

**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.**

This notice describes Cochran Memorial Hospital District's practices, and that of:

- Any health care professional authorized to enter information into your chart.
- Cochran Memorial Hospital District and all departments and units therein.
- All employees, staff, and other Cochran Memorial Hospital District personnel including contracted employees.
- Any members of a volunteer group we allow to help you while you are in the care of Cochran Memorial Hospital District.
- Cochran Memorial Hospital
- Morton Rural Health Clinic
- Cochran County EMS

All these entities, sites, and locations follow the terms of this notice. In addition, these entities, sites, and locations may share medical information with each other for treatment, payment, or Cochran Memorial Hospital District operational purposes described in this notice.

Federal health information privacy rules require Cochran Memorial Hospital District to give you notice of our legal duties and privacy practices with respect to protected health information and to notify you following a breach of unsecured protected health information. This document is our notice. We will abide by the privacy practices set forth in this Notice of Privacy Practices. We are required to abide by the terms of the Notice of Privacy Practices currently in effect. We reserve the right to change this Notice of Privacy Practices and our privacy practices when permitted or as required by law. If we change our Notice of Privacy Practices, we will provide you with a copy to take with you upon request and the new notice will be posted on our website, www.cochranmemorial.com.

When we use or disclose your protected health information as described in this notice, or when you exercise your rights set forth in this notice, we may apply state laws about the confidentiality of health information in place of federal privacy regulations. We do this when state laws provide you with greater rights or protection for your protected health information. For example, state laws dealing with mental health records may require your express consent before your protected health information could be disclosed in response to a subpoena; another state law prohibits us from disclosing a copy of your protected health information to you until you have been discharged from our facility. When state laws are not in conflict or if these laws do not offer you better rights or more protection, we will continue to protect your privacy according to federal regulations.

At Cochran Memorial Hospital District, we understand that medical information about you and your health is personal. We are committed to protecting the privacy of that information. We create a record of the care and services you receive from Cochran Memorial Hospital District. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all the records of your care generated by Cochran Memorial Hospital District, whether made by Cochran Memorial Hospital, Morton Rural Health Clinic, Cochran County EMS, or another provider that you were referred to. Other physicians you may see in the course of your treatment may have different policies or notices regarding the provider's use and disclosure of your medical information created in their office or clinic.

OUR RESPONSIBILITIES

1. Cochran Memorial Hospital District is required by federal and state law ensure medical information that identifies you is kept private.
2. Provide you with a copy of this notice of our legal duties and privacy practices with respect to medical information about you.
3. Cochran Memorial Hospital District is required to abide by the terms of this notice currently in effect, and while we reserve the right to make changes to the notice, any changes to the notice will be effective for all protected health information we maintain.
4. Cochran Memorial Hospital District will provide our Notice of Privacy Practices on our website at www.cochranmemorial.com and post it in a clear and prominent location at all registration points in our health system.

YOUR RIGHTS REGARDING YOUR MEDICAL INFORMATION

You have following rights regarding your medical information, provided that you make a written request to invoke the right on the form provided by us.

1. **Inspect and Request a Copy:** You have the right to inspect and obtain a copy of your protected health information that Cochran Memorial Hospital District maintains about you, if requested in writing. We reserve the right to limit or refuse access to your protected health information if we have reason to believe that it is necessary to protect you or another person from harm. If we limit or refuse your right to inspect or copy, Cochran Memorial Hospital District must explain why and provide you with contact information of someone to review our refusal.
2. **Right to Confidential Communication.** You have the right to receive confidential communications of protected health information from Cochran Memorial Hospital District at a location that you provide. Your request must be in writing, provide us with the other address and explain if the request will interfere with your method of payment.
3. **Right to Amendments:** If you believe the health information Cochran Memorial Hospital District maintains about you is inaccurate or incomplete, you have the right to request an amendment. You must submit your request in writing and explain the reason for your request. If the amendment is approved by the provider and ultimately made, we will make reasonable efforts to inform others (that you identify) and we will include the amendment in future disclosures. We may decline to amend information under certain circumstances. This is likely to occur if we did not create the original record or if the record is deemed accurate as is. If we decline to amend a record, you have the right to submit a statement of disagreement in writing and Cochran Memorial Hospital District has the right to prepare a counter-statement. Your statement of disagreement and our counter-statement must be made part of our record about you.
4. **Right to Revoke Your Authorization.** You may revoke, in writing, the authorization you granted us for use or disclosure of your protected health information. However, if we have relied on your consent or authorization, we may use or disclose your protected health information up to the time you revoke your consent.

