

This notice describes how medical information about you may be used and disclosed and how you can get access to this information, your rights, choices and our responsibilities. **Please review it carefully.**

**This Notice of Privacy Practices applies to Baptist Hospitals of Southeast Texas**, all departments and campuses, including inpatient and outpatient services.

**Your Rights**

**When it comes to your health information, you have certain rights.** This section explains your rights and some of our responsibilities to help you.

<b>Get an electronic or paper copy of your medical record</b>	<ul style="list-style-type: none"> <li>You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.</li> <li>We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.</li> </ul>
<b>Ask us to correct your medical record</b>	<ul style="list-style-type: none"> <li>You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.</li> <li>We may say “no” to your request, but we’ll tell you why in writing within 60 days.</li> </ul>
<b>Request confidential communications</b>	<ul style="list-style-type: none"> <li>You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.</li> <li>We will say “yes” to all reasonable requests.</li> </ul>
<b>Ask us to limit what we use or share</b>	<ul style="list-style-type: none"> <li>You can ask us <b>not</b> to use or share certain health information for treatment, payment, or our operations. <ul style="list-style-type: none"> <li>We are not required to agree to your request, and we may say “no” if it would affect your care.</li> </ul> </li> <li>If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. <ul style="list-style-type: none"> <li>We will say “yes” unless a law requires us to share that information.</li> </ul> </li> </ul>
<b>Get a list of those with whom we’ve shared information</b>	<ul style="list-style-type: none"> <li>You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.</li> <li>We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.</li> </ul>
<b>Get a copy of this privacy notice</b>	<ul style="list-style-type: none"> <li>You can ask to receive this notice via paper copy, electronically, or both. We will provide you with a copy via the format you request promptly.</li> </ul>
<b>Choose someone to act for you</b>	<ul style="list-style-type: none"> <li>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.</li> <li>We will make sure the person has this authority and can act for you before we take any action.</li> </ul>

If you believe your privacy rights have been violated, you may file a complaint with the hospital’s **Privacy and/or Compliance Officers** at the numbers listed below or you may submit your complaint in writing to :

**BHSET ● P.O. Box 1591 ● Beaumont, TX 77704**

**COMPLIANCE HOTLINE (866) 835-3314 ● Privacy Officer: (409) 212-5701 ● Compliance Officer: (409) 212-6167**

You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/)

*We will not retaliate against you for filing a complaint.*



Beaumont  
(409)212-5000



PA036

**BAPTIST HOSPITALS OF SOUTHEAST TEXAS**

Patient Name: \_\_\_\_\_ Patient Account: \_\_\_\_\_  
MedRecNum: \_\_\_\_\_  
Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_  
Admit Date: \_\_\_\_\_ Room/Bed: \_\_\_\_\_ HSV: \_\_\_\_\_  
Attending Physician: \_\_\_\_\_  
Primary Care Physician: \_\_\_\_\_  
Referring Physician: \_\_\_\_\_

## Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

<p><b>In these cases, you have both the right and choice to tell us to:</b></p>	<ul style="list-style-type: none"> <li>● Share information with your family , close friends, or others involved in your care</li> <li>● Share information in a disaster relief situation</li> <li>● Contact you for fundraising efforts (we may contact you for fundraising efforts, but you can tell us not to contact you again).</li> <li>● Include certain information in the hospital directory. The hospital directory allows your family, friends and/or clergy to obtain limited information about you. This information may include your name, your location in the hospital (e.g., Intensive Care Unit, Labor and Delivery, etc.), your general condition (e.g., fair, stable, etc.), and your religious affiliation.</li> <li>● Exclude your information from the hospital directory . You will have the opportunity to opt out (“No Publicity”) by indicating this on the <i>Joint Notice of Privacy Practices Acknowledgement</i> form on admission.</li> </ul>
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If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

<p><b>In these cases we never share your information unless you give us written permission:</b></p>	<ul style="list-style-type: none"> <li>● Marketing purposes</li> <li>● Sale of your information</li> <li>● Most sharing of psychotherapy notes</li> </ul>
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## Our Uses and Disclosures

**How do we typically use or share your health information?** We typically use or share your health information in the following ways.

