

Joint 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.

MEMORIAL[®]
HERMANN

Joint 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 READ CAREFULLY.

Effective Date: September 23, 2013

INTRODUCTION TO PRIVACY

We are required by law to maintain the privacy of your medical information. We are also required to give you this Notice about our privacy practices, our legal duties and your rights concerning your medical information. We must follow the privacy practices that are described in this Notice while it is in effect. We reserve the right to change our privacy practices and the terms of this Notice at any time, provided such changes are permitted by law. We reserve the right to make the changes in our privacy practices and the new terms of our Notice effective for all medical information that we maintain, including medical information we created or received before we made the changes. If we make a significant change in our privacy practices, we will amend this Notice and make the new Notice available upon request.

You may request a copy of our Notice at any time. For more information about our privacy practices, or for additional copies of this Notice, please contact us using the information listed on page 8 of this Notice.

JOINT NOTICE OF PRIVACY

This Joint Notice applies to the privacy practices of the Affiliated Entities and the entities participating in the Organized Health Care Arrangement described below for the sole purpose of complying with the Health Insurance Portability and Accountability Act of 1996 (HIPAA), HIPAA Privacy and Security Rules, The Health Information Technology for Economic and Clinical Health of 2009 (HITECH), and with the Texas Medical Privacy Act, Tex Health & Safety Code § 181. These entities are viewed as participating in a joint arrangement for the sole purpose of using and disclosing your health information created within or received by any one or more Affiliated Entities for your treatment, entity payment and entity operations. These Affiliated Entities include:

- Memorial Hermann Health System (MHHS) and each of the hospitals owned or operated by MHHS
- MHS Physicians of Texas
- Memorial Hermann Medical Group
- Memorial Hermann Community Benefits Corp

The Affiliated Entities and the Physicians and Allied Professionals who have privileges to practice at such entities participate in an Organized Health Care Arrangement (OHCA) for the sole purpose of complying with the HIPAA Privacy Rule. The entities participating in the OHCA may share your medical information with each other as necessary to carry out treatment, payment and health care operations as described in this Notice. This Notice does not apply to your information in the custody of or the information practices of your Physician or Allied Professional in his or her private office.

For the purposes of complying with the Texas Medical Privacy Act, Tex Health & Safety Code, § 181, the following Memorial Hermann entities are also be subject to the practices described in this Notice.

- Memorial Hermann Foundation
- Memorial Hermann Accountable Care Organization
- Memorial Hermann Professional Insurance Co. Ltd.
- MHMD
- Memorial Hermann Information Exchange

USES AND DISCLOSURES OF MEDICAL INFORMATION

We use and disclose medical information about you for treatment, payment and health care operations.

Treatment: We may use and disclose your medical information to a physician or other health care provider in order to provide treatment to you. This includes coordination of your care with other health care providers, and with health plans, consultation with other providers, and referral to other providers related to your care.

Payment: We may use and disclose your medical information to obtain payment for services we provide to you. Payment includes submitting claims to health plans and other insurers, justifying our charges for and demonstrating the medical necessity of the care we deliver to you, determining your eligibility for health plan benefits for the care we furnish to you, obtaining precertification or preauthorization for your treatment or referral to other health care providers, participating in utilization review of the services we provide to you and the like. We may disclose your medical information to another health care provider or entity subject to the federal Privacy Rules so they can obtain payment.

Health Care Operations: We may use and disclose your medical information in connection with our health care operations. Health care operations include:

- Quality assessment and improvement activities
- Reviewing the competence or qualifications of health care professionals, evaluating practitioner and provider accreditation, certification, licensing or credentialing activities;
- Medical Review
- Legal services and auditing, including fraud and abuse detection and compliance
- Business planning and development
- Business management and general administrative activities, including management activities relating to privacy, customer service, resolution of internal grievances, and creating de-identified medical information or a limited data set

We will not electronically disclose your medical information to another person without your authorization, except that we may electronically disclose your medical information to another person without your authorization in furtherance of treatment, payment or health care operation activities.

We may disclose your medical information to another provider or health plan that is subject to the Privacy Rules, as long as that provider or plan has a relationship with you and the medical information is for their health care quality assessment and improvement activities, competence and qualification evaluation and review activities, or fraud and abuse detection and prevention.

