



Effective Date: September 6, 2013

## Notice of Privacy Practices

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN OBTAIN ACCESS TO THIS INFORMATION.**

**PLEASE REVIEW IT CAREFULLY.**

- 1. CONTACT PERSON.** If you have any questions about this Notice, please contact the **Privacy Officer @ 817-472-3457.**
- 2. PERSONS BOUND BY THIS NOTICE.** This Notice describes USMD Hospital at Arlington's privacy practices, as well as the privacy practices of: (a) any health care professional authorized to enter information into your Hospital chart, (b) all departments, sections and units of the Hospital, (c) any member of a volunteer group we allow to help you while you are in the Hospital, (d) any Business Associate or Business Associate sub-contractor, or any affiliate of USMD with whom we share information; (e) all employees, staff and other Hospital personnel.
- 3. PURPOSE OF THIS NOTICE.** We are required by law to maintain the privacy of your medical information. We create a record of the care and services you receive at the Hospital. 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 the care and services you received at the Hospital, whether made by Hospital employees or your personal physician. This Notice will tell you about the ways in which we may use and disclose medical information about you. This Notice also describes your rights and certain obligations we have regarding the use and disclosure of your medical information.
- 4. OUR DUTIES.** We are required by law to:
  - a Give you this Notice of our legal duties and privacy practices with respect to your medical information,
  - b Follow the terms of this Notice as long as it is currently in effect. If we revise this Notice, we will follow the terms of the revised Notice as long as it is currently in effect; and
  - c Notify affected individuals of breach of unsecured PHI
- 5. HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU.** The following categories (listed in bold-face print below) describe different ways that we use and disclose medical information. For each category of uses or disclosures we will explain what we mean and give you 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 bold-face print categories below:
  - a. **For Treatment.** We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, medical students 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

will provide follow-up care, physical therapy organizations, medical equipment suppliers and skilled nursing facilities.

- b. **For Payment.** We may use and disclose medical information about you so that the treatment and services you receive at the Hospital may be billed to (and payment may be collected from) your insurance company or a third party. For example, we may need to give your health plan specific information about surgery you received at the Hospital so your health plan will reimburse the hospital for the surgery. We also may 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.
- c. **For Health Care Operations.** We may use and disclose medical information about you for Hospital operations. These uses and disclosures are necessary to run the Hospital and to make sure that all of our patients receive quality care. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you. We also may disclose information to doctors, nurses, technicians, house-staff (including residents and interns), medical students and other Hospital personnel to conduct training programs. We also may combine medical 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 also may remove all information that identifies you from this set of medical information so that others may use that information to study health care and health care delivery without learning who the specific patients are.
- d. **To Business Associates.** We may disclose medical information about you to one of our business associates in order to carry out treatment, payment or health care operations. For example, we may disclose medical information about you to a company who bills insurance companies on the Hospital's behalf to enable that company to help us obtain payment for the health care services we provide.
- e. **Hospital Directory.** Except when you express an objection, we may include certain limited information about you in the Hospital Directory while you are a patient in the Hospital. This information may include your name, your location in the Hospital (e.g. Surgery and ER, etc.), your general condition (e.g. fair, stable, etc.) and your religious affiliation. The directory information, except for your religious affiliation, also may be released to people who ask for you by name. Your religious affiliation may be given to a member of the clergy, such as a priest or rabbi, even if the clergy member does not ask for you by name. The purpose of the Hospital Directory is to allow your family, friends and clergy to visit you in the Hospital and know how you are doing. If you cannot practicably provide your objection to these uses and disclosures because of your incapacity or an emergency treatment circumstance, we may use or disclose some or all of this information if that disclosure would be consistent with your prior expressed preference that is known to us and if the disclosure is in your best interest as determined in the exercise of our professional judgment.
- f. **Individuals Involved in Your Care or Payment for Your Care.** We may release medical information about you to a family member, other relative or close personal friend who may be authorized by law to consent to your treatment. We also may release information to someone who helps pay for your care. We also may tell your family or friends that you are in the Hospital and your general condition. In addition, we may disclose medical information about you to the American Red Cross or a governmental agency or authority assisting in a disaster relief effort, so that your family can be notified about your location and general condition.

- i. **Health-Related Benefits and Services.** We may use and disclose medical information to tell you about health-related benefits or services that may be of interest to you
  
- j. **Consumer Education and Fund-raising Activities.** We may use limited medical information about you to contact you in an effort to make you aware of educational seminars and health fairs and to raise money for the Hospital and its operations. We may disclose this information to our business associates for this purpose as well. The limited medical information that would be used by the Hospital or disclosed to a business associate would include demographic information about you (e.g. your name, address, phone number) and the dates you received treatment or services at the Hospital. You have the right to opt-out of receiving future communications with each solicitation. Information on how to opt-out will be contained in each communication. If you do not want the Hospital to contact you for educational seminars, health fairs or the Hospital's fund-raising efforts, please email your request to [marketing@usmd.com](mailto:marketing@usmd.com). USMD will only market third party products or services with your explicit permission
  
- k. **Special Situations.**
  - i. **As Required by Law.** We will disclose medical information about you when required to do so by federal, state or local law
  
  - ii. **Public Health Activities.** We may disclose medical information about you to a governmental agency or authority for public health activities. *Public health activities generally include:*
    - (a). Preventing or controlling disease, injury or disability,
  
    - (b). Reporting births and deaths,
  
    - (c). Reporting child abuse or neglect,
  
    - (d). Reporting reactions to medications or problems with products;
  
    - (e). Notifying people of recalls of products they may be using;
  
    - (f). Notifying a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition,
  
    - (g). Notifying 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
  
  - iii. **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 the government to monitor the health care system, government programs and compliance with civil rights laws.
  
