

## USMD Hospital at Arlington

### 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.**

1. **CONTACT INFORMATION.** If you have questions about this Notice of Privacy Practices (the "Notice"), the Patient Portal, your privacy rights, or a privacy concern, you may contact the USMD Hospital Privacy Officer by telephone at 817-472-3457 or by mail at the address listed below:

USMD Hospital at Arlington  
801 West Interstate 20  
Arlington, Texas 76017  
Office: 817-472-3540  
Fax: 817-472-3536  
Website: [www.usmdarlington.com](http://www.usmdarlington.com)

You may request a paper copy of this Notice at any time, even if you have agreed to receive it electronically.

2. **PURPOSE OF THIS NOTICE.** This Notice applies to all records of the care and services you receive at the Hospital, whether made by Hospital employees, members of the medical staff, your personal physician, or other persons involved in your care. This Notice applies to information in paper, verbal, electronic, billing, imaging, registration, the Patient Portal, and other records. The current Notice is available on our website and upon request. If we materially change this Notice, we will post the revised Notice and make it available as required by law. The revised Notice will apply to health information we already have about you and information we receive in the future.
3. **OUR DUTIES.** We are required by law to maintain the privacy and security of your protected health information, provide you with this Notice of our legal duties and privacy practices, follow the terms of the Notice currently in effect, notify affected individuals following a breach of unsecured protected health information as required by law, and comply with applicable federal and Texas privacy laws.

The Health Insurance Portability and Accountability Act (HIPAA) and the Texas Medical Records Privacy Act require USMD Hospital to protect the privacy and security of your health information. The Texas Identity Theft Enforcement and Protection Act requires USMD Hospital to protect your sensitive personal information.

You have the right to be notified in the event that USMD Hospital, or one of our business associates, discovers an inappropriate use or disclosure of your health information. Notice of any such use or disclosure will be made as required by state and federal law.

4. **YOUR RIGHTS.** You have the following rights regarding health information maintained by USMD Hospital.
  - You have the right to inspect and receive a copy of health information that may be used to make decisions about your care, subject to certain exceptions. This may include medical records and billing records.

- You may request a paper or electronic copy of your records. If your health information is maintained electronically and you request an electronic copy, we will provide access in the electronic form and format you request if it is readily producible. We may charge a reasonable, cost-based fee for copies, mailing, supplies, or other costs permitted by law.
- You may request that we amend health information we maintain about you which is incorrect or incomplete by making a request in writing with an explanation for the requested amendment. We may deny your request if the information was not created by USMD Hospital, is not part of the information maintained by USMD Hospital, is not information you are permitted to inspect and copy, or is accurate and complete. If we deny your request, you may submit a written statement of disagreement as permitted by law.
- You have the right to request a restriction or limitation on how we use or disclose health information for treatment, payment, or healthcare operations. You also have the right to request a restriction on disclosures to persons involved in your care or payment for your care. We are not required to agree to most requested restrictions. If we agree, we will comply with the restriction unless the information is needed to provide emergency treatment or unless otherwise permitted or required by law.
- You have the right to request that we not disclose information to a health plan for payment or healthcare operations if the disclosure relates solely to a healthcare item or service for which you, or someone on your behalf other than the health plan, paid in full out of pocket. We will comply with such a request when required by law.
- You have the right to request that we communicate with you about medical matters in a certain way or at a certain location, at a particular telephone number, mailing address, or email address. We will accommodate reasonable requests.
- You have the right to request an accounting of certain disclosures of your health information made by USMD Hospital during a specified time period within the last six years or another period required by applicable law. This accounting generally will not include disclosures made for treatment, payment, or healthcare operations; to you; pursuant to your authorization; for directory purposes; or other disclosures excluded by law. We may charge a reasonable fee for providing an accounting, or for multiple accountings made within the same 12-month period.
- If you have given someone medical power of attorney, if someone is your legal guardian, or if another person has legal authority to act for you, that person may exercise your rights and make choices about your health information, to the extent permitted by law. We may require proof of authority before recognizing a person as your personal representative.
- You have the right to receive notice if a breach of your unsecured protected health information occurs and notification is required by law.
- You may request that we send your health information to a third party. If you ask us to send your health information to a third-party application, service, person, or organization, we will do so as required or permitted by law. Once information is sent to a third party at your direction, that third party's privacy and security practices may apply and the information may no longer be protected by HIPAA.

To exercise these rights, you must contact USMD Hospital using the contact information listed in this Notice. We may require that your request be in writing and verify your identity before processing a request.

