



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.

1. **CONTACT PERSON.** If you have any questions about this Notice, please contact:

Director of Corporate Compliance
Hillcrest Health System
3000 Herring Ave.
Waco, TX 76708

2. **WHO WILL FOLLOW THIS NOTICE.** This Notice describes Hillcrest Health System's ("Hillcrest") privacy practices, as well as the privacy practices of: (a) any health care professional authorized to record information in your Hillcrest medical record; (b) all departments, sections, and units of Hillcrest; (c) any member of a volunteer group we allow to help you while you are at Hillcrest; (d) all Associates, staff and other Hillcrest 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 Hillcrest. 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 Hillcrest, whether made by Hillcrest Associates 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 will:
 - a. Make sure that medical information that identifies you is kept private;
 - b. Give you this Notice of our responsibilities and privacy practices with respect to your medical information; and
 - c. 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.
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 Hillcrest personnel who are involved in taking care of you at Hillcrest. For example, a doctor treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. In addition, the doctor may need to tell the dietitian if you have diabetes so that we can arrange for appropriate meals. Different departments of Hillcrest also may share medical information about you in order to coordinate the different services that you need, such as lab work, X-rays, and

prescriptions. We also may disclose medical information about you to people outside Hillcrest who may be involved in your medical care after you leave Hillcrest, such as physicians who 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 Hillcrest 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 information about surgery you received at Hillcrest so your health plan will pay us or reimburse you 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 Hillcrest operations. These uses and disclosures are necessary to run Hillcrest 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 Hillcrest personnel to conduct training programs. We also may combine medical information about many Hillcrest patients to decide what additional services Hillcrest 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 For Treatment, Payment, and Health Care Operations.** 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 Hillcrest's behalf to enable that company to help us obtain payment for the health care services we provide.
- e. **Hillcrest Directory.** Except when you express an objection when we ask you, we may include certain limited information about you in Hillcrest Directory while you are a patient in Hillcrest. This information may include your name, your location in Hillcrest (*e.g.*, Intensive Care Unit, Labor & Delivery, *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 Hillcrest Directory is to allow your family, friends, and clergy to visit you in Hillcrest 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.

Should you object to the inclusion of your information in the Directory, you may request a “**No Information**” status. You will be treated as a confidential patient and your information will not be included in any Directories.
- 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 is involved in your medical care if the medical information released is directly relevant to such person's involvement with your care. 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 Hillcrest and your general condition. 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 location and general condition.
- g. **Appointment Reminders.** We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or medical care at Hillcrest.

- h. **Treatment Alternatives.** We may use and disclose medical information to give you information about treatment options or alternatives that may be of interest to you.
- 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. **Fundraising Activities.** We may use limited medical information about you to contact you in an effort to raise money for Hillcrest and its operations. We may disclose limited medical information to the Hillcrest Foundation, which is related to Hillcrest, so that the Foundation may contact you to help raise money for Hillcrest. The limited medical information that would be used by Hillcrest or disclosed to the Foundation would include demographic information about you (*e.g.*, your name, address, phone number), and the dates you received treatment or services at Hillcrest. If you do not want Hillcrest or the Foundation to contact you for Hillcrest's fundraising efforts, please contact in writing:

Hillcrest Health System
Department of Development
3000 Herring Ave.
Waco, TX 76708

- 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 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.** If you are involved in a lawsuit or a dispute, 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 request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

- v. **Law Enforcement.** We may release medical information if asked to do so by a law enforcement official:
 - (a) In response to a court order, subpoena, warrant, summons or similar process;
 - (b) To identify or locate a suspect, fugitive, material witness, or missing person, but only if limited information (*e.g.*, 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 believed occurred on the premises of Hillcrest; and
 - (f) 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.
- vi. **Coroners, Medical Examiners and Funeral Directors.** We may release medical information about patients of Hillcrest 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 Hillcrest to funeral directors as necessary 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. However, this special approval process is not required when we allow medical information about you to be reviewed by people who are preparing a research project and who want to look at information about patients with specific medical needs, so long as the medical information these people review does not leave Hillcrest.
- 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 someone who is able to help prevent the threat.
- x. **Armed Forces and Foreign Military Personnel.** 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.
- 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.

- xii. **Protective Services for the President and Others.** We may disclose medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state, or to conduct special investigations.
- xiii. **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 law enforcement official. This release 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 for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

1. **When Your Authorization Is Required.** Other 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.

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

a. **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 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:

Director of Medical Records
Hillcrest Health System
3000 Herring Ave.
Waco, TX 76708

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 (*e.g.*, disclosures to your spouse).

b. **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 by telephone at work or that we only contact you by mail at home. To request confidential communications, you must make your request in writing to the Privacy Officer (see address above). We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

c. **Right to Inspect and Copy.** You have the right to inspect and copy medical information that may be used to make decisions about your care. Usually, this includes medical and billing records; however, psychotherapy notes may not be inspected and copied. To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to the Director of Medical Records (if Hillcrest Baptist Medical Center medical record) or the Clinic Manager (if a clinic medical record). 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, you may request that the denial be reviewed. Another licensed health care professional chosen by Hillcrest 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.

- d. **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 Hillcrest. To request an amendment, your request must be made in writing and submitted to the Director of Medical Records (if Hillcrest Baptist Medical Center medical record) or the Clinic Manager (if a clinic medical record). 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 Hillcrest; (3) is not part of the information which you would be permitted to inspect and copy; or (4) is accurate and complete.
 - e. **Right to an Accounting of Disclosures.** You have the right to request an "accounting of disclosures" by Hillcrest 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. To request this list, you must submit your request in writing to the Director of Medical Records (if Hillcrest Baptist Medical Center medical record) or the Clinic Manager (if a clinic medical record). Your request must state a time period that may not be longer than six (6) years and may not include dates before April 14, 2003; however, the time period certainly may be less than six (6) years. Your request should indicate in what form you want the list (*e.g.*, whether you want the list on paper, or electronically). 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.
 - f. **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, which may be obtained through the "Contact Person listed at the beginning of this Notice.
 - g. **Access to Electronic Copy of This Notice.** You may obtain an electronic copy of this Notice at our web site, <<http://www.hillcrest.net>>.
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 Hillcrest. 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 Hillcrest for treatment or health care services as an inpatient or outpatient, we will offer you a copy of the current Notice in effect.
8. **COMPLAINTS.** If you believe your privacy rights have been violated, you may file a complaint with Hillcrest or with the Secretary of the federal Department of Health and Human Services. ***You will not be penalized or retaliated against in any way for making a complaint to Hillcrest or the Department of Health and Human Services.*** Complaints should be addressed to the "Contact Person" listed at the beginning of this Notice.