



Hillcrest Baptist 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.

Purpose

Hillcrest Baptist Medical Center, an affiliate of Scott & White Healthcare, its professional staff, employees, and volunteers follow privacy practices described in this Notice. Hillcrest maintains your medical information in a confidential manner, as required by law. However, Hillcrest must use and disclose your medical information to the extent necessary to provide you with quality healthcare. The information created, maintained or received about you may be subject to electronic disclosure. As always, Hillcrest remains committed to ensuring the privacy and security of your protected health information. To do this, Hillcrest must share your medical information as necessary for treatment, payment, and healthcare operations.

What are Treatment, Payment, and Healthcare Operations?

Treatment includes sharing information among healthcare providers involved in your care. For example, your physician may share information about your condition with the pharmacist to discuss appropriate medications or with the radiologists or other consultants in order to make a diagnosis. We may also share information about plan members with health care providers for disease or wellness management. Hillcrest may use your medical information as required by your insurer or HMO to obtain payment for your treatment and hospital stay or to pay claims that have been submitted by physicians for our

plan members. We may also use and disclose your medical information to improve the quality of care and effectiveness of services for our patients and plan members, e.g., for review and training purposes.

Hillcrest Duties

We are required by law to:

- Make sure that medical information that identifies you is kept private
 - Give you this Notice of our legal duties and privacy practices with respect to your medical information
 - 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.
-

How will Hillcrest Use My Medical Information?

Your medical information may be used for the following purposes:

- **Hospital Directory**, which may include your name, general condition, and your location in the hospital. This information may be provided to other people who ask for you by name. If you do not want us to list this information in our directory, you must tell us that you do not want that information shared.
- **Religious Affiliation** to a hospital chaplain or member of the clergy. If you do not want us to share this information with the chaplain or members of the clergy, you must tell us that you do not want that information shared.
- **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 or payment for your treatment. If you are able and available to agree or object, we will give you the opportunity to do so prior to disclosing any information. If you are unable or unavailable to agree or object, our health professionals will use their best judgment in communicating with your family and others.
- **Employer or Other Plan Sponsor.** We may share your health information or summary health information with your employer or other sponsor of your group health plan for the purpose of responding to a request for a health services program proposal or to modify, amend, or replace your health services coverage. We may also disclose to your plan sponsor information about whether you have been enrolled, are participating, or are no longer enrolled in the group health plan. Please review your employer's health plan documents for a complete explanation of uses and disclosures of protected health information.

- **Underwriting, Enrollment and Similar Activities.** We may use and disclose information to underwrite, rate, enroll, determine cost-sharing amounts, and renew or respond to a request about your health services program. While we may use and disclose your information for underwriting, we are prohibited from using or disclosing protected health information that is genetic information for this purpose.
- **Appointment Reminders.** We may use medical information to contact you as a reminder that you have an appointment for treatment or medical care at Hillcrest.
- **Disaster Relief Agency.** We may disclose 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.
- **Public Health Activities.** Public Health Activities usually includes disease prevention; injury or disability; reporting births and deaths; reporting child abuse or neglect; reporting reactions to medications or product problems; notification of recalls; infectious disease control; notifying government authorities of suspected abuse, neglect, or domestic violence. We may disclose your information for these purposes as required by law or if you agree.
- **As Required by Law.** We may use and disclose information about you as required by law, subpoena, or other legal process.
- **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 healthcare system, government programs, and compliance with civil rights laws.
- **Coroners, Medical Examiners, and Funeral Directors.** Health information may be disclosed to funeral directors or coroners to enable them to carry out their lawful duties.
- **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.
- **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 with 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 the hospital.

- **Treatment Alternatives, Health Related Benefits, and Services.** We may use and disclose medical information to give you information about treatment alternatives or health-related benefits/services that may be of interest to you. You will have an opportunity to refuse to receive this information.
- **Fundraising Activities.** We may use limited medical information about you to contact you in an effort to raise money for Hillcrest and its operations. That information includes your name, date of birth, address, phone number, date of service, department of service (for example, orthopedics or cardiology), treating physician, and outcome information.

You have the right to inform us that you do not wish to receive future communications for fundraising activities (opt out). Hillcrest will include an 800 number as well as the Foundation's email address in all communication for your convenience.