- 5. WHEN YOUR AUTHORIZATION IS REQUIRED.** If you provide us permission to use or disclose medical information about you, you may revoke that permission in writing at any time. If you revoke your authorization, USMD Hospital will no longer use or disclose your health information for the reasons covered by the authorization, except to the extent we have already relied on the authorization or as otherwise permitted or required by law. We are unable to take back disclosures

already made with your authorization. We are also required to retain records of the care and services provided to you.

Uses or disclosures of your medical information for purposes not described in this Notice or otherwise permitted or required by law will be made only with your written authorization. Your written authorization generally is required for:

- Disclosures that constitute a sale of protected health information;
- Uses and disclosures of protected health information for marketing purposes when authorization is required by law;
- Certain uses and disclosures of psychotherapy notes;
- Certain uses and disclosures of substance use disorder treatment records when applicable law requires written consent or authorization;
- Certain uses and disclosures of reproductive health information when applicable law requires authorization or an attestation; and
- Other uses and disclosures not described in this Notice or otherwise permitted by law.

## **6. HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU.**

- We may make certain health information available to you electronically, including through the Patient Portal or other secure electronic method.
- We will respond to requests to access, amend, restrict, or receive an accounting of disclosures within the time required by law. We may charge a reasonable, cost-based fee for copies or certain services when permitted by law.
- We may use and disclose medical information about you for USMD Hospital operations, including to business associates and service providers who provide billing, claims, technology support, legal services, or other necessary tasks for USMD Hospital.
- We may participate in health information exchanges or similar arrangements that allow authorized health care providers, health plans, and other permitted participants to access or share information for treatment, payment, health care operations, continuity of care, public health, and other purposes permitted by law.
- We may use medical information about you to provide you with medical treatment or services, information regarding your appointments, treatment alternatives, or health-related benefits.
- We may use and disclose medical information about you so that treatment and services you receive at USMD Hospital may be billed and payment may be collected from you, your insurance company, health plan, or another third party.
- Unless you object, we may disclose relevant health information to a family member, friend, personal representative, or other person involved in your care or payment for your care. We may also disclose information to authorized public or private entities assisting in disaster relief efforts.
- We may release medical information to coroners, medical examiners, and funeral directors as necessary for them to perform their duties.
- We may release medical information to organizations that handle organ, eye, or tissue donation, procurement, banking, or transplantation.
- Under certain circumstances, we may use and disclose medical information about you for research purposes. Research involving protected health information may require special

approval, privacy safeguards, authorization from you, or a waiver of authorization, depending on the circumstances.

- We may use and disclose medical information when necessary to prevent or lessen a serious and imminent threat to your health or safety, or the health or safety of another person or the public.
- We may release medical information about you for workers' compensation or similar programs, or as otherwise required by law.

## 7. SPECIAL SITUATIONS.

- **As Required by Law.** We may disclose health information for law enforcement, judicial, administrative, or similar legal purposes only when permitted or required by law and when applicable legal conditions are met. We may review subpoenas, court orders, warrants, administrative requests, and similar processes before disclosing information.
- **Public Health Activities.** We may disclose medical information about you to a governmental agency or authority for public health activities. These public health activities may include preventing or controlling disease, injury, or disability; reporting births and deaths; reporting child abuse or neglect; reporting reactions to medications or problems with products; notifying people of recalls; notifying a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and notifying the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence, when permitted or required by law.
- **Health Oversight Activities.** We may disclose health information to the U.S. Department of Health and Human Services or other governing agencies for health oversight activities, such as audits, inspections or licensure investigations.
- **Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information to the correctional institution or law enforcement official as permitted or required by law.
- **National Security, Intelligence Activities, and Protective Services.** We may release medical information about you to a government agency or authority as required by military command, federal officials for intelligence, national security, or protective services for the President, authorized persons, or foreign heads of state.

## 8. YOUR RIGHT TO ACCESS AND NOTICE OF ELECTRONIC HEALTH RECORDS UNDER TEXAS LAW.

Texas law requires notice to individuals when protected health information is subject to electronic disclosure.

USMD Hospital may create, receive, maintain, use, transmit, or disclose your protected health information electronically. Electronic disclosures may occur for treatment, payment, healthcare operations, public health, health oversight, legal compliance, Patient Portal access, electronic health records, billing, health information exchange, care coordination, insurance verification, claims processing, quality review, auditing, technology support, and other purposes permitted or required by law.

Electronic disclosures may be made to or through physicians, providers, hospitals, laboratories, imaging centers, pharmacies, health plans, insurers, billing vendors, technology vendors, Patient Portal vendors, electronic health record vendors, health information exchanges, government agencies, business associates, service providers, and other persons or entities permitted or required by law.

