



EFFECTIVE DATE: February 1, 2017

JOINT NOTICE OF PRIVACY PRACTICES

THIS JOINT NOTICE DESCRIBES HOW PROTECTED HEALTH INFORMATION (PHI) ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Purpose: Driscoll Health System (Driscoll), our affiliates, and business associates are required by law to maintain the privacy of Protected Health Information (PHI). We are required to provide this notice of our legal duties and privacy practices with regard to uses of PHI as well as inform you regarding your individual rights. This notice explains the purposes for which we are permitted to use and disclose your PHI.

Who Will Follow This Joint Notice

This Joint Notice applies to the privacy practices of the Driscoll Health System, its Affiliated Entities and entities participating in an Organized Health Care Arrangement (OHCA) for the sole purpose of complying with the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the Health Information Technology for Economic and Clinical Health of 2009 (HITECH), the Texas Medical Privacy Act §181 and the Texas Health & Safety Code. These Affiliate entities are viewed as participating in a joint arrangement for the sole purpose of

using and disclosing your health information created, maintained, or received by any one or more of the entities for providing treatment, collecting payment, and healthcare operations.

The Driscoll Affiliated Entities include:

- Driscoll Children's Hospital (DCH)
- Children's Physician Services of South Texas (CPSST)
- Driscoll Physicians Group, Inc. (DPG)
- Driscoll Valley Physicians Group (DVPG)
- Driscoll Maternal and Fetal Physicians Group (DMFPG)

How We May Use and Disclose Information About You

The following categories describe different ways that we may use and disclose your PHI. Not every potential use or disclosure in a category will be listed.

For Treatment. We are permitted to use and disclose your PHI to doctors, nurses, technicians, medical students or other personnel who are involved in your care or provide you with medical treatment or services. We may share your PHI in order to coordinate the different services required including, but not limited to, lab work, X-rays, prescriptions or education. We also may disclose your PHI to healthcare providers outside Driscoll who may be involved in your medical care, such as physicians who will provide follow-up care, physical therapy organizations, medical equipment suppliers and skilled nursing facilities.

Driscoll participates in certain Care Everywhere, Care Quality and eHealth Exchange Health Information Exchanges or Organizations (HIEs or HIOs), which allows participating providers and facilities to share your PHI electronically to facilitate and coordinate your medical coordinate care. You have the right to opt-out of participation in these programs. You may request assistance with this request in person, or email at HealthInformationReleaseOptOut@dchstx.org or by calling the Health Information Management Department at (361) 694-5468.

For Payment. We are permitted to use and disclose your PHI so that the treatment and services you receive at Driscoll may be billed and payment collected from your insurance company or a third party. For example, we may need to give your health plan information about a particular treatment or procedure to obtain prior approval or to determine whether the services are covered under the plan.

For Healthcare Operations. We are permitted to use and disclose your PHI for our business operations. These uses and disclosures are necessary to ensure that all of our patients receive quality care. For example, we may use your PHI to evaluate the quality of care and performance of our staff. We also may disclose PHI to physicians, nurses, technicians, staff (including residents and interns), medical students and other personnel to conduct training and education programs. We also may remove all information that identifies you from a set of PHI so that others may use that information to study healthcare and healthcare delivery.

To Business Associates for Treatment, Payment and Healthcare Operations. We are permitted to disclose your PHI to our business associates in order to carry out treatment, payment or healthcare operations. For example, we may disclose your PHI to a company we hire to bill insurance companies that help us obtain payment for the healthcare services we provide.

Hospital Directory. Unless you notify us that you object, we are allowed to include certain information about you in the Patient Directory while you are a patient at Driscoll. This information may include your name, your location and your general condition. The directory information may be released to people who ask for you by name. Your religious affiliation may be given to a member of the clergy, such as a priest or rabbi, or clergy staff, even if the clergy member does not ask for you by name.

Individuals Involved in Your Care or Payment for Your Care.

