



718 Lexington Avenue  
San Antonio, TX 78212  
(210) 572 - 4600

First Name:		
Last Name:		
M.R. #:	Admit #:	Date:

**THIS PRIVACY NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE READ IT CAREFULLY.**

**I. We are required by law to protect the privacy of your health information.**

We call this protected health information "PHI" and it includes individually identifiable health information that relates to your past, present, or future physical or mental health or condition, the provision of health care, or the past, present, or future payment for health care.

We must provide you with this Joint Notice about our privacy practices and legal duties that explains how, when, and why Acuity Specialty Hospital of South Texas and its Medical Staff may use or disclose your protected health information.

At Acuity Specialty Hospital of South Texas, we recognize and respect your right to confidentiality, and we maintain numerous safeguards to protect your privacy. We are required by law to abide by the terms of this Notice currently in effect. We reserve the right to change this Notice at any time and to make the revised Notice effective for all PHI we maintain. You can always obtain a copy of our most current Notice by contacting the Privacy Officer.

**II. How We May Use and Disclose Protected Health Information**

The following categories describe different ways that we may use or disclose medical information about you. For each category, we have provided examples:

**Treatment** - Means the provision, coordination, or management of your health care, including consultations between doctors, nurses, and other providers regarding your care, and referrals for care from one provider to another. For example, your primary care doctor may disclose your protected health information to a cardiologist if he is concerned that you have a heart problem.

**Payment** - Means the activities we carry out to bill and collect for the treatment and services provided to you. For example, we may provide information to your insurance company about your medical condition to determine your current eligibility and benefits. We may also provide PHI to outside billing companies and others that process health care claims.

**Health Care Operations** - Means the support functions that help operate the hospital such as quality improvement, case management, responding to patient concerns, and other important activities. For example, we may use your PHI to evaluate the performance of the staff that cared for you or to determine if additional hospital services are needed.

**III. Other Uses and Disclosures of Protected Health Information**

In addition to using and disclosing your protected health information for treatment, payment, and health care operations, we may use your information in the following ways:

**Appointment Reminders and Health-Related Benefits or Services.** We may use PHI to contact you for a medical appointment or to provide information about treatment alternatives or other health care services that may benefit you.

**Disclosures to Family, Friends and Others.** We may disclose your PHI to family, friends, and others identified by you as involved in your care or the payment of your care. We may use or disclose PHI about you to notify others of your general condition and location in the hospital. We may also allow friends and family to act for you and pick-up prescriptions, x-rays, etc. when we determine it is in

your best interest to do so. If you are available, we will give you the opportunity to object to these disclosures.

**Patient Directory.** We may include your name, location in the facility, general condition, and religious affiliation in our patient directory. The directory information, except for your religious affiliation, may be released to people who ask for you by name so they can generally know how you are doing. Your religious affiliation may be given to a member of the clergy even if they do not ask for you by name. You may request that your information not be listed in the Patient Directory.

**To Avoid Harm.** As permitted by law and ethical conduct, we may use or disclose protected health information if we, in good faith, believe the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health and safety of a person or the public, or is necessary for law enforcement to identify or apprehend an individual.

**Fundraising Activities.** We may contact you as part of our fundraising activities, as permitted by law. You have the right to opt out of receiving communications related to fundraising efforts of the hospital or corporation.

**Marketing Activities.** We may contact you as part of our marketing activities, as permitted by law.

**Research Purposes.** In certain circumstances, we may use and disclose PHI to conduct medical research. Certain research projects require an authorization which will be made available to you prior to using your PHI.

**Law Suits & Disputes.** If you are involved in a law suit or dispute, we may disclose health information about you in response to a court or administrative order. We may also disclose health information in response to a subpoena, discovery request, or other process by others involved in the dispute. We will only disclose information with assurance that efforts were made to inform you about the request or to obtain an order protecting the information requested.

**Required by Law Enforcement.** We may release health information about you if asked to do so by law enforcement in response to a court order, subpoena, warrant, summons, or similar process. We also may disclose information to identify or locate a suspect, fugitive, material witness, or missing person. In addition, we may disclose information about a crime victim or about a death we believe may be the result of criminal conduct. In emergency situations, we may disclose PHI to report a crime, to help locate the victims of the crime, or to identify/describe/locate the person who committed the crime.

**Incidental Disclosures.** We may make incidental uses and disclosures of your protected health information. Incidental uses and disclosures may result from otherwise permitted uses and disclosures and cannot be reasonably prevented. Having your name called aloud by a staff member in the Emergency Department is an example of an Incidental disclosure.

**Disaster Relief.** When permitted by law, we may coordinate our uses and disclosures of protected health information with other organizations authorized by law or charter to assist in disaster relief efforts. For example, a disclosure of PHI may be made to the Red Cross or a similar organization in an emergency.

#### IV. Special Situations

**Organ and Tissue Donation.** If you are an organ donor, we may disclose PHI to an organ procurement organization.

**Military Personnel.** If you are a member of the armed forces, we may release PHI about you, as required by military authorities. We may also release health information about foreign military personnel to appropriate foreign military authorities.