On Your Authorization: You may give us written authorization to use your medical information or to disclose it to anyone for any purpose. You must give us your authorization to electronically disclose your medical information to another person, except for electronic disclosures made in furtherance of treatment, payment or health care operation activities. If you give us an authorization, you may revoke it in writing at any time. Unless you give us a written authorization, we cannot use or disclose your medical information for any reason except those described in this Notice. Unless you give us your written authorization, we will not use or disclose your medical information for any reason except those permitted and described by this Notice.

Psychotherapy Notes: Except as otherwise permitted by law, we will not use or disclose your psychotherapy notes without your written authorization.

To Your Family & Friends: We may disclose your medical information to a family member, friend or other person to the extent necessary to help with your medical care or with payment for your health care. We may use or disclose your name, hospital location, and general condition or death to notify, or assist in the notification of (including identifying or locating) a person involved in your care. We may also disclose your medical information to whomever you give us permission. If you are not present, or in the event of your incapacity or an emergency, we will disclose your medical information based on our professional judgment of whether the disclosure would be in your best interest. We will also use our professional judgment and our experience with common practice to allow a person to pick up filled prescriptions, medical supplies or other similar forms of medical information.

Facility Directory: We may use your name, your location, your general medical condition, and your religious affiliation in our facility directories. We will disclose this information to members of the clergy and, except for religious affiliation, to other persons who ask for you by name. We will provide you with an opportunity to restrict or prohibit some or all disclosures for facility directories unless emergency circumstances prevent your opportunity to object.

Disaster Relief: We may use or disclose your medical information to a public or private entity authorized by law or by its charter to assist in disaster relief efforts.

Health-Related Services: We may use your medical information to contact you with information about health-related benefits and services or about treatment alternatives that may be of interest to you. We may disclose your medical information to a business associate to assist us in these activities.

Business Associate: We may contract with one or more third parties (our business associates) in the course of our business operations. We may disclose your medical information to business associates who may have access to or be given your medical information in order to provide the contracted services. We require that our business associates sign a business associate agreement and agree to safeguard the privacy and security of your medical information.

Marketing: Except as otherwise permitted by state or federal law, we will not use or disclose your medical information for marketing purposes without your written authorization. However, we may communicate with you in the form of face-to-face conversations about services and treatment alternatives. We may also provide you with promotional gifts of nominal value. We may also communicate about certain patient assistance and prescription drug saving or discount programs.

Fund-raising: We may use your demographic information, the dates of your health care, your department of service information, your treating physician, your health outcome information and your insurance status to contact you for our fund-raising purposes. We may disclose this information to a business associate or foundation to assist us in our fund-raising activities. If you would like more information on the Memorial Hermann Foundation call 713.222.CARE. You may also opt-out of any and all fund-raising communications by calling 713.222.CARE and requesting an Opt-out form or by following the opt-out instructions in any fund-raising communication.

Sale of Your Medical Information: Except as otherwise permitted by law, we will not sell your medical information to another person without your authorization.

Public Benefit: We may use or disclose your medical information as authorized by law for the following purposes deemed to be in the public interest or benefit:

- Public Health activities including disease and vital statistics, reporting, child abuse reporting, adult protective services and FDA oversight

- Employers, regarding work-related illness or injury
- Cancer Registry
- Trauma Registry
- Birth Registry
- Health Oversight Agencies
- In response to court and administrative orders and other lawful processes
- To law enforcement officials pursuant to subpoenas and other lawful processes, concerning crime victims, suspicious deaths, crimes on our premises, reporting crimes in emergencies, and for purposes of identifying or locating a suspect or other person
- To coroners, medical examiners and funeral directors
- To organ procurement organizations
- To avert a serious threat to health or safety
- In connection with certain research activities
- To correctional institutions regarding inmates
- As authorized by state worker's compensation laws
- To the military, to federal officials for lawful intelligence, counterintelligence, and national security activities, and to correctional institutions and law enforcement regarding persons in lawful custody

INDIVIDUAL RIGHTS

Access: You have the right to review or receive a copy of your medical information, with limited exceptions. You may request that we provide copies in a format other than photocopies. We will use the format you request unless we cannot practicably do so. If we maintain your medical information in an electronic format, you may request and we shall provide you with the requested information in an electronic format. You must make a written request to obtain access to your medical information. You may obtain a form to request access or a copy of your medical information from memorialhermann.org web page and mail the completed form to 909 Frostwood, Suite 2.205, Houston, TX 77024 or the Release of Information department located at the facility where you obtain your medical care. There is a charge for a copy of your medical information.