We may release your PHI to a family member, other relative, close personal friend or designated personal representative who is involved in your medical care if the PHI released is directly relevant to the person's involvement with your care. We also may release information to someone who helps pay for your care. We also may tell your family or friends that you are at Driscoll and a description of your general condition. In addition, we may disclose your PHI to a group assisting in a disaster relief effort so that your family can be notified about your location and general condition.

Appointment Reminders. We may use and disclose PHI to contact you as a reminder that you have an appointment for treatment or medical care at Driscoll.

Treatment Alternatives. We may use and disclose PHI to give you information about treatment options or alternatives that may be of interest to you.

Health-Related Benefits and Services. We may use and disclose PHI to tell you about health-related benefits or services that may be of interest to you.

Marketing and Fundraising Activities. We may use certain information, such as name, address or telephone number to contact you in the future to request permission to share your story with the community in official marketing or to raise money for Driscoll. The money raised will be used to expand and improve the services and programs we provide to the community. You have the right to opt-out if you do not want to be contacted. To do so, please notify us in writing specifying your preferences with regards to being contacted for marketing or fundraising activities.

SPECIAL SITUATIONS

As Required By Law. We will disclose your PHI when required to do so by federal, state or local law.

Public Health Activities. We may disclose your PHI for public health activities. For example, public health activities generally include: (1) preventing or controlling disease, injury or disability; (2) reporting births and deaths; (3) reporting child abuse or neglect; (4) reporting reactions to medications or problems with products; (5) notifying patients of recalls of products they may be using; (6) notifying a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; or (7) notifying the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

Health Oversight Activities. We may disclose PHI to a health oversight agency for activities authorized by law such as audits, investigations, inspections and licensure. These activities are

necessary for the government to monitor the health care system, government programs and compliance with civil rights laws.

Lawsuits and Disputes. If you are involved in a lawsuit or a dispute, we may disclose your PHI in response to a court or administrative order. We may also disclose your PHI in response to a subpoena, discovery request or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

Law Enforcement. We may release PHI if asked to do so by a law enforcement official: (1) in response to a court order, subpoena, warrant, summons or similar process; (2) to identify or locate a suspect, fugitive, material witness or missing person—but only if limited information is disclosed; (3) about the victim of a crime if, under certain limited circumstances, we are unable to obtain the victim's agreement; (4) about a death we believe may be the result of criminal conduct; (5) about criminal conduct we believe occurred on Driscoll's premises; and (6) in emergency circumstances to report a crime or to determine the location of the crime, its victims, or the identity, description or location of the person who committed the crime.

Coroners, Medical Examiners and Funeral Directors. We may release PHI about you to a coroner or medical examiner to identify a deceased person or to determine the cause of death. We may also release PHI to funeral directors as necessary to help them carry out their duties.

Organ and Tissue Donation. We may release PHI to organizations that handle organ procurement; or organ, eye or tissue transplantation; or to an organ donation bank to facilitate organ or tissue donation and transplantation.

Research. Under certain circumstances, we may use and disclose your PHI for research purposes. Before we use or disclose PHI for research, the research project will have been approved through an Institutional Review Board. Pre-approval may not be required when researchers are preparing a research project and need to look at information about patients with specific medical needs, so long as the PHI does not leave Driscoll.

To Avert a Serious Threat to Health or Safety. We may use and disclose your PHI when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person.

To Authorized Federal Authorities and Military Officials. We may disclose PHI regarding members of the armed forces or to authorized federal authorities for official investigations, intelligence, counterintelligence or other national security activities.

Inmates. If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release your PHI to the correctional institution or law enforcement official under

specific circumstances.

Workers' Compensation. We may release your PHI for workers' compensation or similar programs.

Disclosures Requiring an Authorization. Other uses and disclosures will be made only with a valid authorization. Except in certain circumstances, Driscoll must obtain an authorization for any use or disclosure of protected health information for marketing, psychotherapy notes or sale of protected health information.

YOUR RIGHTS

You have the following rights regarding the PHI we maintain about you:

Right to Request Restrictions. You have the right to request a restriction or limitation on the PHI we use or disclose about you for treatment, payment, or healthcare operations. We are not required to agree to or abide by your request. If we do agree, we will comply with your request unless the information is required to provide you with emergency treatment or the agreement has been terminated in accordance with HIPAA guidelines. Requests must be received in writing. A restriction request form is available by request by contacting the Department of Health Information Management (HIM).

