Effective Date: September 23, 2013 Revision Date: May 8, 2019

Version 7

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. UMC members of its workforce including professional staff, employees, students and volunteers follow the privacy practices described in this Notice. 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. EPCH members of its workforce including professional staff, employees, students and volunteers follow the privacy practices described in this Notice. 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. UMC and EPCH must use and disclose your medical information to the extent necessary to provide you with quality health care. To do this, UMC and 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. Your information may be shared among health care providers involved in your care for treatment purposes. 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. UMC and/or EPCH may use your medical information as required by your insurer or HMO to obtain payment for your treatment and hospital stay. UMC and/or EPCH may use and disclose your medical information to improve the quality of care, *e.g.*, for review and training purposes as part of health care operations. You may request to restrict disclosure of your protected health information ("PHI") to a health plan for payment or health care operations if the PHI pertains to health care items or services which were paid in full out of pocket by the patient or his/her representatives.

- 6. Your PHI and other 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 or El Paso Children's Hospital Foundation so that the foundation may contact you in raising money for UMC or EPCH and provide you information on activities and programs at UMC or EPCH and solicit your support to

- further the mission of UMC or 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 or the El Paso Children's Hospital Foundation at (915) 521-7229 or www.elpasochildrensfoundation.org.
- Your PHI may be used by and disclosed to other health care providers or other health care entities for treatment, payment, health care operations purposes, and public health activities as permitted by law, through the Paso Del Norte Health Information Exchange (PHIX). For example, information about your past medical care and current medical conditions and medications can be available to other primary care physicians or hospitals, if they participate in PHIX. Exchange of health information can provide faster access, better coordination of care, and assist providers and public health officials in making more informed treatment decisions. You may opt out of PHIX and prevent providers from being able to search for your information through the exchange. You may opt out and prevent your medical information from being searched through PHIX 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) UMC or 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 UMC or 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 UMC or 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 six (6) years. After the first request, there may be a charge.
- **Right to choose someone to act for you.** 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.
- 9. **Requirements Regarding This Notice.** UMC and EPCH are required by law to provide you with this Notice and to notify you if there is a breach of unsecured protected health information. We will be governed by this Notice for as long as it is in effect. UMC and 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 UMC or 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 UMC or 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 Compliance 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) 242-8529