

# BAYLOR SCOTT AND WHITE QUALITY ALLIANCE

## NOTICE OF HEALTH INFORMATION 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.

#### **Understanding Your Health Record/Information**

This notice describes the practices of Baylor Scott and White Quality Alliance (BSWQA) and that of its employees with respect to your protected health information created while you are a patient at BSWQA. BSWQA personnel authorized to have access to your medical chart are subject to this notice. In addition, BSWQA employees may share medical information with each other for treatment, payment or health care operations described in this notice.

We create a record of the care and services you receive at BSWQA. We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. This notice applies to all of the records of your care at BSWQA.

This notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

#### **Your Health Information Rights**

Although your health record is the physical property of BSWQA, the information belongs to you. You have the right to:

- Request a restriction on certain uses and disclosures of your information for treatment, payment, health care operations and as to disclosures permitted to persons, including family members involved with your care and as provided by law. However, we are not required by law to agree to a requested restriction, unless the request relates to a restriction on disclosures to your health insurer regarding health care items or services for which you have paid out-of-pocket and in-full;
- Obtain a paper copy of this notice of information practices;
- Inspect and request a copy of your health record as provided by law;

- Request that we amend your health record as provided by law. We will notify you if we are unable to grant your request to amend your health record;

- Obtain an accounting of disclosures of your health information as provided by law;

- Request communication of your health information by alternative means or at alternative locations. We will accommodate reasonable requests.

You may exercise your rights set forth in this notice by providing a written request, except for requests to obtain a paper copy of the notice, to the Compliance Officer at Baylor Scott and White Quality Alliance, 8080 North Central Expressway, Suite 1700, LB 83, Dallas, TX 75206.

#### **Our Responsibilities**

In addition to the responsibilities set forth above, we are also required to:

- Maintain the privacy of your health information;
- Subject to certain exceptions under the law, provide notice of any unauthorized acquisition, access, use or disclosure of your protected health information to the extent it was not otherwise secured;
- Provide you with a notice as to our legal duties and privacy practices with respect to information we maintain about you;
- Abide by the terms of this notice;
- Notify you if we are unable to agree to a requested restriction on certain uses and disclosures; and
- We reserve the right to change our practices and to make the new provisions effective for all protected

health information we maintain, including information created or received before the change. Should our information practices change we are not required to notify you, but we will have the revised notice available upon your request at BSWQA. The revised notice will also be posted on the BSWQA web page at [www.TheQualityAlliance.com](http://www.TheQualityAlliance.com)

#### **Uses and Disclosures of Medical Information That Do Not Require Your Authorization.**

The following categories describe different ways that we may use and disclose medical information without your authorization. For each category of uses or disclosures we will explain what we mean, but not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information without your authorization should fall within one of the categories.

*We will use your health information for treatment.*

**For example:** We may disclose medical information about you to doctors, nurses, technicians, medical students, or other personnel who are involved in taking care of you at HTPN. We may share medical information about you in order to coordinate different treatments, such as prescriptions, lab work and x-rays. We may also provide your physician or a subsequent healthcare provider with copies of various reports to assist in treating you once you are discharged from care at HTPN.

*We will use your health information for payment.*

**For example:** A bill may be sent to you or a third-party payer. The information on or accompanying the bill may include information that

identifies you, as well as your diagnosis, procedures, and supplies used.

*We will use your health information for regular health care operations.*

**For example:** We may use the information in your health record to assess the care and outcome in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the health care and services we provide.

*We will use and disclose your health information as otherwise allowed by law. Examples of those uses and disclosures follow.*

**Business associates:** There are some services provided in our organization through agreements with business associates. Examples include answering services and copy services. To protect your health information, however, we require business associates to appropriately safeguard your information.

**Notification:** Unless you object, we may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care about your location and general condition.

**Individuals involved in your care:** Unless you object, we may disclose to a family member, other relative, a close personal friend or other person you identify the health information that is directly relevant to that person's involvement in your health care or payment for your health care. If you are not able to agree or object to such disclosure, we may disclose the information as necessary if we determine it is in your best interest in our professional judgment.

