



**JOINT NOTICE OF PRIVACY PRACTICES
FOR ORGANIZED HEALTHCARE ARRANGEMENT**

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

Effective Date: 04/14/03
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Providence Healthcare Network consists of a hospital, other facilities/entities (e.g., skilled nursing facility, home health agency, community clinics), physician groups, providers, students and volunteers. We create a record of the medical care you receive at Providence. We understand that your medical information is personal and we are committed to protecting your medical information. This Notice applies to all of your medical information received or created by Providence and describes how Providence may use and disclose your medical information. This Notice also describes your rights and Providence's obligations when using and disclosing your medical information.

YOUR RIGHTS REGARDING YOUR MEDICAL INFORMATION.

Even though your medical record belongs to Providence, your medical information in the medical record belongs to you. You have the right to:

- **Inspect And Request A Copy Of Your Medical Information.** Upon request, you have the right to inspect and request a copy of your medical information that is maintained by Providence in a designated record set whether it is in paper format or contained in an electronic record. Providence may deny access in accordance with state or federal law. Providence may charge a fee for this service. As allowed by law, Providence may deny your request to inspect and/or receive a copy of your medical information. If Providence denies your request, you may have the right to request a review of that denial.
- **Request Confidential Communications.** You may request that you receive communications of your medical information in a specific manner or at other locations. Your request must specify how or where you want to be contacted. Providence will accommodate reasonable requests.
- **Request Restrictions.** You have the right to request restrictions on how we use and disclose your medical information. We are not required to agree to these requests, except for when you request that we not disclose information to your health plan about services for which you paid out-of-pocket in full. In those cases, we will honor your request, unless the disclosure is necessary for your treatment or is required by law.
- **Request Amendment of your Medical Information.** You may request that Providence amend your medical information maintained in a designated record set. We may deny your request if it is not properly submitted or does not include a reason to support the request. We may also deny your request if you ask us to amend information that:
 - Was not created by Providence;
 - Is not part of the medical information kept by or for Providence;
 - Is not part of the information which you would be permitted to inspect and/or copy; or
 - Is accurate and complete in the record.

If we deny your request, we will notify you in writing and you will have the right to file a statement of disagreement with Providence.

- **An Accounting of Disclosures.** You may request a list of certain disclosures Providence has made of your medical information. Your request must include the time period for the listing and cannot be more than six (6) years before the date of your request. You have the right to receive one accounting within any 12-month period at no cost to you. You will be charged a reasonable cost for any additional accounting requests made during a 12-month period.



You may exercise your rights outlined in this Notice by providing a written request to the Health Information Management Department and/or Medical Records Department at the facility or location where you were seen.

You may request a paper copy of this Notice from the Providence Privacy Officer at 6901 Medical Parkway, Waco, TX 76712. This Notice is also available on the Providence website at www.Providence.net

PROVIDENCE'S RESPONSIBILITIES

In addition to the responsibilities set forth above, Providence will:

- Maintain the privacy of your medical information.
- Provide you with a notice as to our legal duties and privacy practices with respect to your medical information.
- Abide by the terms of this Notice.
- Notify you if we are unable to agree to a requested restriction on certain uses and disclosures.
- Reserve the right to change our practices and to make the provisions effective for all medical information we maintain, including medical information created or received before the change. Should our information practices change we are not required to notify you, but you may obtain a copy of the revised Notice at any Providence location and on the Providence website at www.Providence.net.
- Not use or disclose your medical information without your written authorization, except as described in this Notice or as permitted by law.
- Notify you of any breaches of your unsecured medical information.

USES AND DISCLOSURES OF MEDICAL INFORMATION WITHOUT YOUR AUTHORIZATION FOR TREATMENT, PAYMENT AND HEALTHCARE OPERATIONS.

The following categories describe different ways that we use and disclose medical information. For each category of use or disclosure we will explain what we mean and give an example. Not every use or disclosure in a category will be listed.

TREATMENT: We may disclose medical information about you to doctors, nurses, technicians, medical students or other personnel involved in your care. This may include sharing your information through regional and national health information exchanges for treatment purposes. We may share medical information about you in order to coordinate different treatments, such as prescriptions, lab work and X-rays. **For example**, we may provide your physician or another health care provider with copies of your medical information to assist in providing continuing treatment.

