

NOTICE OF PRIVACY PRACTICES

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

RPMH is required by law to provide the attached Notice of Privacy Practices. The notice includes the following elements in greater detail.

Individual rights

The patient's rights include:

- the right to request restrictions
- the right to receive a printed copy of the Notice of Privacy Practices
- the right to inspect and copy protected health information
- the right to amend protected health information
- the right to receive an account of disclosures
- the right to receive confidential communications
- revoke your authorization to use or disclose health information
- receive notice of breach
- file a complaint

RPMH Responsibilities

We are required by law to:

- make sure that protected health information that identifies you is kept private
- give you this notice of our legal duties and responsibilities and privacy practices with respect to protected health information
- follow the terms of the notice that is currently in effect
- notify you if we are unable to agree to a requested restriction
- accommodate reasonable requests to communicate health information by alternative means or alternative locations

Revision of Privacy Practices

- We reserve the right to modify the Notice of Privacy Practices for all protected health information we maintain.

Uses and disclosures

- A description of the types of uses and disclosures that RPMH is permitted to make for treatment, payment and healthcare operations.
- A description of other purposes for use and disclosure which do not require the patient's written authorization.
- Other uses and disclosures may be made only with the patient's written authorization which may be revoked by the patient.

Complaints

If you feel your privacy rights have been violated you may:

- Complain to the Privacy Officer of Rolling Plains Memorial Hospital, or
- Complain to the Secretary of Health and Human Services

If you file a complaint, you will not be penalized or retaliated against.

Further information

A full copy of the Notice of Privacy Practices is available in Patient Registration. For further information or to ask questions about this Notice of Privacy Practices, contact the Privacy Officer of Rolling Plains Memorial Hospital at extension 265.

The effective date of this revised Notice is September 23, 2013.

Rolling Plains Memorial Hospital

Notice of Privacy Practices

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

Understanding Your Health Record/Information

Each time you visit a hospital, physician, or other healthcare provider, a record of your visit is made in order to manage your care. This Notice of Privacy Practices describes how Rolling Plains Memorial Hospital may use and disclose your protected health information, your rights and our responsibilities. Your protected health information is personal and protected under both state and federal law.

Your Health Information Rights

Although your health record is the physical property of the healthcare practitioner or facility that compiled it, the information belongs to you. You have the right to:

1. Request restrictions on certain uses and disclosures. You have the right to request restrictions on how your health information is used or disclosed. However, we are not required to agree in all circumstances to your requested restrictions, except in the case of a disclosure restricted to a health plan if the disclosure is for the purpose of carrying out payment or health care operations and is not otherwise required by law; and the protected health information pertains solely to a health care item or service for which you, or the person other than the health plan on your behalf, has paid the covered entity in full. If you would like to make a request for restrictions, you must submit your request in writing to the Privacy Officer. See contact information below.
2. Obtain a paper copy of the notice of privacy practices upon request. This notice of privacy practices is posted on the hospital's website at www.rpmh.net. A paper copy of this notice will be available in Patient Registration.
3. Inspect and copy your health record. You have the right to inspect and obtain a copy of your health care information. You have the right to request a copy be provided in an electronic form or format. Your request for inspection or access must be submitted in writing to the Privacy Officer. See contact information below.
3. Request to amend your health record. You have a right to request that Rolling Plains Memorial Hospital amend your health information that you believe is incorrect or incomplete. We are not required to change your health information and if your request is denied, we will provide you with information about our denial and how you can disagree with the denial. To request an amendment, you must make your request in writing to the Privacy Officer. See contact information below. You must also provide a reason for your request.
4. Obtain an accounting of disclosures of your health information. You have the right to request a list of the disclosures of your health information that we have made in compliance with federal and state law. To request this accounting of disclosures, you must submit your request in writing to the Privacy Officer. See contact information below. We have 60 days to comply to your request, unless you agree to a 30-day extension.
5. Request communications of your health information by alternative means or at alternative locations. To request confidential communications, you must submit your request in writing to the Privacy Officer. See contact information below.
6. Revoke your authorization to use or disclose health information in writing to the Privacy Officer (see contact information below) except to the extent that action has already been taken.
7. Receive notice of breach of unsecured protected health information.

8. File a complaint. If you believe your privacy rights have been violated, you can file a complaint with the Privacy Officer of Rolling Plains Memorial Hospital or with the Secretary of Health and Human Services. See contact information below. There will be no retaliation for filing a complaint.

Our Responsibilities

Rolling Plains Memorial Hospital is required by law to:

1. Maintain the privacy of your health information.
2. Provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you.
3. Abide by the terms of this notice.
4. Notify you if we are unable to agree to a requested restriction.
5. Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

Revision of Privacy Practices

Rolling Plains Memorial Hospital reserves the right to change our practices to be in compliance with state and federal law, and to make the new provisions effective for all protected health information we maintain. Revised notices will be posted and a copy of the current notice offered upon registration or available in prominent areas within the hospital.

How RPMH May Use or Disclose your Health Information for Treatment, Payment and Health Operations

We will use your health information for treatment. For example: Your health information may be used by staff members or disclosed to other healthcare professionals for the purpose of evaluating your health, diagnosing medical conditions, and providing treatment. For example, results of laboratory tests and procedures will be available in your medical record to all health professionals who may provide treatment or who may be consulted by staff members.

