

Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THE INFORMATION. PLEASE REVIEW IT CAREFULLY.

OUR PLEDGE

We understand that medical information about you and your health is personal. We are committed to protecting this information. When you receive services within the St. Joseph Health System (System) a medical record is created. This record describes the services provided to you and is needed 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 the System, whether made by a System employee or a physician involved in your care. Physicians may have different policies regarding medical information created in their office.

This notice tells you about the ways in which we may use and disclose your medical information. It also describes your rights and certain obligations we have regarding the use and disclosure of your medical information. If you have any questions you may contact our **Privacy Officer, 2801 Franciscan Drive, Bryan, Texas, 77802 (979-774-2112)**.

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

Your medical information is collected, maintained and made available to members of your health care team, your insurance company or other third party entity, or utilized as a routine part of health care operations for the following purposes.

For Treatment:

Your medical information is shared with the health care team members involved in your care. This is done so the health care team can accurately diagnose and care for you. Examples of these uses include: a) a doctor treating you for a broken leg needs to know if you have diabetes because diabetes may slow the healing process; b) the radiology department needs to give information to the laboratory department to obtain some needed tests. Information may also be disclosed to physicians, organizations or individuals outside of the hospital but who are also part of your health care team.

For Payment

We may use and disclose your information to your insurance company or other third party to collect payment for services. For example, we may need to give your health plan information about surgery you received while here so that they will pay us or reimburse you. 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

Information in your medical record may be made available as a part of routine System operations. This is necessary to run the facility and to make sure you receive quality care. For example, we may use medical information to review our treatment and services or to evaluate our health care team members in caring for you. We may also combine your information with other's information to determine the community need for services or effectiveness of treatment. We may also disclose this information to doctors, nurses, technicians, health care students or management for review and learning purposes.

Sharing Information with Another Organization

We may share your information with another organization if 1) they are involved or may be involved in your care; 2) they are or may be involved in the payment of your care; or 3) an organization already has relations with you and the information shared will help both our organizations to conduct quality assurance activities, population-based activities, case management, care coordination, conducting of training, accreditation, licensing or credentialing.

For example, we may 1) share your information with several home health agencies as we attempt to identify the best one for you or; 2) share your information with companies that will assist us in obtaining payment or; 3) share your information with an organization that will assist us in measuring and improving our quality of care.

Appointment Reminders

Employees at a System affiliate may use your medical information to contact you as a reminder that you have an appointment for treatment. If you have a message machine we may leave the reminder in a message.

Treatment Alternatives & Health-Related Benefits and Services

We may also use this information to tell you about or recommend possible treatment options or alternatives that may be of interest to you. This may include telling you about health-related benefits or services.

Fundraising Activities

We may use your demographic information, including the dates you received health care, to contact you in an effort to raise money for the System. This may include disclosing information to a foundation related to the System so that the foundation may contact you in raising money for the System or one of its components. In these instances we would only release information such as your name, address or other contact information, gender, age, insurance information and the dates you received treatment or services at the System.

Hospital Directory

We may include certain limited information about you in the facility directory while you are a patient here. This information may include your name and location in the facility, your general condition (e.g. fair, stable, etc.) and your religious affiliation. This information, except for your religious affiliation, may also be released to people who ask for you by name. Your religious affiliation may be given to a member of the clergy, even if they don't ask for you by name. This is so your family, friends and clergy can visit you in the facility and generally know how you are doing.

Individuals or Entities Involved in Your Care or Payment for Your Care

We may release medical information about you to a friend or family member authorized to be involved in your medical care. We may also give information to a person or entity who helps pay for your care. In addition, we may disclose medical information about you to an entity assisting in disaster relief so that your family can be notified about your condition, status and location.

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 are subject to special approval by the Institutional Review Board. We may disclose medical information about you to people preparing to conduct a research project so long as this information does not leave the System. For example, a prospective researcher may want to look at patients with specific medical needs. If the research involves anything more than a review of your

medical information, we will contact you in order to obtain your authorization or its further use will be subject to your authorization.

Some research involves a review of medical care only (record review). In this research, the risk of physical harm or injury to the patient is small and the need for an informed consent from the patient is waived. Research involving a record review must be approved by the Institutional Review Board. If approved, the Ethics Committee will also review the proposed research to ensure the privacy interests of the patients are protected.