USMD Hospital will make electronic disclosures only as permitted or required by applicable law and will use reasonable safeguards designed to protect the privacy and security of protected health information. When a separate authorization is required for an electronic disclosure, USMD Hospital will obtain the authorization as required by law.

9. **STATUTORY DISCLOSURES.** Certain types of health information may receive additional protection under federal or state law, including information related to mental health, psychotherapy notes, substance use disorder treatment, HIV/AIDS or other communicable disease information, genetic information, reproductive health information, and information about minors. We will use and disclose such information only as permitted or required by applicable law.
- **Right to Revoke Consent.** We will obtain your written authorization before using or disclosing your health information for most uses of psychotherapy notes, most marketing purposes, any sale of protected health information, and other uses and disclosures not described in this Notice, unless an exception applies. You may revoke an authorization in writing at any time, except to the extent we have already relied on it.
  - **Substance Use Disorder.** If USMD Hospital maintains records that are protected by federal law under Code of Federal Regulations, Title 42, Part 2, "Confidentiality of Substance Use Disorder Patient Records Regulations," ("Part 2"), those records may receive additional protections.
    - We will use and disclose Part 2 records only as permitted by applicable law, which may require your written consent except in limited circumstances such as medical emergencies, audits or evaluations, qualified service organization activities, research, court orders, or as otherwise permitted by Part 2.
    - If there is a breach of unsecured Part 2 records, we will provide notice as required by law.
    - You have the right to an accounting of disclosures of electronic Part 2 records for the past 3 years.
    - You have the right to a list of disclosures by an intermediary for the past 3 years.
    - You have the right to elect not to receive fundraising communications due to our maintenance of your Part 2 records. We may use or disclose your Part 2 records for fundraising related to our Part 2 programs only with your consent and only if you are provided a clear opportunity to elect against receiving fundraising communications
    - Complaints about Part 2 records can be filed with the U.S. Department of Health and Human Services or the Substance Abuse and Mental Health Services Administration.
    - You may also file a complaint if you believe your privacy rights related to Part 2 records have been violated, and USMD will not retaliate against you for doing so.
10. **PERMITTED USE.** We may use or disclose information that has been de-identified or summarized so that it does not identify you, as permitted by law. We may also use or disclose a limited data set for research, public health, or health care operations under an appropriate agreement as permitted by law.
11. **YOUR SUPPORT FOR USMD HOSPITAL.** We may contact you to support USMD Hospital programs, services, or fundraising activities as permitted by law. Each fundraising communication will tell you how to opt out of future fundraising communications. We will honor your opt-out choice as required by law.
12. **CHANGES TO THIS NOTICE.** USMD Hospital reserves the right to change this Notice at any time. We reserve the right to make the revised Notice effective for health information we already maintain about you, as well as information we receive in the future.

The current Notice will contain the effective date. USMD Hospital may post the current Notice on its website, through the Patient Portal, at USMD Hospital's location, or otherwise make it available upon request.

Each time you register for or receive services from USMD Hospital, we will offer you access to the Notice then in effect as required by law.

- 13. COMPLAINTS.** If you have any concerns about your care or safety, we encourage you to let the hospital know so that we can address the issue promptly for you. You may also file a complaint if you believe your privacy rights have been violated. Complaints to USMD Hospital should be submitted in writing whenever possible so they may be appropriately investigated.

You are welcome to speak to one of our managers or administration at any time. For your convenience, we also have a Customer Care line at 1-817-472-3543. Your call will be returned during business hours.

If your concerns and questions cannot be resolved at this level, you may contact one or both of the following agencies:

The Texas Department of State Health Services  
Complaint hotline: 1-888-973-0022  
Fax: 512-834-6653  
Health Facility Compliance Group (MS 1979)  
PO Box 149347  
Austin, TX 78714-9347

Centers for Medicare and Medicaid Services (CMS)  
1-800-633-4227  
TTY 1-877-486-2048

You may also file a complaint with the U.S. Department of Health and Human Services and/or Texas Health and Human Services Commission. You can file complaint by contacting the Office for Civil Rights, Region VI, U.S. Department of Health and Human Services, by mail at 1301 Young St., Suite 1169, Dallas, Texas 75202; by telephone at (800) 368-1019, (214) 767-0432 (fax), or (800) 537-7697 (TDD). You can also visit <https://www.hhs.gov/hipaa/filing-a-complaint/index.html>.

You may also file a complaint with the Texas Office of the Attorney General for unlawful or unfair business practices pursuant to Texas Health and Safety Code § 181.103. You may file a General or Privacy-related Consumer Complaint to the Texas Attorney General's Office online.

USMD Hospital will not retaliate against you for filing a complaint.