

NOTICE OF PRIVACY PRACTICES

**Your
Rights**

**Your
Choices**

**Our Uses
and Disclosures**



Compliance and Integrity Department
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Your Information. Your Rights. Our Responsibilities.

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.**

Your Rights

► See page 2
for more information
on these rights and
how to exercise them

You have the right to:

- Get a copy of your paper or electronic medical record
- Correct your paper or electronic medical record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Get someone to act on your behalf
- File a complaint if you believe your privacy rights have been violated
- Privacy regarding your reproductive health care
- Access to free language interpreter services aides and tools to address patient communication and disability needs
- Non-discrimination during provision of patient care, including telehealth services
- Non-discrimination of patients using patient care decision support tools or artificial intelligence

Your Choices

► See page 4
for more information
on these choices and
how to exercise them

You have some choices in the way that we use and share information as we:

- Tell family and friends about your condition
- Provide disaster relief
- Include you in a hospital directory
- Provide mental healthcare
- Market our services and sell your information
- Raise funds

Our Uses and Disclosures

► See pages 5 - 7
for more information
on these uses and
disclosures

We may use and share your information as we:

- Treat you
- Run our organization
- Bill for your services
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests
- Work with a medical examiner or funeral director
- Address workers' compensation, law enforcement and other government requests
- Respond to lawsuits and legal actions
- Provide appointment reminders on your personal voicemail or answering machine

Your Rights

When it comes to your health information, you have certain rights.

This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. The electronic version is free. Some cost-based fees may apply for release of your information to you or your third-party requester. In addition, multiple requests of medical records may incur a cost-based fee to cover administrative costs. Most of our facilities offer secure patient portals for quick access to your health information. Ask us how to enroll in the patient portal.
- We will provide a copy or a summary of your health information, usually within 15 business days of your request. If unable to release information or if a delay is expected, we will notify you within 10 business days of reason for denial or delay.

Ask us to correct your medical record

- You can request an amendment to your medical record by completing a written request. Contact the Compliance and Integrity department for assistance.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days. If there is an expected delay beyond 60 days to notify you of our decision regarding your amendment request, we will notify you in writing that we need an additional 30 days to make a final determination.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say “yes” to all reasonable requests.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.
- If you pay for a service or healthcare item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

Get a list of those with whom we’ve shared information

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment and healthcare operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Your Rights

Choose someone to act on your behalf

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

Non-discrimination of patients during provision of healthcare services

- You have the right of non-discrimination during the provision of healthcare services including telehealth services, and the right to non-discrimination based on race, color, citizenship status, national origin, sex, gender identity, age or disability.
- You have the right of non-discrimination during the provision of healthcare services based on the use of patient care decision support tools, which include any automated or non-automated tools, mechanisms, methods or technology (such as artificial intelligence (AI) or clinical algorithms).
- You are protected from non-discrimination based on disability under the Americans Disability Act (ADA).

Access to language assistance services and auxiliary aids

- You have the right to reasonable modifications and physical accessibility for your disabilities as outlined in ADA standards.
- You have the right to access free language interpreter services, sign language and digital aides and tools to address patient communication and disability needs.

File a complaint if you feel your rights are violated

- If you feel you have been discriminated against or our organization has not provided appropriate access to language assistance or auxiliary aids, you may file a grievance by contacting Hendrick Health's Compliance and Integrity Department, 1900 Pine Street, Abilene, Texas 79601, or emailing us at compliance@hendrickhealth.org, or calling us at 325-670-3028 or 276-614-8804, or faxing us at 325-670-3578.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509F, HHH Building Washington, DC 20201: 1-800-368-1019, 800-537-7697 (TDD).

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

- If you have any questions or believe your privacy rights have been violated, you may file a complaint by contacting Hendrick Health's Compliance and Integrity Department, 1900 Pine Street, Abilene, Texas 79601, or you may also email us at compliance@hendrickhealth.org or call us at 325-670-3028.
- You may also file a complaint with the Office of the Texas Attorney General at: Office of the Attorney General, P.O. Box 12548 Austin, Texas 78711-2548
- You also can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775 or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share.

If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends or others involved in your care
- Share information in a disaster relief situation
- Share your religious affiliation to ministers or other clergy
- Include your information in a hospital directory
- Contact you for fundraising efforts

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share information about your condition (e.g. good, fair) if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety. Unless there is a specific written request from you, this directory information, except for your religious affiliation, may be released to people who ask for you by name. This information is released so your family, friends and clergy can visit you and to let them know how you are doing.

