purposes without your specific permission:

- As required by state and federal laws and regulations
- To avert a serious threat to health or safety
- For organ, eye or tissue donation at death
- For military personnel
- Workers' compensation or similar programs
- Public Health Risks - generally includes the following:
  - To prevent or control disease, injury or disability
  - To report births and deaths
  - To report child, elder or disabled victims of abuse or neglect
  - To report reactions to medications or problems with products
  - To notify patients of product recalls
  - 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
  - To notify appropriate law enforcement if we believe a patient has been the victim of a crime.We will only make this disclosure if you agree or when required or authorized by law.
- Health Oversight Activities
- Lawsuits and Other Judicial Proceedings
- Law Enforcement Activities
- Coroners, Medical Examiners and Funeral Directors
- National Security and Intelligence Activities

## **Information with Additional Protections**

Certain types of protected health information may have additional protection under federal or state law. For example, protected health information about HIV/AIDS and genetic testing results is treated differently than other types of protected health information under certain state laws. Additionally, federally assisted alcohol and drug abuse programs are subject to certain special restrictions on the use and disclosure of alcohol and drug abuse treatment information. To the extent applicable, PPCHD would need to get your written permission before disclosing that information to others in many circumstances.

## **Part III Patients' Rights with Respect to Protected Health Information**

**Right to Inspect and Copy:** You have the right to inspect and obtain a copy of the health information that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes. We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to health information, you may request that the denial be reviewed. Another licensed health care professional chosen by the facility 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.

**Right to Request Alternate Methods of Communication:** You have the right to ask for your health information to be sent to you in different ways. For example, you may ask that PPCHD not contact you with appointment reminders by telephone, or only call at your work or cell telephone number rather than home. PPCHD will grant reasonable requests for confidential communications at alternative locations and/or via alternative means only if the request is submitted in writing and the written request includes a mailing address where the individual will receive bills for services rendered by PPCHD and related correspondence regarding payment for services. Please realize, we reserve the right to contact you by other means and at other locations if you fail to respond to any communication from us that requires a response. We will notify you in accordance with your original request prior to attempting to contact you by other means or at another location.

**Right to Request Amendment:** If you feel that 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 facility. Any request for an amendment must be sent in writing to the Facility Privacy Official.

We may deny your request for an amendment and if this occurs, you will be notified of the reason for the denial.

**Right to Request an Accounting of Disclosures:** You can ask PPCHD for a list of the persons or organizations to which PPCHD has disclosed your protected health information. This list would provide you with a summary of certain disclosures PPCHD has made that you would not otherwise be in a position to know about. The following are examples of disclosures that would not be included in the list:

- Disclosures to carry out treatment, payment and health care operations;
- Disclosures made directly to you (the patient) or disclosures that you have specifically authorized
- Disclosures made from the facility directory/patient census;
- Disclosures to persons involved in your care;
- Disclosures incident to a use or disclosure that is otherwise permitted or required by law;
- Disclosures made for national security or intelligence purposes;
- Disclosures made to correctional institutions or law enforcement officials having custody over a patient; or
- Disclosures that took place before April 14, 2003.

To get a copy of the list, submit a written request to the Facility Privacy Official or Health Information Management Department at the address listed below. Your request must state a time period (beginning no earlier than April 14, 2003 when the federal privacy rules go into effect and for no longer than six years). The first list requested within a 12-month period shall be provided at no charge. For additional lists requested during the same 12-month period, we may charge for the costs of providing the list.

**Right to Request Restrictions:** You have the right to ask for restrictions on the use and sharing of your health information for treatment, payment, or health care operations. You can also ask for restrictions on using this information to notify you about appointments, etc.

We are not required to agree to your request. If we do, we must put the restriction in writing and abide by it except if you need to be treated in an emergency. You may not ask us to restrict uses and sharing of information that we are legally required to make.

**The Right to Ask for 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.

## **Complaints**

If you think that we may have violated your privacy rights or you disagree with any action we have taken with regard to your health information, we want you, your family, or your guardian to speak with us. If you present a complaint, your care will not be affected in any way. It is the goal of PPCHD to give you the best care while respecting your privacy.

You may file a complaint with PPCHD by following the process outlined in the Patient Rights documentation. You may also send a written complaint to the U.S. Department of Health and Human Services, J.F.K. Federal Building - Room 1875, Boston, MA 02203, Voice phone 617-565-1340, or email to [OCRComplaint@hhs.gov](mailto:OCRComplaint@hhs.gov).

**We will take no retaliatory action against you if you file a complaint about our privacy practices.**

## **Key Information about this Notice**

We are required by law to keep your health information private. We are required to give people notice of our legal duties and privacy practices with respect to your health information. We must abide by the terms of the Notice currently in effect. We reserve the right to change our privacy practices and the terms of this Notice at any time. We reserve the right to make the new Notice provisions effective for all protected health information that it maintains. If we do so, the updated Notice will be posted in all registration areas for public viewing. You may request a copy of the current Notice at any time by calling any of the people listed at the end of this notice.

## **Palo Pinto County Hospital District Divisions/Locations**

Palo Pinto General Hospital  
400 SW 25th Avenue  
Mineral Wells, Texas 76067  
Telephone: 940-325-7891

PPGH Family Health Clinic  
400 SW 25th Avenue  
Mineral Wells, Texas 76067  
Telephone: 940-325-7891

Bridge to Health  
400 SW 25th Avenue  
Mineral Wells, Texas 76067  
Telephone: 940-745-0484

Gordon Clinic  
118 S. Main St  
Gordon, Texas 76453  
Telephone: 254-693-5211

Santo Clinic  
13965 South FM 4  
Santo, Texas 76472  
Telephone: 940-769-2303

PPGH Home Health & Hospice  
400 SW 25th Avenue  
Mineral Wells, Texas 76067  
Telephone: 940-325-4471

**Facility Privacy Official: Shane Coleman**  
Telephone Number (940) 328-7526

**Quality Management Director: Brenda Patton**  
Telephone Number (940) 328-6228