  - iv. **Lawsuits and Disputes.** We may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery

- (b) To identify or locate a suspect, fugitive, material witness or missing person, but only if limited information (for example, name and address, date and place of birth, Social Security number, blood type and RH factor, type of injury, date and time of treatment, and date and time of death, if applicable) is disclosed;
  - (c) About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement,
  - (d) About a death we believe may be the result of criminal conduct;
  - (e). About criminal conduct we believe occurred on the premises of the Hospital, and
  - (f). In emergency circumstances to report a crime, if the information relates to the presence, nature of injury or illness, age, sex and occupation of the patient who is receiving emergency medical services
- vi **Coroners, Medical Examiners and Funeral Directors.** We may release medical information about patients of the Hospital to a coroner or medical examiner to identify a deceased person or to determine the cause of death. We may also release medical information about patients of the Hospital to funeral directors as necessary for the funeral directors to carry out their duties.
- vii **Organ and Tissue Donation.** We may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank to facilitate organ or tissue donation and transplantation.
- viii **Research.** Under certain circumstances, we may use and disclose medical information about you 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 special approval process requires an evaluation of the proposed research project and its use of medical information, and balances these research needs with our patients' need for privacy of their medical information. Before we use or disclose medical information for research, the project generally will have been approved through this special approval process.
- ix. **To Avert a Serious Threat to Health or Safety.** We may use and disclose medical information about you 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 a governmental agency or authority that is able to help prevent the threat.
- x. **Armed Forces.** If you are a member of the Armed Forces, we may release medical information about you to a government agency or authority as required by military command authorities.
- xi. **National Security and Intelligence Activities.** We may release medical information about you to authorized federal officials for intelligence, counterintelligence and other national security activities authorized by law.

would be necessary, for example (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.

xiv **Workers' Compensation.** We may release medical information about you to a government agency or authority for workers' compensation or similar programs (or as otherwise required by law) These programs provide benefits for work-related injuries or illness

i. **When Your Authorization Is Required.** Uses or disclosures of your medical information for other purposes or activities not listed above will be made only with your written authorization (permission) If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written permission However, we are unable to take back any disclosures we have already made with your permission.

m **Special Privacy Protections for Certain Types of Information.** Certain types of information may be subject to additional restrictions on disclosure, such as AIDS test results and psychotherapy notes. Alcohol and drug abuse information has special privacy protections. USMD Hospital at Arlington will not disclose any information identifying an individual as being a patient or provide any medical information relating to the patient's substance abuse treatment unless (i) the patient consents in writing; (ii) a court order requires disclosure of the information, (iii) medical personnel need the information to meet a medical emergency, (iv) qualified personnel use the information for the purpose of conducting scientific research, management audits, financial audits or program evaluation; (v) it is necessary to report a crime or a threat to commit a crime, or to report abuse or neglect as required by law

6. **YOUR RIGHTS.** You have the following rights regarding medical information we maintain about you:

a The following uses and disclosures will only be made with your written authorization: (i) most uses and disclosures of psychotherapy notes, (ii) Other than face-to-face conversations about services and treatment alternatives, we will not use your protected information for marketing purposes without your authorization, (iii) disclosures that constitute a sale of PHI; (iv) other uses and disclosures not described in the Notice of Privacy Practices

b **Right to Request Restrictions.** You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations You have the right to restrict disclosure of PHI to a health plan where you paid out-of-pocket, in full, for the care or service provided You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, such as a family member or friend For example, you could ask that we not use or disclose information about a particular surgery that you have had We are not required to agree to your request If we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment To request restrictions, you must make your request in writing to the Privacy Officer. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use or disclosure of the information (or both), and (3) to whom you want the limits to apply (for example, disclosures to your spouse).

c **Right to Request Confidential Communications.** You have the right to request that we communicate with you

copy medical information that may be used to make decisions about your care To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to Health Information Management 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 medical information, in some cases you may request that the denial be reviewed. Another 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

- e **Right to Amend.** If you feel that medical 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 to the 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 (1) was not created by us, unless the person or entity that created the information is no longer available to make the amendment; (2) is not part of the medical information kept by or for the Hospital, (3) is not part of the information which you would be permitted to inspect and copy, or (4) is accurate and complete
  
- f **Right to an Accounting of Disclosures.** You have the right to request an "accounting of disclosures" by the Hospital of your medical information that occurred in the past six (6) years. The accounting (or list) of disclosures will include (1) the date of the disclosure, (2) the name of the entity or person who received the medical information and, if known, the address, (3) a brief description of the medical information disclosed; and (4) a brief statement of the purpose of the disclosure (such list will not include disclosures made pursuant to an authorization or for treatment, payment, and health care operations) To request this list, you must submit your request in writing to the Privacy Officer Your request must state a time period that may not be longer than six (6) years, however, the time period certainly may be less than six (6) years The first list you request within a twelve (12) month period will be free of charge. 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 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. To obtain a paper copy of this Notice, contact Patient Access

- Access to Electronic Copy of This Notice.** You may obtain an electronic copy of this Notice at our web site,
- h. [http //www.usmdarlington.com](http://www.usmdarlington.com)

7. **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 medical 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 the Hospital The Notice will contain on the first page, in the top right-hand corner, 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, we will offer you a copy of the current Notice in effect