In these cases, we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

In the case of fundraising:

- Your contact information, such as your name, age, gender, address, phone number, the dates and department from which you received treatment or services at Hendrick Health, your treating physician's name, your treatment outcome and your health insurance status may be used for fundraising purposes.
- If we do contact you for fundraising activities, the communication you receive will have instructions on how you may ask for us not to contact you again for such purposes, also known as "opt out."

In the case of marketing:

- We will not post protected health information (PHI) to social media, or share or sell your information for marketing purposes unless you give us written permission to sell or market your information.
- You may revoke (withdraw) authorization for marketing activity, in writing, at any time.

Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways.

Treatment

- We can use your health information and share it with other professionals who are treating you.

Example:

A doctor treating you for an injury asks another doctor about your overall health condition.

Run our organization

- We can use and share your health information to conduct routine operations of our organization while providing care and services to our patients.

Example:

We use health information about you to manage your treatment and services including appointment reminders.

Bill for your services

- We can use and share your health information to bill and get payment from health plans or other entities.

Example:

We give information about you to your health insurance plan so it will pay for your services.

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information, see www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues

- We can share health information about you for certain situations such as:
 - Preventing disease
 - Helping with product recalls
 - Reporting adverse reactions to medications
 - Reporting suspected abuse, neglect or domestic violence
 - Preventing or reducing a serious threat to anyone's health or safety

Do research

- We can use or share your information for health research. Such research projects must be approved by an institutional review board (IRB), which assures privacy of your information during any research study or active patient participation in a study.

Share with Health Information Exchange

- We can share your health information with a Health Information Exchange (HIE) that includes participating hospitals and community health centers. Only providers directly involved in your care and public health authorities have access to the HIE data. You can tell us not to send your information to the HIE when you receive care or at a later time. See the "Health Information Exchange" section of this document to find out how you can opt out of participating in the HIE.

Comply with the law

- We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.
- We will not disclose PHI containing reproductive healthcare information unless there is an executed attestation from all applicable healthcare oversight agencies, law enforcement, judicial and administrative proceedings, and coroners and medical examiners confirming that the PHI requested is not for the purpose of investigating or imposing liability on individuals for seeking, obtaining, providing or facilitating lawful reproductive healthcare.
- We will comply with federal and state privacy laws including Health and Human Services Privacy and Information Blocking requirements as outlined in the 21st Century Cures Act.
- As a HIPAA-covered entity, Hendrick is currently exempt from the Texas Data Privacy and Security Act (TDPSA).

Prevent information blocking

Respond to organ and tissue donation requests

- We can share health information about you with organ procurement organizations.

Work with a medical examiner or funeral director

- We can share health information with a coroner, medical examiner or funeral director when an individual dies.
- We will not release reproductive healthcare information to medical examiner or coroner until an attestation is obtained confirming that the reason for the request is not to impose criminal, civil or administrative liability on any person for the mere act of seeking, obtaining, providing or facilitating lawful reproductive healthcare.

Address workers' compensation, law enforcement and other government requests

- We can use or share health information about you:
 - For workers' compensation claims
 - For law enforcement purposes or with a law enforcement official
 - With health oversight agencies for activities authorized by law
 - For special government functions such as military, national security and presidential protective services
- We will not release reproductive healthcare information to law enforcement until appropriate attestation is obtained confirming the reason for the request is not to impose criminal, civil or administrative liability on any person for the mere act of seeking reproductive healthcare.

Respond to lawsuits and legal actions

- We can share health information about you in response to a court or administrative order, or in response to a subpoena search warrant.
- PHI containing reproductive healthcare will not be shared until an attestation is obtained confirming that the intent of the request is not to impose criminal, civil or administrative liability on any person for the mere act of seeking, obtaining, providing or facilitating lawful reproductive healthcare.

Work with business associates

- To third parties referred to as "business associates" that provide services on our behalf, such as billing, software maintenance and legal services.

Related to HIV/AIDS

Provide inmate and in custody care

- We may use your information relating to HIV/AIDS so we can provide your care, assure payment for our services and in administrative activities assure the quality of our care and safety of our workforce, physicians and other patients. Outside of the purposes above, we may disclose this information only with your written consent, except pursuant a court order, or as required by applicable law.
- We may release your medical information to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with healthcare, (2) to protect your health and safety or the health and safety of others, or (3) for the safety and security of the correctional institution.