We will also provide your physician or a subsequent healthcare provider with copies of various reports that should assist him/her in treating you once you're discharged from Rolling Plains Memorial Hospital. If another provider requests your health information and they are not providing care and treatment to you, we will request an authorization from you before providing your information.

We will use your health information for payment. For example: A bill may be sent to you or a third party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures and supplies used.

We will use your health information for regular health care operations. We may use or disclose your health care information for activities relating to the evaluation of patient care, evaluating the performance of health care providers, business planning and compliance with the law. For example: Members of the medical staff, the risk or quality improvement manager, or members of the quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the healthcare and service we provide.

How RPMH May Use or Disclose Your Health Information Without Your Written Authorization

Business Associates: There are some services provided in our organization through contacts with business associates. When these services are contracted, we may disclose your health information to

our business associate so that they can perform the job we've asked them to do and bill you or your third party payer for services rendered. So that your health information is protected, however, we require the business associate to appropriately safeguard your information.

Communication with Family: Health professionals, using their best judgment, may disclose to a family member, other relative, close personal friend or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care.

Coroners and Medical Examiners: We may disclose your health information to coroners and medical examiners.

Directory: Unless you notify us that you object, we will use your name, location in the facility, general condition, and religious affiliation for directory purposes. If you do not object, the situation is not an emergency and disclosure is not otherwise prohibited by law, we are permitted to release your information under the following circumstances:

- a. To individuals involved in your care, such as a family member, friend or other person you have identified to be involved in your care or the payment of your health care;
- b. To family, a personal representative or a person responsible for your care, of your location, general condition, or death; and
- c. To a disaster relief agency authorized by law to assist in disaster relief activities.

Food and Drug Administration (FDA): We may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defects or post marketing surveillance information to enable product recalls, repairs or replacement.

Fund Raising: We may contact you regarding appointment reminders, treatment alternatives, other health-related benefits and services or for fund-raising purposes. You have the right to opt out of receiving fund raising communications.

Funeral Directors: We may disclose health information to funeral directors consistent with applicable law to carry out their duties.

Health Information: We may use or disclose your health information to provide information to you about treatment alternatives or other health related benefits and services that may be of interest to you.

Health Information Availability 50 Years After Death: RPMH may use or disclose information without your authorization 50 years after the date of your death. If you wish to restrict such use and disclosure, see "Request Restrictions on Certain Uses and Disclosures".

Health Oversight Activities: We may disclose your health information to health agencies authorized by law to conduct audits, investigations, inspections, licensure and other proceedings related to oversight of the health care system.

Judicial and Administrative Proceedings: We may disclose your health information in response to a court order, subpoena, discovery request or other administrative order.

Law Enforcement: We may disclose health information for law enforcement purposes such as identifying or locating a suspect, fugitive, or missing person.

Notification: We may use or disclose information to notify or assist in notifying a family member,

personal representative, or another person responsible for your care, your location, and general condition.

Organ Procurement Organizations: Consistent with applicable law, we may disclose health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.

Public Health: As required by law, we may disclose your health information to public health authorities to report communicable diseases, aid in the prevention or control of certain diseases, injury or disability.

Required by Law: We may use and disclose your health information when that use or disclosure is required by law. For example, we may disclose medical information to report child abuse or to respond to a court order.

Research: We may disclose information to researchers when their research has been approved by an Institutional Review Board that has reviewed the research proposal and established protocols to ensure the privacy of your health information.

Specialized Government Functions: Under certain and very limited circumstances, we may disclose your health information for military, national security or law enforcement custodial situations.

Student Disclosures: We may disclose proof of immunization to a school where State or other law requires the school to have such information prior to admitting the student. Written authorization is no longer required to permit this disclosure.

To Avert a Serious Threat to Health or Safety: We may disclose your health information to law enforcement personnel to prevent a serious threat to the health or safety of a particular person or the general public.

Victims of Abuse, Neglect or Violence: We may disclose your information to a government authority authorized by law to receive reports of abuse, neglect or violence relating to children or the elderly.

Workers Compensation: We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

Uses and Disclosures of Protected Health Information That Require Written Authorization From You

1. Rolling Plains Memorial Hospital is required to obtain your authorization to use or disclose protected health information for marketing purposes.
2. We are required to obtain your authorization to disclose protected health information that constitutes a sale of protected health information.
3. Other uses and disclosures not described in this Notice of Privacy Practices will be made only with a written authorization from you.
4. You may revoke your authorization to disclose protected health information at any time except for that information disclosed on reliance on the authorization by presenting your written revocation to the Health Information Management Department of Rolling Plains Memorial Hospital.

For More Information or to Report a Problem

If you have additional questions and would like additional information, you may contact the Privacy Officer. See contact information below.

Federal law makes provision for your health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a workforce member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers or the public.

Method of Disclosure

Your information may be communicated to other users or disclosed to others in various formats. These formats may include, but not be limited to, facsimile (fax), telephone, mail, e-mail, electronic, verbal, or other means.

Contact Information

Privacy Officer
200 East Arizona
Sweetwater, Texas 79556
325-235-1701

Office of Civil Rights
U. S. Department of Health and Human Services
200 Independence Avenue, S.W.
Room 509 F, HHH Building
Washington, DC 20201

Effective Date

The effective date of this Notice of Privacy Practices is April 14, 2003.

The effective date for this revised Notice of Privacy Practices is September 23, 2013.