Accounting of Disclosures: You have the right to receive an accounting of all disclosures of your medical information that was not authorized by you and that was not disclosed for the purpose of treatment, payment or health care operations. You must request this accounting in writing. You may request and we account for disclosures for a period of 6 years beginning on the date of the disclosure. You may download the Accounting of Disclosure

Form from memorialhermann.org web page and mail the completed form to 909 Frostwood, Suite 2.205, Houston, TX 77024. You may also obtain the Accounting of Disclosure Form from the Release of Information Department located at the facility where you obtained your medical care.

Restrictions: You have the right to request that we place restrictions on our use or disclosure of your medical information. We are not required to agree to these restrictions; however, we will agree to your request not to disclose your medical information to a health plan for a particular item or service if the disclosure is to be made for payment or health care operation purposes and you have otherwise paid for the item or service in full. If we agree to your restriction request, we will abide by our agreement (except in an emergency). You must make this request in writing.

Confidential Communications: You have the right to request that we communicate with you about your medical information by alternative means or to alternative locations. You must make your request in writing. We must accommodate your request if: it is reasonable; specifies the alternative means or location; and provides a satisfactory explanation of how payments will be handled under the alternative means or location you request.

Amendment: You have the right to request that we amend your medical information. Your request must be in writing, and it must explain why the information should be amended. We may deny your request if we did not create the information you want amended and the originator remains available or for certain other reasons. If we deny your request, we will provide you a written explanation. You may respond with a statement or disagreement to be appended to the information you want amended. If we accept your request to amend the information, we will make reasonable efforts to inform others; (including people you name) of the amendment and to include the changes in any future disclosures of that information.

Electronic Notice: If you view this Notice on our Web site or by electronic mail (e-mail), you are also entitled to receive a copy of this Notice in written form. Please contact us as directed below to obtain this Notice in written form.

Notice of a Breach: If there is a breach involving the privacy or security of your unsecured medical information, we will notify you, government officials and enforcement authorities, as necessary and appropriate, and we will take steps to address the issue and mitigate any damages that the breach may have caused.

SECURITY OF YOUR INFORMATION

Memorial Hermann safeguards customer information using various tools such as firewalls, passwords and data encryption. We continually strive to improve these tools to meet or exceed industry standards. We also limit access to your information to protect against its unauthorized use. The only Memorial Hermann workforce members and business associates who have access to your information are those who need it as part of their job. These safeguards help us meet both federal and state requirements to protect your personal health information.

MEDICAL RECORD DISPOSAL

Notice to the Patient or the Patient's Legally Authorized Representative:

Memorial Hermann Health System may authorize the disposal of the patient's medical record on or after the medical record's 10th anniversary discharge date. If the patient is younger than 18 years of age when last treated, we may authorized the disposal of medical records relating to the patient on or after the date of the patient's 20th birthday or on or after the 10th anniversary of the medical record's discharge date, whichever date is later.

QUESTIONS OR CONCERNS

If you would like more information about our privacy practices or have questions or concerns about this Notice, please contact the Privacy Office at the number listed below.

If you believe your privacy rights have been violated, you may file a complaint, in writing, to the Memorial Hermann Privacy Office located at 909 Frostwood, Suite 2:205, Houston, Texas 770024, or by calling 1.800.621.4249.

Or you may contact the U.S. Department of Health and Human Services (DHHS) 1301 Young Street, Suite 1169, Dallas, TX 75202, Voice Phone 214.767.4056, FAX 214.767.0432, TDD 214.767.8940.

To e-mail the DHHS Secretary or other Department Officials, send your message to hhsmail@os.dhhs.gov.

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memorialhermann.org
713.222.CARE (2273)

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