PAYMENT: We may use and disclose your medical information so that health care services and items you receive at Providence or from other entities, such as an ambulance company, may be billed to, and payment may be collected from, you, your insurance company or a third party. It may include information that identifies you, as well as your diagnosis, procedures and supplies used. **For example**, Providence may give your health information to your insurer in order for Providence to receive payment for health care services provided to you.

HEALTHCARE OPERATIONS: We may use and disclose your medical information to support Providence's operations. These uses and disclosures are made for quality of care, medical staff activities, and teaching activities. Your medical information may be used or disclosed for contractual obligations, patient claims, grievances or lawsuits, legal services, financial planning, management and



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administration. **For example**, we may review medical information to find ways to improve treatment and services provided to our patients.

OTHER USES AND DISCLOSURES.

Appointment Reminders. We may contact you to remind you of appointment(s). **For example**, we may send you a postcard to remind you of an upcoming appointment.

Treatment Alternatives. We may contact you about treatment alternatives or other health-related benefits and services that may be of interest to you where Providence does not receive payment for contacting you. **For example**, we may contact you about new treatment options for a medical condition you have.

Fundraising. We may contact you as part of fund-raising activities to support Providence's healthcare mission. **For example**, you may receive information from a Providence Foundation about fund-raising events. You have the right to opt out of receiving fundraising communications by contacting the Providence Foundation at 254-751-4762.

USES AND DISCLOSURES OF MEDICAL INFORMATION PERMITTED WITHOUT AUTHORIZATION OR OPPORTUNITY FOR THE INDIVIDUAL TO OBJECT

The privacy laws allow Providence to use or disclose your medical information without your authorization and without an opportunity for you to object in the following circumstances:

1. **REQUIRED BY LAW:** We will disclose your medical information when required to do so by federal, state or local law.
2. **PUBLIC HEALTH.** We may disclose your medical information for the following public health activities:
 - a. Prevention or control of disease, injury or disability;
 - b. Reporting of disease, injury, or vital events such as birth or death;
 - c. Public health surveillance, investigations or interventions;
 - d. At the direction of a public health authority to an official of a foreign government agency acting in collaboration with a public health authority.
 - e. To a public health authority or other government authority authorized by law to receive reports of child abuse or neglect.
 - f. To notify a person who has been exposed to a communicable disease or who may be at risk of contracting or spreading a disease or condition.
 - g. Reporting of child abuse or neglect
 - h. Under limited circumstances, to report to an employer information about an individual who is a member of the employer's workforce related to a work-related illness or injury or a workplace-related medical surveillance.
3. **FOOD AND DRUG ADMINISTRATION (FDA):** We may disclose to the FDA medical information related to FDA regulated products or activities to collect or report adverse events, product defects or problems, or biological product deviations, to track FDA-regulated products; to enable product recalls, repairs or replacement, or conduct post marketing surveillance.
4. **ABUSE, NEGLECT OR DOMESTIC VIOLENCE:** We may notify government authorities if we believe a patient is a victim of neglect or abuse. We will make this disclosure only when specifically authorized or required by law, or when the patient agrees to the disclosure.