As Required by Law.

We will disclose medical information about you when required to do so by federal, state or local law.

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 someone able to help prevent the threat.

Organ And Tissue Donation

If you are a donor, we may release medical information to organizations that handle organ procurement or transplantation or banking.

Military And Veterans

If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.

Worker's Compensation

We may release medical information about you for worker's compensation or similar programs.

Public Health Activities

We may disclose medical information about you for public health activities. These activities generally include the following:

- To prevent or control disease, injury or disability;
- To report births and deaths;
- To report child abuse or neglect;
- To report reactions to medications or problems with products;
- To notify people of recalls of products they may be using;
- 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; and
- To notify the appropriate government authority if we believe a patient has been a 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 medical information to a health oversight agency for activities authorized by law. These activities include audits, inspections and licensure.

Lawsuits and Disputes

If you are involved in a lawsuit or dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose information about you in a response to a

subpoena, discovery request, or other lawful process by someone else involved in the dispute. However, upon receipt of such a request, we will provide a copy of the request to you.

Law Enforcement

We may release medical information if asked to do so by a law enforcement official:

- In response to a court order, subpoena, warrant, summons or similar process;
- To identify or locate a suspect, fugitive, material witness, or missing person;
- About the victim of a crime if, under certain circumstances, we are unable to obtain the person's agreement;
- About a death we believe may be the result of criminal conduct;
- About criminal conduct at the hospital; and
- In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

Coroners, Medical Examiners and Funeral Directors

We may release medical information to a coroner, medical examiner or to a Funeral Director, as necessary, to carry out their duties.

National Security and Intelligence Activities / Protective Services

We may release medical information about you to authorized federal officials for national security purposes or to provide protection to the President of the United States or other authorized persons.

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 official.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

Right to inspect and copy.

You have the right to inspect and copy information in your medical record. This right does not extend to any psychotherapy notes. To inspect and / or get a copy of your medical record you must submit your request in writing to the MEDICAL RECORDS department at the applicable System affiliate. You may be required to pay copying costs.

Right to Amend

If you feel that information about you is incorrect, you may ask us to amend the record. To request an amendment, the request must be made in writing to the MEDICAL RECORDS department at the applicable System affiliate. In addition, you must provide a reason that supports your request. The System is not obligated to comply with your request to amend your record.

Right to an Accounting of Disclosures

You have the right to request an 'accounting of disclosures'. This is a list of disclosures that we have made about you. To request an accounting, the request must be made in writing to the MEDICAL RECORDS department at the applicable System affiliate. Certain time restrictions apply to a request for accounting of disclosures as well as the specification of the method for receiving the information.

Right to Request Restrictions

You have the right to request limits on the use of your medical information for either treatment, payment or health care operations. You also have the right to request a limit on medical information we disclose to someone who is involved in your care or the payment of your care such as a family member or friend. For example you could ask that we not disclose information about a surgery you had.

To request restrictions, the request must be made in writing to the MEDICAL RECORDS department at the applicable system affiliate. *We are not required to agree to your request.* If we do agree we will comply with your restrictions unless the information is needed to provide emergency treatment.

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. Your request must specify how or where you wish to be contacted. We will accommodate all reasonable requests. To request restrictions, the request must be made in writing to the MEDICAL RECORDS department at the applicable System affiliate.

Right to a Paper Copy of This Notice

You have the right to a paper copy of this notice. You may also obtain a copy of this notice at our website, www.st-joseph.org.

CHANGES TO THIS NOTICE

We are required by law to maintain the privacy of protected health information, to provide a notice of our legal duties and privacy practices and to abide by the terms of the notice currently in effect. 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 each of the System's facilities. The notice will contain the effective date. A copy of the current notice will be made available to you each time you register at a System affiliate for treatment or services.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the System or with the Secretary of the U. S. Department of Health and Human Services. To file a complaint with the System, contact our **Privacy Officer, 2801 Franciscan Drive, Bryan, Texas, 77802 (979-774-2112)**. To file a complaint with the Secretary of the U. S. Department of Health and Human Services, mail your complaint to: The U. S. Department of Health and Human Services, 200 Independence Avenue, S.W., Washington, D.C. 20201. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

OTHER USES OF MEDICAL INFORMATION

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written authorization. If you provide us with authorization to use or disclose medical information about you, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose medical information about you 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.