- **Governmental Disclosures.** Hillcrest may disclose health information: a) about Armed Forces personnel to military authorities under certain circumstances, b) as required for lawful intelligence, counterintelligence, and other national security activities to authorized federal officials, or c) about inmates to correctional institutions or law enforcement officials having lawful custody.
- **Worker's Compensation.** Your medical information regarding benefits for worker-related illnesses may be released as appropriate.
- **Student Immunizations to Schools.** Hillcrest may disclose proof of your child's immunizations to their school based on your verbal or written permission to do so.

Your Authorization Is Required for Other Disclosures

Except as described above, Hillcrest will not use or disclose your medical information unless you authorize (permit) doing so in writing.

There are certain uses and disclosures of your medical information that cannot be made unless you authorize or permit them in writing. These uses and disclosures include:

- **Psychotherapy Notes**
- **Marketing Purposes**
- **Sale of Protected Health Information**

You may revoke your authorization, which will be effective only after the date of receipt of your written revocation.

Patient Rights

You have the following rights regarding medical information we maintain about you:

- **Right to Request Restriction.** You may request limitations on your medical information we use or disclose for healthcare treatment, payment or operations, but we are not required to agree to your request unless you are requesting to restrict information from use and disclosure to your health plan when you have paid for a healthcare item or service out-of-pocket and in full. If we agree, we will comply with your request unless the information is needed to provide you with emergency treatment. To request restrictions you must contact the Patient Admissions, 254-202-9200.
- **Right to Request Confidential Communication.** 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. Your request must specify how or where you wish to be contacted. To request confidential communications you must contact Patient Admissions, 254-202-9200. Hillcrest will not ask you the reason for your request. Hillcrest will accommodate all reasonable requests.
- **Right to Request Amendment.** If you believe that the medical information we have about you is incorrect or incomplete, you may request an amendment. Hillcrest is not required to grant the amendment. To request an amendment, you must contact the Medical Records Department, 254-202-4500.
- **Right to an Accounting of Disclosures.** You may request a list of the disclosure of your medical information that have been made to persons or entities other than for treatment, payment or operations in the past six (6) years, but not prior to April 14, 2003. The first list you request within a twelve (12) month period will be free of charge. For additional lists, Hillcrest may charge you for the costs of providing the list. To request an accounting of disclosures, you must contact the Medical Records Department, 254-202-4500.
- **Right to Inspect and Copy.** You have the right to inspect and receive a copy your medical information regarding decisions about your care, including medical and billing records. You may request copies of medical information in paper or electronic form. Hillcrest will make every effort to comply with your request. Hillcrest will charge a fee for copying, mailing and supplies. Hillcrest may deny your request to inspect and copy in certain very limited circumstances including inspection and copy of psychotherapy notes. You may request a

review of the denial by another licensed healthcare professional chosen by Hillcrest. To inspect and receive a copy of your medical record, you may call the Medical Records Department, 254-202-4500. For Hillcrest Family Health Center clinic records contact the appropriate clinic. For billing records contact the Business Office at 254-202-5631.

- **Right to a Breach Notification.** You have the right to a notification from Hillcrest if you are affected by a breach of unsecured medical information. We will notify you formally and work to minimize any negative impact to you.
- **Right to a 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. Paper copies of this Notice will be available at clinic desks, information desks, and at admission and registration areas.

How to File a Complaint

If you believe your privacy rights have been violated, you may file a complaint with Hillcrest or with the Secretary of the United States Department of Health and Human Services. You will not be penalized or retaliated against in any way for making a complaint to Hillcrest or to the Department of Health and Human Services.

If you have a privacy complaint or question about this notice please contact:

Hillcrest Compliance Office
100 Hillcrest Medical Blvd.
Waco, Texas 76712

Hillcrest Chief Compliance Officer: 254-202-5888

Hillcrest Privacy Officer: 254-202-8493

Or you may write to the Scott & White Compliance Office at:

Scott & White Healthcare
Corporate Compliance MS AR-300,
2401 S. 31st Street, Temple, Texas 76508

Effective Date: April 14, 2003

Revised Date: September 23, 2013