

DALLAS MEDICAL CENTER
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 any questions about this notice, please contact our Privacy Officer at the address or phone number on this notice.

WHO WILL FOLLOW THIS NOTICE

Dallas Medical Center provides health care to our patients, residents, and clients in partnership with physicians and other professionals and organizations. The privacy practices outlined in this notice will be followed by:

- Any healthcare professional who treats you at any of our facilities, including Dallas Medical Center Medical Staff and other credentialed health care providers of Dallas Medical Center;
- All medical departments and units of our organization; and
- All employed associates, staff or volunteers of our organization.

Dallas Medical Center and the parties described above may share medical information with each other for treatment, payment, or health care operation purposes described in this notice. Please be aware that your personal doctor may also have his/her own separate privacy policies and/or notices regarding the use and disclosure of your PHI in his/her private practice.

OUR PLEDGE TO YOU REGARDING MEDICAL INFORMATION

We understand that your health-related information is personal. We call this information “protected health information”, or “PHI”. We are committed to protecting the privacy of your PHI, including your medical records and billing information. This notice describes our privacy practices with respect to your PHI. This notice applies to all PHI maintained by us and related to your treatment and care, including information created by our staff or your personal doctor while treating you at our facility. This notice also applies to the PHI we receive from your other treatment providers and included in our medical records.

We are required by law to:

- Safeguard your PHI;

- Give you this notice of our legal duties and privacy practices with respect to your PHI; and
- Follow the privacy practices outlined in this notice.

HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION

- We may use and disclose your PHI for **treatment** (such as sending medical information about you to a specialist as part of a referral); to **obtain payment for treatment** (such as sending billing information to your insurance company or Medicare); and to **support our health care operations** (such as comparing patient data to improve treatment methods), without your prior authorization.
- We may also use or disclose your PHI without your prior authorization for the following purposes: **for public health activities; to comply with federal, state or local laws; to report incidents of abuse or neglect; for law enforcement purposes; in the course of a judicial or administrative proceeding; for health oversight audits or inspections; to conduct research studies** (but only in limited circumstances); **to notify a coroner; to coordinate funeral arrangements; for organ donation purposes; for worker's compensation purposes; for specific government functions; to avoid harm; and during emergencies.**
- We may contact you for **appointment reminders**, or to tell you about or recommend **possible treatment options, alternatives, health-related benefits or services** that may be of interest to you, or to support **fund-raising efforts**.
- If admitted as a patient, unless you tell us otherwise, we will list **in the patient directory** your name, location in the hospital, your general condition (e.g. good, fair, etc.) and your religious affiliation, and will release all but your religious affiliation to anyone who asks about you by name. Your religious affiliation may be disclosed to a clergy member even if they do not ask for you by name.
- We may disclose PHI about you to a **friend or family member who is involved in your medical care** unless you tell us otherwise.
- We may use or disclose PHI about you to **notify** a family or friend involved in your care regarding your location or general condition, unless you tell us otherwise.
- In **any other situation not covered by this notice**, we will ask for your written authorization before using or disclosing your PHI. If you choose to authorize our use or disclosure of your PHI, you can later revoke that authorization by notifying us in writing of your decision.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

- In most cases, **you have the right to request to look at or obtain a copy of your PHI.** Generally, we will respond to your request within 15 business days. If we do not have your PHI but know who does, we will tell you how to get it. If you request copies, we may charge you a fee for the cost of copying, related supplies or postage. If we deny your request to review or obtain a copy, we will inform you of our decision in writing and you may submit a written request for a review of that decision.
- If you believe that information in your designated record set is incorrect or if important information is missing; **you have the right to request that we amend the records.** Your request must be submitted in writing and include your reason for the amendment. We may deny your request to amend a record if the information was not created by us, if it is not part of our records or if we determine that the record is accurate. We will notify you of our decision in writing. If we deny your request to amend your PHI, you may submit a written request for a review of that decision.
- **You have the right to request a list of those instances where we have disclosed medical and billing information about you,** other than disclosures for treatment, payment, health care operations or where you or someone involved in your care specifically authorized disclosure. The list will not include uses and disclosures made to law enforcement personnel, for national security purposes, or prior to April 14, 2003. Your request must be submitted in writing and identify a time period of less than six (6) years for the accounting. Generally, we will respond to your request within 60 days. You may receive the list in paper or electronic form. One list during any 12-month period will be provided to you at no cost; other requests will be charged in accordance with our cost to produce the list. We will inform you of the cost before you incur any charges.
- If this notice was sent to you electronically, **you have the right to a paper copy of this notice.**
- **You have the right to request that your PHI be communicated to you in a confidential manner,** such as sending mail to an address other than your home. You must notify us in writing of the specific way or location for us to use to communicate with you. We will agree to your request so long as we can reasonably comply with your request.
- **You may request, in writing, that we not use or disclose protected health information about you** for treatment, payment or healthcare operations or to persons involved in your care except when specifically authorized by you, or when required by law, or in an emergency. We will consider your request but we are not legally required to accept it. We will inform you of our decision in writing. Under certain circumstances we may terminate our agreement to a restriction.

All written requests or appeals should be submitted to our Privacy Officer at the address provided in this notice.

CHANGES TO THIS NOTICE

We may change our privacy policies and the terms of this notice at any time. Changes will apply to the PHI we already have, as well as new information obtained after the change occurs. When we make significant change in our policies, we will change our notice and post the new notice in waiting areas and on our Web site at www.dallamedcenter.com. You can also request a copy of the current notice at any time by contacting the Privacy Officer. You will be offered a copy of the current notice each time you register at our facility for treatment. You will also be asked to acknowledge in writing your receipt of this notice.

COMPLAINTS

- If you are concerned that your privacy rights may have been violated, or you disagree with a decision we made about access to your records, you should contact our Privacy Officer.
- You may send a written complaint to the U.S. Department of Health and Human Services Office of Civil Rights. Our Privacy Officer will provide you with the address upon request.
- Under no circumstance will you be penalized or retaliated against for filing a complaint.

PRIVACY OFFICE CONTACT INFORMATION

Dallas Medical Center

7 Medical Parkway

Dallas, Texas 75234

Attn: Privacy Officer

Phone: (972) 888-4046

Fax: (972) 888-7207