

# CHAMBERS COUNTY PUBLIC HOSPITAL DISTRICT #1 NOTICE OF PRIVACY PRACTICES

EFFECTIVE APRIL 14, 2003

Revised June 2013

This notice describes how health information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Each time you visit a hospital, physician, or other healthcare provider, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment, a plan for future care treatment and billing-related information. This notice applies to all of the records of your care generated by the facilities listed.

- Bayside Community Hospital, 200 Hospital Drive, P.O. Box 398, Anahuac, Texas 77514, (409) 267-3143
- Bayside Clinic, 621 South Ross Sterling, Anahuac, Texas 77514, (409) 267-4126
- West Chambers Medical Clinic, 9825 Eagle Drive, Baytown, Texas 77520, (281) 576-0670
- The Wellness Center at Bayside, 2202 South Main Street, Anahuac, Texas 77514, (409) 267-3700

## **Our Responsibilities:**

We are required by law to maintain the privacy of your health information and provide you a description of our privacy practices. We will abide by the terms of this disclosure.

## **USES & DISCLOSURES:**

**How we may use and disclose Health Information about you.** The following categories describe examples of the way we use and disclose health information:

**For Treatment:** We may use health information about you to provide you treatment or services. We may disclose health information about you to doctors, nurses, technicians, medical students, or other clinic or hospital personnel who are involved in taking care of you at either facility.

**For Payment:** We may use and disclose health information about your treatment and services to bill and collect payment from you, your insurance company or a third-party payer.

**For Health Care Operations:** Members of the medical staff and/or quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it.

**We may also use and disclose health information:** To business associates we have contracted with to perform the agreed upon service and billing for it; To remind you that you have an appointment for medical care; To assess your satisfaction with our services; To tell you about possible treatment alternatives; To tell you about health-related benefits or services; To contact you as part of fundraising efforts; To inform Funeral directors consistent with applicable law; For population based activities relating to improving health or reducing healthcare costs; and For conducting training programs or reviewing competence of healthcare professionals.

**As required by law,** we may also use and disclose health information for the following types of entities, including but not limited to; Food and Drug Administration, Public Health or Legal Authorities charged with preventing or controlling disease, injury or disability, Correctional Institutions, Workers Compensation Agents, Organ and Tissue Donation Organizations, Military Command Authorities, Health Oversight Agencies, Funeral Directors, Coroners, and Medical Directors, National Security and Intelligence Agencies, Protective Services for the President and Others.

**Law Enforcement:** We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena.

## **Your Health Information Rights**

Although your health record is the physical property of the healthcare practitioner or facility that compiled it, you have the

### **Right to:**

- Inspect and Copy, Request an Amendment, Request an Accounting of Disclosures, Request Restrictions, Request Confidential Communications, and to Receive a Full Copy of This Notice.
- You may also print or view a copy of the Notice of Privacy Practices link at [www.chambershealth.org](http://www.chambershealth.org).

To exercise any of your rights, please obtain required forms from the Privacy Officer & submit your request in writing.

## **CHANGES TO THIS NOTICE**

We reserve the right to change this notice and the revised or changed notice will be effective for information we already have about you as well as any information we receive in the future. The current notice will be posted in each Clinic and Hospital and include the effective date. In addition, each time you register at or are admitted to the surgery center for treatment or healthcare services as a patient, we would offer you a copy of the current notice in effect.

## **COMPLAINTS**

If you believe your privacy rights have been violated, you may file a complaint with the facility by following the process outlined in the facility's Patient Rights documentation. You may also file a complaint with the Secretary of the Department of Health and Human Services. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

*If you have any questions about this notice, please contact the Facility Privacy Officer at (409) 267-3143.*

Visit us at [www.chambershealth.org](http://www.chambershealth.org)