**Disaster Relief:** We may use or disclose your health information to public or private disaster relief organizations to coordinate your care or to notify your family or friends of your location or condition in a disaster. We will provide you with an opportunity to agree or object to these disclosures when practical.

**Research:** We may disclose information to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to protect the privacy of your health information.

**Funeral directors, coroners and medical examiners:** We may disclose health information to funeral directors, coroners and medical examiners consistent with applicable law to carry out their duties.

**Organ procurement organizations:** Consistent with applicable law, we may disclose health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.

**Communications regarding treatment alternatives and appointment reminders:** We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

**Fundraising:** We may contact you as part of a fundraising effort. You have the right to opt out of receiving fundraising communications by providing a written request to the BHCS Foundation, 3600 Gaston Avenue, Barnett Tower, Suite 100, Dallas, TX 75246.

**Food and Drug Administration (FDA):** We may disclose to the FDA health information relative to adverse events with respect to food, medications, devices, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

**Worker's compensation:** We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to worker's compensation or other similar programs established by law.

**Public health:** As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

**Abuse, neglect or domestic violence:** As required by law, we may disclose health information to a governmental authority authorized by law to receive reports of abuse, neglect, or domestic violence.

**Judicial, administrative and law enforcement purposes:** Consistent with applicable law, we may disclose health information about you for judicial, administrative and law enforcement purposes.

**Health oversight activities:** We may disclose health information to a health oversight agency for activities authorized by law, such as audits, investigations, inspections and licensure.

**Threats to health or safety:** We may use or disclose health information as allowed by law if we believe in good faith that it is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public or for law enforcement authorities to identify or apprehend an individual involved in a crime.

**Special government functions:** We may disclose health information to authorized federal officials for intelligence, counter-intelligence and other national security activities authorized by law, or for protective services to the President of the United States or certain other government officials. If you are a member of the military, we may disclose health information to military authorities under some circumstances. If you are an inmate of a jail, prison or other correctional facility or in the custody of law enforcement personnel, we may disclose health information necessary for your health and the health and safety of others.

**Required or allowed by law:** We will disclose medical information about you when required or allowed to do so by federal, state or local law.

**Electronic Health Information Exchange:** BSWQA uses a third party to maintain a Health Information Exchange (HIE). BSWQA stores electronic health information about you in the HIE. Electronic health information about you from other health care providers or entities that are not part of BSWQA who have treated you or who are treating you is also stored in the HIE, and BSWQA and these other providers can use the

HIE to see your electronic health information for the purposes described in this Notice, to coordinate your care and as allowed by law. BSWQA monitors who can view your information, but the individuals and entities who use the HIE may disclose your information to other providers.

EFFECTIVE DATE: 09/23/13  
VERSION: 4  
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REV. 1 0 - 1 4 - 0 2  
REV. 0 2 - 1 6 - 1 0  
REV. 0 1 - 1 5 - 1 3  
REV. 0 8 - 2 7 - 1 3

You may opt out of the HIE by providing a written request to the Compliance Officer at Baylor Scott and White Quality Alliance, 8150 North Central Expressway, Suite 300, Dallas, TX 75206. If you opt out, your information will still be stored in the HIE by Baylor, but your information will not be viewable through the HIE. You may opt back in to the HIE at any time. You do not have to participate in the HIE to receive care.

### **When We Need Your Written Authorization**

We will not use or disclose your health information without your written authorization, except as described in this notice. Uses or disclosures that require your written authorization include the following:

- Most uses and disclosures of psychotherapy notes.
- Uses and disclosures for marketing purposes, unless we speak with you face-to-face or provide a nominal promotional gift.
- Disclosures that constitute a sale of your health information under applicable law.

You may revoke an authorization to use or disclose your health information except to the extent that action has already been taken in reliance on your authorization. To revoke your authorization, send written notice to your BSWQA physician's office.

### **For More Information or to Report a Problem**

If you have questions and would like additional information, you may contact the BSWQA office of HIPAA Compliance at 844-772-7972.

If you believe your privacy rights have been violated, you can file a complaint with the Baylor Health Care System Office of HIPAA Compliance at 866-245-0815 or with the Secretary of Health and Human Services. There will be no retaliation for filing a complaint.