

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 REVIEW IT CAREFULLY.

1. **Purpose:** University Medical Center of El Paso (UMC) and El Paso Children's Hospital (EPCH) are separately licensed hospitals.
2. University Medical Center of El Paso (UMC) members of its workforce including professional staff, employees, students and volunteers and all of its affiliated entities (El Paso County Hospital District, University Medical Center of El Paso and Neighborhood Health Centers) follow the privacy practices described in this Notice. University Medical Center of El Paso (UMC) maintains your medical information in records that will be kept in a confidential manner, as required by law. Note: The words "You," "Your" or "Patient" means "the patient or their parent/legal guardian."
3. El Paso Children's Hospital (EPCH) members of its workforce including professional staff, employees, students and volunteers follow the privacy practices described in this Notice. El Paso Children's Hospital (EPCH) maintains your medical information in records that will be kept in a confidential manner, as required by law. Note: The words "You," "Your" or "Patient" means "the patient or their parent/legal guardian."
4. University Medical Center of El Paso (UMC) and El Paso Children's Hospital (EPCH) must use and disclose your medical information to the extent necessary to provide you with quality health care. To do this, University Medical Center of El Paso (UMC) and El Paso Children's Hospital (EPCH) must share your medical information with each other and with other entities as necessary for treatment, payment and health care operations. Your medical information may be shared in either printed or electronic format, or both.
5. **What Are Treatment, Payment, and Health Care Operations?** Treatment includes sharing information among health care providers involved in your care. For example, your physician may share information about your condition with the pharmacist to discuss appropriate medications or with radiologists or other consultants in order to make a diagnosis. University Medical Center of El Paso (UMC) and/or El Paso Children's Hospital (EPCH) may use your medical information as required by your insurer or HMO to obtain payment for your treatment and hospital stay. You may request to restrict disclosure of your protected health information (PHI) to a health plan for payment or health care operations if the protected health information (PHI) pertains to health care items or services which were paid in full out of pocket by the patient or his/her

representatives. We also may use and disclose your medical information to improve the quality of care, *e.g.*, for review and training purposes.

6. **How Will University Medical Center of El Paso (UMC) and El Paso Children's Hospital (EPCH) Use My Medical Information?** Your medical information may be used, unless you ask for restrictions on a specific use or disclosure, for the following purposes:

- Hospital Directory, which may include your name, general condition, and your location in the Hospital.
- Religious affiliation to a hospital chaplain or member of the clergy.
- Family members or close friends involved in your care or payment for your treatment.
- Disaster relief agency if you are involved in a disaster relief effort.
- Appointment reminders.
- To inform you of treatment alternatives or benefits or services related to your health. (You will have an opportunity to refuse to receive this information.)
- As required by law.
- Public health activities, including disease prevention, injury or disability; reporting births and deaths; reporting child abuse or neglect; reporting reactions to medications or product problems; notification of recalls; infectious disease control; notifying government authorities of suspected abuse, neglect or domestic violence (if you agree or as required by law).
- Health oversight activities, *e.g.*, audits, inspections, investigations, and licensure.
- Lawsuits and disputes. (We will attempt to provide you advance notice of a subpoena before disclosing the information.)
- Law enforcement (*e.g.*, in response to a court order or other legal process; to identify or locate an individual being sought by authorities; about the victim of a crime under restricted circumstances; about a death that may be the result of criminal conduct; about criminal conduct that occurred on the Hospital's premises; and in emergency circumstances relating to reporting information about a crime.)
- Coroners, medical examiners, and funeral directors.
- Organ and tissue donation.
- Certain research projects.
- To prevent a serious threat to health or safety.
- To military command authorities if you are a member of the armed forces or a member of a foreign military authority.
- National security and intelligence activities.
- Protection of the President or other authorized persons for foreign heads of state, or to conduct special investigations.
- Inmates. (Medical information about inmates of correctional institutions may be released to the institution.)
- Workers' Compensation. (Your medical information regarding benefits for work-related illnesses may be released as appropriate.)
- To carry out health care treatment, payment, and operations functions through business associates, *e.g.*, to install a new computer system.

