

**THE METHODIST HOSPITAL AND  
THE MEDICAL STAFF MEMBERS OF THE METHODIST 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.**

This Notice of Privacy Practices identifies the general ways your protected health information can be used or disclosed. Protected health information is the individually identifiable personal health information found in your medical and billing records. This information is created or received by a health care provider, insurance company, or employer, and relates to your past, present, or future physical or mental health conditions. This information can be transmitted or maintained in any form by The Methodist Hospital.

This Notice describes your legal rights regarding your health information. It also informs you of the legal duties and privacy practices of The Methodist Hospital and its Medical Staff members with respect to health information created for services generated at The Methodist Hospital. If you receive services by your physician or a health care provider at a different location, there may be different health information privacy policies or notices, and there will be different contact information.

The Methodist Hospital and its Medical Staff members are independently responsible for complying with this Notice. While we may share protected health information with each other to carry out treatment, payment, or health care operations, the Medical Staff members treat patients at The Methodist Hospital but are not employees of The Methodist Hospital, and we are not responsible for each other's actions, and do not have equal control over the other's business.

For the purpose of this Notice, the terms "Methodist," "we," and "our" refer to both The Methodist Hospital and its Medical Staff members only with respect to health information generated or maintained at The Methodist Hospital.

**OUR LEGAL DUTIES**

We are required, by law, to keep your identifiable health information private; provide you with this Notice of our legal duties and privacy practices with respect to your health information; and follow the terms of the Notice as long as it is in effect. If we revise this Notice, we will follow the terms of the revised Notice, as long as it is in effect.

**HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION**

The following information describes how we are permitted, or required by law, to use and disclose your health information. Not every use or disclosure in a category will be listed.

**Treatment:** We may use or disclose your medical information to a physician or other health care provider in order to provide care and treatment to you. For example, a physician treating you for a broken leg may need to know if you have diabetes because diabetes may slow the healing process. Different departments at Methodist also may share information about you in order to coordinate the different services you receive, such as lab work, X-rays, and prescriptions. We also may disclose medical information about you to those who may be involved in your medical care outside of Methodist, such as

physicians and others who provide you with follow-up care and medical equipment or product suppliers. We may contact you to provide appointment reminders and to provide you with information about health-related benefits and services at Methodist, or treatment alternatives that may be of interest to you.

**Payment:** We may use or disclose your medical information to obtain payment for services we provide to you. We may disclose your medical information to another health care provider or entity. For example, Methodist may need to provide your health plan with information about surgery you received so your health plan will pay Methodist or reimburse you for the surgery. Methodist also will tell your health plan about a treatment you are going to receive to obtain the health plan's prior approval for this treatment or to determine whether your plan will cover the treatment.

**Health Care Operations:** We may use or disclose health information about you for the health care operations of Methodist. Health care operations include: quality and service improvement; health care delivery review; staff performance evaluation; competence or qualification review of health care professionals; education and training of physicians and other health care providers; and business planning and development, business management and general administrative activities.

**Authorization for Other Disclosures:** We will not use or disclose your health information, except as described in this document, unless you authorize us, in writing, to do so. You can revoke an authorization at any time, in writing. If you revoke an authorization, we will no longer use or disclose your health information for the purpose covered by the authorization. However, we are unable to take back any uses or disclosures already made with your authorization.

**Hospital Directory:** Unless you instruct otherwise, we may disclose your name, general condition, and location in the hospital to your friends, family, and others who ask for you by name. Upon request, we will provide your name, location in the hospital, and religious affiliation to clergy members of your faith or tradition.

**Family and Friends:** We may use or disclose information to notify or assist in notifying a family member, personal representative, or other person responsible for your care, of your location and general condition. We also will disclose health information to a family member, other relative, close personal friend, or any other person you identify, if the information is relevant to that person's involvement with your care or payment for your care. You can prohibit disclosure of this information.

**Fundraising:** We may use health information about you to contact you in an effort to raise money for our organization and its operations. We may disclose this information to The Methodist Hospital Foundation to assist us in our fundraising activities. Only contact information such as your name, address and telephone number, and the dates you received treatment or services at Methodist would be released.