- 5. Accounting:** You have the right to request a list of certain disclosures of protected health information. The list will not include disclosures made for treatment, payment, or health care operations. It also will not include disclosures made pursuant to an authorization, made prior to six years before the date of the request, incidental disclosures, disclosures made for national security or intelligence, disclosures made for facility directory purposes, disclosures to persons involved in your care or payment for your care, disclosures to correctional institutions or for law enforcement purposes, or disclosures made as part of a limited data set. This list will include the date of any accountable disclosure, a brief description of the information disclosed (if available), and the purpose of the disclosure (provided this information is known to us). If you request the list more than once in a twelve (12) month period, you may be charged a reasonable fee.
- 6. Special Handling:** If you pay for your care solely out of pocket, you may ask Cochran Memorial Hospital District not to disclose your care to your insurer. In addition, if you explain that you may be harmed if Cochran Memorial Hospital District communicates with you in the usual way, you may request that we communicate with you in confidence. We will make every effort to accommodate your request if it is reasonable and you provide an alternative way to contact you. Furthermore, you have the right to request restrictions on Cochran Memorial Hospital District's use or disclosure of health information. Cochran Memorial Hospital District is not required to agree to your request, and we may be unable to do so. If we agree to comply with your request, we will do so except in the case of an emergency.
- 7. Complaints.** You have the right to submit a complaint if you believe Cochran Memorial Hospital District has violated your privacy rights. To submit a complaint, write to:

Cochran Memorial Hospital
ATTN: QUALITY ASSURANCE DIRECTOR
201 E. Grant Ave.
Morton, Texas 79346

You also have the right to submit a complaint to the:

Secretary of Health and Human Services
200 Independence Ave., S.E.
Washington, DC 20201
- 8. Breach Notification:** In the event that Cochran Memorial Hospital discovers an unauthorized use or disclosure of unsecured protected health information which constitutes a breach, you have the right to receive notice of the breach if it impacts health information maintained about you.

HOW WE MAY USE AND DISCLOSE PROTECTED HEALTH INFORMATION ABOUT YOU

The following categories describe different ways that we use and disclose medical, billing and personal information about you. Each category of uses or disclosures will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

- 1. For Treatment.** We use and disclose your protected health information during the course of your treatment. For example, if you get blood work in our laboratory, a technician will share the results with your provider.
- 2. For Payment.** Cochran Memorial Hospital District will use or disclose health information for payment purposes, including to submit claims to insurers, to determine coverage or eligibility status, and to obtain prior approval for services. This may include a description of your health problem and the treatment we provided.
- 3. For Healthcare Operations.** Your medical record and protected health information could be used in periodic assessments by physicians about the hospital's quality of care. Other uses may include business planning for the hospital or the resolution of a complaint.
- 4. Special Uses.** Your relationship to us as a patient might require using or disclosing your protected health information in order to:
 - a. Remind you of an appointment for treatment.
 - b. Tell you about treatment alternative and options.
 - c. Tell you about other health benefits and services.
- 5. Required or Permitted by Law.** Cochran Memorial Hospital District must abide by many laws and regulations that require or permit us to use or disclose your protected health information. These may include, but are not limited to:
 - a. When required by law, for example, when ordered by a court.
 - b. Reporting certain wounds, diseases, or adverse drug reactions to government agencies such as the Food and Drug Administration and the Texas Department of Health and Human Services.
 - c. Reporting neglect, abuse or domestic violence;
 - d. To government regulators or agents to determine compliance with applicable rules and regulations.
 - e. In judicial or administrative proceedings as in response to a valid subpoena.
 - f. To a coroner for purposes of identifying a deceased person or determining cause of death
 - g. To a funeral director for making funeral arrangements
 - h. For purposes of research when a research oversight committee, called an institutional review board, has determined that there is a minimal risk to the privacy of your protected health information.
 - i. For creating special types of health information that eliminate all legally required information or information that would directly identify the subject of the information.
 - j. In accordance with the legal requirements of a workers compensation program.
 - k. When properly requested by law enforcement officials, for instance in reporting gunshot wounds, reporting a suspicious death or for other legal requirements.
 - l. If we reasonably believe that use or disclosure will avert a health hazard or to respond to a threat to public safety, including an imminent crime against another person.
 - m. For national security purposes, including to the Secret Service or if you are Armed Forces personnel and it is deemed necessary by appropriate military command authorities.
 - n. For surveys, including patient satisfaction surveys.

- 6. Directory Services.** Cochran Memorial Hospital District provides limited health information about patients admitted to the hospital. For example, if a person calls and asks for you by name while you are in the hospital, Cochran Memorial Hospital will disclose your hospital location and a general health status, such as “critical” or “stable”. If you do not want this information released, you must tell your provider or nurse.
- 7. Correctional Institutions.** If you are an inmate, Cochran Memorial Hospital District may disclose health information to your correctional institution for treatment purposes or to ensure the safety of yourself and others.
- 8. Students and Trainees.** We may disclose health information to doctors, nurses, technicians, house-staff (including residents and interns), medical student, other health care students and other Cochran Memorial Hospital District personnel to conduct training and education programs.
- 9. Marketing.** Cochran Memorial Hospital District will not sell your protected health information for direct or indirect payment without your authorization.
- 10. Others Involved in Your Care.** Cochran Memorial Hospital District may disclose health information to persons involved in your care or involved in the payment for your care, to the extent of their involvement. If you give us permission or if your permission can be implied, we may disclose information to family members or others that call on your behalf. For example, in emergencies or situations where you are not able to express yourself, Cochran Memorial Hospital District may disclose information to persons who accompany you to the hospital.
- 11. Authorizations.** We may use or disclose your protected health information, as summarized in the sections above, for treatment, payment, healthcare operations, or as required or permitted by law. In other cases, Cochran Memorial Hospital District must ask for your written authorization with specific instructions and limits on our use or disclosure of your protected health information. For example, this would include uses or disclosures of psychotherapy notes, uses or disclosures for marketing purposes, or for any disclosure which is a sale of our protected health information.