- Customer satisfaction surveys.
- Fundraising Activities. We may disclose medical information to the University Medical Center Foundation so that the foundation may contact you in raising money for University Medical Center of El Paso (UMC) or El Paso Children’s Hospital (EPCH) and provide you information on activities and programs at University Medical Center of El Paso (UMC) or El Paso Children’s Hospital (EPCH) and solicit your support to further the mission of University Medical Center of El Paso (UMC) or El Paso Children’s Hospital (EPCH). We will only release contact information such as the patient’s and or parent/legal guardian’s name, address, phone number, age, gender, insurance status, and dates of treatment at the hospital. You may opt out of receiving any fundraising communications by contacting the University Medical Center Foundation at (915) 521-7229 or www.umcfoundationelpaso.org.
- Electronic Health Information Exchange. Both UMC and El Paso Children’s Hospital participate in Health Information Exchanges (HIE). An HIE is a way of sharing your medical information among participating caregivers through secure, electronic means. The purpose is so that each of your participating caregivers can have the benefit of the most current information available from your other participating caregivers when taking care of you. You may opt out of having your medical information disclosed through the Health Information Exchange by completing and signing the hospital’s “*Health Information Exchange Opt-Out Form*” and giving it to the person listed on the form.

7. **Your Authorization Is Required for Other Disclosures.** Except as described above, we will not use or disclose your medical information unless you authorize (permit) University Medical Center of El Paso (UMC) or El Paso Children’s Hospital (EPCH) in writing to disclose your information. You may revoke your permission, which will be effective only after the date of your written revocation.

8. **You Have Rights Regarding Your Medical Information.** You have the following rights regarding your medical information, provided that you make a written request to invoke the right on the form provided by University Medical Center of El Paso (UMC) or El Paso Children’s Hospital (EPCH):

- **Right to request restriction.** You may request limitations on your medical information we use or disclose for health care treatment, payment, or operations (*e.g.*, you may ask us not to disclose that you have had a particular surgery), but we are not required to agree to your request. If we agree, we will comply with your request unless the information is needed to provide you with emergency treatment.
- **Right to confidential communications.** You may request communications in a certain way or at a certain location, but you must specify how or where you wish to be contacted.
- **Right to inspect and copy.** You have the right to inspect and receive a paper/hard copy of your medical information regarding decisions about your care; however, psychotherapy notes may not be inspected and copied. You may request that the hospital transmit your medical information directly to an entity or person you designate, if such direction is clear, concise and specific. We may charge a fee for

copying, mailing and supplies. Under limited circumstances, your request may be denied; you may request review of the denial by another licensed health care professional chosen by University Medical Center of El Paso (UMC) or El Paso Children's Hospital (EPCH). The hospital will comply with the outcome of the review.

- **Right to request amendment.** If you believe that the medical information we have about you is incorrect or incomplete, you may request an amendment on the form provided by the Hospital, which requires certain specific information. The Hospital is not required to accept the amendment.
- **Right to accounting of disclosures.** You may request a list of the disclosures of your medical information that have been made to persons or entities other than for health care treatment, payment, or operations in the past three (3) years. After the first request, there may be a charge.

9. **Requirements Regarding This Notice.** University Medical Center of El Paso (UMC) and El Paso Children's Hospital (EPCH) are required by law to provide you with this Notice. We will be governed by this Notice for as long as it is in effect. University Medical Center of El Paso (UMC) and El Paso Children's Hospital (EPCH) may change this Notice and these changes will be effective for medical information we have about you as well as any information we receive in the future. Each time you register at University Medical Center of El Paso (UMC) or El Paso Children's Hospital (EPCH) for health care services as an inpatient or outpatient, you may receive a copy of the Notice in effect at the time.

Complaints. If you believe your privacy rights have been violated, you may file a complaint with University Medical Center of El Paso (UMC) or El Paso Children's Hospital (EPCH), whose contact information is listed below, or the Texas Attorney General, or the Secretary of the United States Department of Health and Human Services.

Texas Attorney General at the following address:

Office of the Attorney General
Consumer Protection Division
PO Box 12548
Austin, Texas 78711-2548

<https://www.oag.state.tx.us/consumer/complain.shtml>

Secretary of the United States Department of Health and Human Services:

<http://www.hhs.gov/ocr/privacy/hipaa/complaints/index.html>

You will not be penalized or retaliated against in any way for making a complaint.

10. **Who to Contact.**

- If you have a complaint;
- If you have any questions about this Notice;

- If you wish to request restrictions on uses and disclosures for health care treatment, payment, or operations;
- If you wish to elect not to receive fundraising activities; or
- If you wish to obtain a form to exercise your individual rights described in paragraph 5.

University Medical Center of El Paso (UMC) Patients please contact the Privacy Officer at:
4815 Alameda Avenue
El Paso, Texas 79905
(915) 521-7490

El Paso Children's Hospital (EPCH) Patients please contact the Privacy Officer at:
4845 Alameda Avenue
El Paso, Texas 79905
(915) 242-8381