**Public Health and Safety:** We may use or disclose health information, as authorized or required by local, state or federal law, for the following purposes deemed to be in the public interest or benefit:

- To report certain diseases and wounds, births and deaths, and suspected cases of abuse, neglect, or domestic violence;
- To help identify, locate, or report criminal suspects, crime victims, suspicious deaths, or criminal conduct on Methodist's premises;
- To respond to a court order, subpoena, or other judicial process;
- To assist federal disaster relief efforts;
- To enable product recalls, repairs, or replacements;
- To respond to an audit, inspection, or investigation by a health-related government agency;
- To assist in federal intelligence, counterintelligence, and national security issues;

- To facilitate organ and tissue donations;
- To assist coroners, medical examiners, and funeral directors;
- To respond to a request from a jail or prison regarding an inmate's health or medical treatment;
- To respond to a request from your military command authority (if you are a member or veteran of the armed forces);
- To provide information to a workers' compensation program.

**Business Associates:** There are some services provided at Methodist through contracts with business associates. When these services are contracted, we will disclose your health information to the business associate so they can perform the job we have asked them to do. However, we require the business associate to protect your information.

**Registration and Scheduling:** The Methodist Hospital, Baylor College of Medicine and Texas Children's Hospital, and their participating organizations have developed a centralized database to improve scheduling and registration operations. These institutions may share this information to reduce the time you spend registering at any of our facilities.

**Research:** We will disclose information to researchers after approval by an Institutional Review Board (IRB) in preparation for a research study, to recruit research subjects, or for a research study. The IRB reviews research proposals and establishes protocols to protect your safety and the privacy of your health information.

**Special Privacy Protections for Alcohol and Drug Abuse Information:** Alcohol and drug abuse information has special privacy protections. We will not disclose any information identifying an individual as being a patient or provide any medical information relating to the patient's substance abuse treatment unless the patient consents in writing; a court order requires disclosure of the information; medical personnel need the information to meet a medical emergency; qualified personnel use the information for the purpose of conducting scientific research, management audits, financial audits, or program evaluation; or it is necessary to report a crime or a threat to commit a crime, or to report abuse or neglect as required by law.

## **YOUR HEALTH INFORMATION RIGHTS**

Your medical record is the property of Methodist (the health care practitioner or facility that compiled it). You have the following rights, with certain exceptions, regarding the health information that is created about you at Methodist.

You have the right to a paper copy of this Notice. In addition, a copy of this Notice also may be obtained at our web site, [www.methodisthealth.com](http://www.methodisthealth.com).

**Confidential Communications:** You have the right to request that we communicate health information to you by an alternate means or location other than your home address and telephone number. Your request must be made in writing to Methodist's contact person, and must specify how or where you wish to be contacted. We will try to accommodate your request for alternate communications. If you request an alternate means of communication, that request also should be communicated by you to all of your physicians, including your private physician.

**Restrictions:** You have the right to request that we restrict the use or disclosure of your health information for treatment, payment, or health care operations. While we are not required to agree to your

request, if we do agree, your request will be complied with, unless the information is needed to provide emergency treatment to you. Your request must be made in writing to our listed contact person.

**Access:** You have the right to review and obtain a copy of your health information, with certain exceptions. Usually, this includes medical and billing records, but does not include psychotherapy notes. Your request to review or obtain a copy of your health information must be in writing to our listed contact person. You will be charged fees for processing, copying, and postage as authorized by Texas State law.

**Amendment:** If you feel that the health information we have about you is incorrect or incomplete, you have the right to ask for an amendment of that information. You have the right to request an amendment for as long as the information is kept by or for us. Your request for an amendment must be made in writing to our listed contact person, and include a reason that supports your request.

**Accounting of Disclosures:** You have the right to request a list of disclosures that we have made of your health information, except for disclosures made for treatment, payment or health care operations, those authorized by you, and certain other disclosures. Your request must be in writing to our listed contact person, and must state a time period for which you want an accounting. The time period may not be longer than six years, and may not include dates before April 14, 2003. The first accounting you request within a twelve-month period will be free. A fee will be charged for additional lists within this same time period.

**Revisions of this Notice:** We reserve the right to change this Notice, and the right to make the new provisions effective for all health information we currently maintain, as well as any information we receive in the future. If we make a major change to this Notice, the revised Notice will be posted at Methodist and on our web site. In addition, a paper copy of the revised Notice will be available upon request.

**To Report a Complaint:** If you believe your health information privacy rights have been violated, you can file a complaint with us or with the Secretary of the United States Department of Health and Human Services. There will not be any penalty or retaliation against you for making a complaint to us or to the Department of Health and Human Services.

**Contact Information:** If you have any questions or need information regarding our legal duties and privacy practices, or how to exercise any of your health information rights listed in this Notice, please contact:

**Business Practices Officer  
The Methodist Hospital  
6565 Fannin  
Houston, Texas 77030  
713.790.3311**