<p><b>Treat you</b></p>	<ul style="list-style-type: none"> <li>● We can use your health information and share it with other professionals who are treating you.</li> </ul>	<p><b>Example:</b> A doctor treating you for an injury asks another doctor about your overall health condition.</p>
<p><b>Run our organization</b></p>	<ul style="list-style-type: none"> <li>● We can use and share your health information to run our practice, improve your care, and contact you when necessary.</li> </ul>	<p><b>Example:</b> We use health information about you to manage your treatment and services.</p>
<p><b>Bill for your services</b></p>	<ul style="list-style-type: none"> <li>● We can use and share your health information to bill and get a payment from health plans or other entities.</li> </ul>	<p><b>Example:</b> We give information about you to your health insurance plan so it will pay for your services.</p>

**How else can we use or share your health information?** We are allowed or required to share your information in other ways – usually in ways that contribute to the public good , such as public health and research . We have to meet many conditions in the law before we can share your information for these purposes. For more information see:

[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html)

<p><b>Help with public health and safety issues</b></p>	<ul style="list-style-type: none"> <li>● We can share health information about you for certain situation such as: <ul style="list-style-type: none"> <li>○ Preventing disease</li> <li>○ Helping with product recalls</li> <li>○ Reporting adverse reactions to medications</li> <li>○ Reporting suspected abuse, neglect, or domestic violence</li> <li>○ Preventing or reducing a serious threat to anyone’s health or safety</li> </ul> </li> </ul>
<p><b>Do research</b></p>	<ul style="list-style-type: none"> <li>● We can use or share your information for health research</li> </ul>



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Patient Name:	Patient Account:
MedRecNum:	
Birth Date:	Age: Sex:
Admit Date:	Room/Bed: HSV:
Attending Physician:	
Primary Care Physician:	
Referring Physician:	

<b>Comply with the law</b>	● We will share information about you if state or federal laws require it, including with the Department of Health and Human Services or any federal or state program if it wants to see that we're complying with federal privacy law.
<b>Respond to organ and tissue donation requests</b>	● We can share health information about you with organ procurement organizations.
<b>Work with a medical examiner or funeral director</b>	● We can share health information with a coroner, medical examiner, or funeral director when an individual dies.
<b>Address workers' compensation, law enforcement, and other government requests</b>	● We can use or share health information about you: <ul style="list-style-type: none"> <li>○ For workers' compensation claims</li> <li>○ For law enforcement purposes or with a law enforcement official</li> <li>○ With health oversight or state and federal regulatory agencies for activities authorized by law</li> <li>○ For special government functions such as military, national security, and presidential protective services</li> </ul>
<b>Respond to lawsuits and legal actions</b>	● We can share health information about you in a response to a court or administrative order, or in response to a subpoena.

**Additional information specific to Baptist Hospitals of Southeast Texas:**

*Texas State Law requires us to limit access for all psychiatric care. Baptist Hospitals of Southeast Texas will never share psychiatric and/or substance abuse records without your permission. Psychiatric patients will also be excluded from being listed in the hospital directory.*

*An on-line Patient Portal is available to view selected health information, including lab results, allergies, current medications, immunizations, problem list and medical history, as well as secured communication for non-urgent medical questions or inquiries. If you would like additional information about enrolling in the Patient Portal, please notify a staff member.*

*Baptist Hospitals of Southeast Texas has a Password Program to allow controlled and LIMITED access to health information that goes beyond the general hospital directory information to those identified by you.*

*Per policy, any of the above request must be submitted in writing. For your convenience we have forms that are available to assist you with your request. Please notify a staff member if you would like to request any of the options included in this notice.*

**For Fundraising**

We may use your name, address, e-mail, phone number and dates of service to contact you for the purpose of fundraising. You have the right to opt out of receiving such communications with each solicitation. For the same purpose, we may provide your information to the Baptist Hospitals of Southeast Texas Foundation. The money raised by BHSET and the Foundation will be used to expand and improve the services and programs we provide the community. You are free to opt out of the fundraising solicitation, and your decision will have no impact on your treatment or payment for services at BHSET.

**Our Responsibilities**

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

**Changes to the Terms of This Notice**

We can change the terms of this notice, and the changes will apply to all information we have about you. If we change the terms, this notice will be updated to reflect those changes and identified by a new "Effective Date" indicated at the beginning of this notice.



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