Right to Restrict Disclosures to Health Plans. You have a right to request a restriction of disclosures to your health plan or insurer regarding a specific encounter if you have paid out-of-pocket in full.

Right to Request Confidential Communications. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you by telephone at work or that we only contact you by mail at home. Your request must specify how, where or when you wish to be contacted. We will accommodate all reasonable requests.

Right to Inspect and Receive a Copy. You have the right to request access to inspect, receive a physical or electronic copy, or be provided a summary of the health records that may be used to make decisions about your care with certain exceptions. A request form must be completed and provided to the Department of Health Information Management (HIM). We may deny your request in certain limited circumstances. For example, psychotherapy notes are prohibited from being inspected or copied. We may charge a fee for the costs of copying, mailing or other supplies associated with your request. We are required to notify you in advance regarding these charges. If your request is denied we will notify you, and you may request that the denial be reviewed. Another licensed healthcare professional, chosen by Driscoll, will perform a secondary review. The review will not be conducted by any healthcare professional involved in the denial of your original request. We will comply with

the outcome of the review to the extent allowable by law.

Right to Amend. If you believe that information we have about you is incorrect or incomplete, you may request an amendment. You have the right to request an amendment for as long as the information is kept by or for Driscoll. You must include a reason that supports your request. All requests for amendment should be made in writing and submitted to the Department of Health Information Management (HIM). We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that: (1) was not created by us, unless the person or entity that created the information is no longer available to make the amendment; (2) is not part of the PHI kept by or for Driscoll; (3) is not part of the information that you would be permitted to inspect and copy; or (4) is accurate and complete. Driscoll will notify you if we deny the request and will include instructions as to how you may appeal the request or file a complaint.

Right to be Notified. You have a right to be notified regarding an unlawful breach of unsecured PHI.

Right to an Accounting of Disclosures. You have the right to request an accounting of disclosures regarding your health information. We may charge you a reasonable fee if you request a disclosure more than once each year.

Information Maintained in Paper Records. You may request a record of disclosures that have been made to persons or entities other than for treatment, payment or healthcare operations that have taken place in the past six (6) years.

Information Maintained Electronically. Subject to a schedule established by federal law, if we maintain your health information electronically (in our computer), you have the right to ask for an accounting of all disclosures. Under federal law, you may request an accounting for a period of three years prior to the date the accounting is requested.

Right to a Copy of This Notice. You have the right to a paper copy of this notice at any time. You may also obtain an electronic copy of this notice at our web site, www.driscollchildrens.org.

Right to Revoke Authorization. You have a right to revoke a previous authorization you have made for uses and disclosures at any time, provided that the revocation is submitted in writing. The revocation will be in effect upon receipt and validation with the exception and to the extent that the entity has previously used or disclosed protected health information in reliance on a previous authorization.

You may submit a written request to the address below or contact a representative of Driscoll directly to inquire as to how to exercise these rights.

Changes to This Notice

We reserve the right to change or revise this notice at any time. The new notice will contain the effective date. Driscoll reserves the right to apply the amended notice to all previously acquired protected health information about you. Each time you register at or are admitted for treatment or healthcare services, you may request a copy of the current notice in effect.

Complaints: If you believe your privacy rights have been violated, you may file a complaint by contacting a Driscoll representative using the contact information below, or by contacting the U.S. Department of Health and Human Services at 200 Independence Avenue, S.W., Washington, D.C. 20201 or calling 1-877- 696-6775. You will not be penalized for filing a complaint.

Any official requests related to these rights should be directed to:

**Driscoll Children's Hospital,
Director of Health Information Management (HIM)**
3533 South Alameda
Corpus Christi, Texas 78411
Office Phone: (361) 694-5468

Other important Driscoll numbers:

Director of Patient Relations - Office Phone: (361) 694-4035
HIPAA Privacy Officer - Office Phone: (361) 694-6286