5. **HEALTH OVERSIGHT ACTIVITIES:** We may disclose your health information to a health oversight agency for activities authorized by law. These oversight activities might include audits, investigations, inspections and licensure or disciplinary actions or other government oversight activities. These activities are necessary for the government to monitor the healthcare system, government benefit programs and compliance with civil right laws.
6. **JUDICIAL AND ADMINISTRATIVE PURPOSES:** Consistent with applicable law, we may disclose health information about you for judicial, administrative and law enforcement purposes. This may include disclosures to avert a serious threat to health or safety.
7. **LAW ENFORCEMENT PURPOSES:** We may disclose your medical information to law enforcement officials in the following cases:
 - a. As required by law to report wound or physical injury;
 - b. In compliance with, and as limited by the relevant requirements of a court order or court-ordered warrant, subpoena, summons or similar process;
 - c. Identification or location of a suspect, fugitive, material witness or missing person;
 - d. In limited circumstances when the individual is or may be the victim of a crime;
 - e. About an individual who has died to alert law enforcement that the individual's death may have resulted from criminal conduct;
 - f. Related to criminal conduct that occurred on Providence's property; or
 - g. In a medical emergency not on Providence's property to report the nature or location of a crime, the victim(s) of such crime and the identity, description and location of the criminal.
8. **CORONERS, MEDICAL EXAMINERS AND FUNERAL DIRECTORS:** We may disclose medical information to a coroner or medical examiner to identify a deceased person, determine cause of death or other purposes as authorized by law. We may disclose medical information to funeral directors so they can carry out their duties.
9. **ORGAN PROCUREMENT ORGANIZATIONS.** Consistent with applicable law, we may disclose medical information to organ procurement organizations or other entities engaged in the procurement, storage or transplantation of organs, eyes or tissue to facilitate organ, eye or tissue donation and transplant.
10. **RESEARCH:** Providence conducts research activities. We may disclose information to researchers when their research has been approved by an Institutional Review Board or Privacy Board that has reviewed the research proposal and established rules to protect the privacy of your medical information. As allowed by law, we may allow a researcher to view medical information to prepare a research protocol, or we may use or disclose medical information of a deceased person for research purposes.
11. **TO AVERT A SERIOUS THREAT TO HEALTH OR SAFETY:** We may use and disclose your health information when we believe it is 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 or lessen the threat or to law enforcement authorities in particular circumstances.
12. **MILITARY & VETERANS.** If you are a member of the American armed forces or a foreign military, we may release your medical information to military command authorities as authorized or required by law.



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13. **NATIONAL SECURITY AND INTELLIGENCE ACTIVITIES:** We may release your health information to authorized federal officials for lawful intelligence, counterintelligence and other national security activities authorized by law.
14. **PROTECTIVE SERVICES FOR THE PRESIDENT AND OTHERS:** We may disclose your health information to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or for the conduct of special investigations.
15. **CUSTODIAL SITUATIONS:** If you are an inmate in a correctional institution or under lawful custody of law enforcement, we may disclose your health information to a correctional institution or law enforcement official as allowed or required by law.
16. **WORKER'S COMPENSATION:** We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to worker's compensation or other similar programs established by law.

USE AND DISCLOSURE PERMITTED WITHOUT AUTHORIZATION, BUT AN OPPORTUNITY TO AGREE OR OBJECT

Facility Directory. Unless you notify us that you object, we will use your name, location in the facility and general condition for directory purposes while you are a patient at a Providence hospital or facility. This information may be provided to people who ask for you by name.

Notification. We may use or disclose your medical information to notify or assist in notifying a family member, personal representative or another person responsible for your care of your location and general condition or for disaster relief efforts.

USES AND DISCLOSURES YOU AUTHORIZE

Psychotherapy Notes. We will not use or disclose your psychotherapy notes without your written authorization, except for use by (1) the author of the information for treatment purposes, (2) Providence for its own training programs; or (3) Providence to defend itself in a legal action or other proceeding brought by the individual to whom the notes apply.

Marketing. We will not sell your medical information without your written authorization. We must obtain your written authorization before we may use or disclose your medical information for marketing purposes, except for face-to-face communications made by us to you, or if we give you a promotional gift of nominal value.

All other uses and disclosures of medical information not covered by this Notice or required by law will be made only with your written authorization.

Right To Revoke Written Authorization. If you give us authorization to use or disclose your medical information, 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 allowed by your written authorization. We are unable to take back any disclosures we have already made with your authorization.

FOR MORE INFORMATION OR TO REPORT A PROBLEM

If you have questions regarding your privacy rights or would like additional information, you may contact the Providence Privacy Officer at 254-751-4771.



If you believe your privacy rights have been violated, you may file a written complaint with the Providence Privacy Officer, 6901 Medical Parkway, Waco, TX 76712 or with the Secretary of Health and Human Services, Office for Civil Rights, DHHS, 1301 Young St., Suite 1169, Dallas, TX 75202. There will be no retaliation for filing a complaint.

ⁱ Providers include, but are not limited to Physicians, Nurse Practitioners, Physician Assistants, Physical Therapists, Occupational Therapists, Social Workers and other similar health care providers who may be employees, contractors and those affiliated with Providence through Medical Staff privileges at Providence hospital.