**Worker's Compensation.** We may disclose health information about your work-related illness or injury to comply with worker's compensation laws.

**Public Health Activities.** We routinely disclose information about you for public health activities to:

- Prevent or control disease, injury or disability
- Report births and deaths
- Report child abuse or neglect
- Persons under the jurisdiction of the Food & Drug Administration for activities related to product safety and quality and to report problems with medications or products
- Notify people who may have been exposed to a disease or are at risk of contracting or spreading a disease
- Notify government agencies if we believe an adult has been a victim of abuse, neglect, or domestic violence. We will only make this disclosure if the patient agrees or when required by law.

**Coroners, Medical Examiners, and Funeral Directors.** We may release health information to these individuals. Such disclosures may be necessary to identify a deceased person or determine the cause of death. We may also release health information about patients to funeral directors so they may carry out their duties.

**Health Oversight Activities.** We may disclose information to government agencies that oversee our activities. These activities are necessary to monitor the health care system and benefit programs, and to comply with regulations and the law.

**National Security.** We may disclose PHI to authorized officials for national security purposes such as protecting the President of the United States or other persons, or conducting intelligence operations.

**Inmates.** If you are in inmate of a correctional institution or under the custody of law enforcement, we may release PHI about you to the correctional facility or law enforcement officials. This would be necessary for the institution to provide you with health care; to protect your health and safety and the health and safety of others; or for the safety and security of the correctional institution.

**Other Uses of Your Health Information.** Other uses and disclosures of protected health information not covered by this notice or the laws that apply to us will be made only with your permission in a written authorization. You have the right to revoke the authorization at any time, provided the revocation is in writing - except if we have already taken action in reliance of your authorization.

#### V. Your Rights

**Right to Notice of Breach of unsecured Protected Health Information.** You have the right to be notified in the event a discovery is made or is reasonably believed to have occurred involving a breach of your unsecured protected health information.

**Right to Request Limits on Uses and Disclosures of Your PHI -** You have the right to request restrictions to how we use and disclose your PHI. Your request must be in writing and sent to the Privacy Officer. We will review your request but we are not required to agree to your request. If we agree to your request, we will document the restrictions and abide by them, except in emergency situations as necessary. You may not limit the uses and disclosures that we are legally required or allowed to make. You have the right to restrict disclosure of PHI to a healthplan in instances where you, as an individual, have personally paid for the services out-of-pocket and in full.

Your protected health information may not be disclosed for the purposes of marketing or sale for remuneration without your express authorization except where permitted by law. Your protected health information may not be used or disclosed where it involves psychotherapy notes, except as permitted by law.

**Right to Request Confidential Communications -** You have the right to request to receive confidential communications of protected health information by alternative means or at alternative locations. For example, sending information to your work address rather than to your home address, or asking to be contacted by mail rather than telephone. To request confidential communications, you must specify your instructions in writing on a form provided on request by the Privacy Officer. You must specify where and how you wish to be contacted. We will accommodate reasonable requests.

**Right to Inspect and Obtain Copies of your Protected Health Information -** In most cases, you have the right to inspect and obtain copies or protected health information used to make decisions about your care, subject to applicable law. To inspect or copy your medical information, you must make a request in writing to the Director, Health Information Management. If you request copies of your health information, we may charge a fee for copying, postage, and other supplies associated with your request.

**Right to Amend your Protected Health Information -** If you believe that the protected health information we have about you is incorrect or incomplete, you may request that we amend the information. To request an amendment, you must make your request in writing to the Director of Health Information Management and specify a reason that supports your request. We may deny your request, subject to applicable law.

**The Right to Obtain a List of Disclosures We Have Made -** You have the right to request an "accounting of disclosures" of your protected health information. Your request must be made in writing and include a time period no longer than six years (not including dates before April 14, 2003).

There are several exceptions to the disclosures we must account for. Examples include disclosures for treatment, payment, and healthcare operations; those made to you; those made as a result of an authorization by you; those made for National security or intelligence purposes, and those that occurred before April 14th, 2003.

Requests for an accounting of disclosures must be made in writing to the Director of Health Information Management. The first accounting you request within a 12-month period is free. For additional accountings, we may charge you for the cost of providing it. We will notify you of the cost before processing your request so you may withdraw or modify your request before costs are incurred.

#### COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with Acuity Specialty Hospital of South Texas or the Secretary of the Department of Health and Human Services.

To file a complaint with Acuity Specialty Hospital of South Texas, contact the Privacy Officer at the address below. We will not take action against you for filing a complaint.

You may also file an anonymous complaint through our Corporate Compliance Hotline 24 hours a day, 7 days a week at: (800) 852-8002

#### CONTACT PERSON

If you have questions or would like additional information about this Notice, please contact the Privacy Officer at:

Acuity Hospital of South Texas  
718 Lexington Avenue  
San Antonio, TX 78212  
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#### EFFECTIVE DATE

This Notice is effective as of July 30, 2013.