Health Information Exchange Participation

A Health Information Exchange, or HIE, is a way of sharing your health information among participating doctors' offices, hospitals, care coordinators, labs, radiology centers and other healthcare providers through secure, electronic means. When you "opt out" of participation in the HIE, doctors and nurses will not be able to search for your health information through the HIE and will not be able to use this information while treating you. Your physician or other treating providers will still be able to select the HIE as a way to receive your lab results, radiology reports and other data sent directly to them that they may have previously received by fax, mail or other electronic communications. Additionally, in accordance with the law, public health reporting, such as the reporting of infectious diseases to public health officials, will still occur through the HIE after you decide to opt out. Controlled substances information, as part of the Texas Prescription Monitoring Program, will continue to be available to licensed providers.

Hendrick Health participates in a state-sponsored HIE named C3HIE. C3HIE connects to other HIEs to allow information to be available to other care providers when patients travel to other healthcare entities outside of our region. Sharing patient information with other providers through C3HIE helps Hendrick Health provide real-time clinical care information which could improve patient safety, save time and help providers make better treatment decisions with a more complete patient record. Participating in the HIE will allow providers to avoid duplicate tests and procedures and gain immediate access in emergencies to critical information like allergies, diagnosis, medications and other important data. Patients can also read more about the HIE at <https://c3hie.org/>.

Patients have the right to opt out of having their information shared through C3HIE by signing an opt-out form. You may request an opt-out form from Hendrick Health Admissions staff, and they will help you complete it.

The Patient Portal

What is a patient portal? A patient portal is a secure online website that gives you convenient, 24-hour access to personal health information from anywhere with an internet connection. Using a secure username and password, patients can view health information such as: recent doctor visits, discharge summaries, medications, immunizations, allergies and lab results. Some patient portals also allow you to: securely message your doctor, request prescription refills, schedule non-urgent appointments, check benefits and coverage, update contact information, make payments, download and complete forms and view educational materials. With your patient portal, you can be in control of your health and care.

Patient portals can also save you time, help you communicate with your doctor and support care between visits. There are times that you may choose to unenroll or deactivate your patient portal account. Please follow the instructions below to unenroll or deactivate your patient portal:

FollowMyHealth, Hendrick Health Patient Portal

Option 1: Call FollowMyHealth Support 1-888-670-9775

Option 2: Log into your portal

Click "My Account"

Click "Delete Account"

Hendrick Clinic Patient Portal by Athenahealth

Contact the Hendrick Clinic team members to assist you with unenrolling in the Athena Patient Portal.

How to Unenroll in Other Healthcare Registries and Health Data Sharing Portals

Health Data sharing: To unenroll in health data sharing with CommonWell or Care Quality, contact your primary care provider.

Texas Vaccination Registry: If you desire to unenroll in the Texas Immunization Registry (ImmTrac2), contact your primary care provider (PCP).

For additional information about how to sign up for the portal or to unenroll, notify the registration or clinic staff.

Disclaimer: No persons shall, on the grounds of race, color, religion, age, sex, national origin, ancestry, sexual orientation, gender identity or disability, be excluded from participation in, be denied services, or otherwise be subjected to discrimination in the provision of any care or treatment.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a paper copy of this notice, if requested.
- When you request Release of Information (ROI) to another person or entity, we inform you of the re-disclosure laws.
- We will not use, share or post your protected health information other than as described in this document unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind. If information has already been shared by the time we receive your written statement to revoke authorization, it may be too late to cancel sharing your data.

Unsecured Communication using Email and Text Messaging

•If you choose to communicate with us or any of your Hendrick Health providers via unsecure electronic communication, such as regular email or text message, we may respond to you in the same manner in which the communication was received and to the same email address or account from which you sent your original communication. Before using any unsecure, electronic communication to correspond with us, note that there are certain risks, such as interception by others, misaddressed/misdirected messages, shared accounts, messages forwarded to others, or messages stored on unsecured, portable electronic devices. By choosing to correspond with us via unsecure electronic communication, you are acknowledging and agreeing to accept these risks. Additionally, you should understand that use of email is not intended to be a substitute for professional medical advice, diagnosis or treatment. Email communication should never be used in a medical emergency.

Privacy after Death

The federal Health Insurance Portability and Accountability Act (HIPAA) grants privacy protections to a person's medical information even after death. However, HIPAA also establishes that a patient's designated personal representative has a legal right to access the patient's records. Hendrick will provide the records to his or her designated personal representative if one exists.

For more information, see www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to Terms of This Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our website at hendrickhealth.org.

This Notice of Privacy Practices applies to the following organizations:

The notice covers providers and staff at all Hendrick Health facilities including but not limited to hospitals, clinics, rural health clinics, freestanding emergency departments, hospital outpatient-based departments, ambulatory surgery centers, urgent care locations, hospice and home health agencies.

