



**HIPAA
Procure Notice of Privacy Policy**

**THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED
AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.
PLEASE REVIEW CAREFULLY.**

PURPOSE: The professional staff, employees, and volunteers and all of its affiliates follow the privacy practices describes in the notice. Procure maintains your personal health information in records that will be maintained in a confidential manner, as required by law. This health information may include photographs obtained by authorized personnel at a Procure facility for treatment purposes. Procure must use and disclose your health information to the extent necessary to provide you with quality health care. To do this, Procure must share your health information as necessary for treatment, payment, and future health care operations.

WHAT ARE TREATMENT, PAYMENT, AND HEALTH CARE OPERATIONS?

Treatment includes sharing information among health care providers involved in your care. For example, your physician may share information about your condition with the pharmacist to discuss appropriate medications or with radiologists or other consultants to make a diagnosis. Procure may use your health information as required by your insurer or HMO to obtain payment for your treatment and hospital stay. We also may use and disclose your health information to improve the quality of care – for review and training purposes.

HOW WILL THE OFFICE USE MY HEALTH INFORMATION?

Your health information may be used for the purpose listed below, unless you ask for restriction on a specific use or disclosure:

To share with your healthcare provider as needed for follow-up care. This would include Texas Tech University Health Science Center (TTUHSC), Permian Basin Health Network (PBHN), Team Health, and other physicians and healthcare providers with staff privileges at MCH.

- Authorized family members or close friends involved in your care or payments for your treatment
- To carry out health care treatment, payment, and operation functions through business associates
- Disaster relief agency if you are involved in a disaster relief effort
- Appointment reminders
- To inform you of treatment alternatives or benefits or services related to your health
- Public health activities
- Health oversight activities – audits, inspections, investigations, and licensure
- Lawsuits and disputes
- Law enforcement
- Coroner, medical examiners, and funeral directors
- Organ and tissue donations

YOUR AUTHORIZATION IS REQUIRED FOR OTHER DISCLOSURE:

Except as described above, we will not use or disclose your health information unless you authorize (permit) in writing your approval. You may revoke your permission, which will be effective only after the date of your written revocation.

YOU HAVE THE RIGHTS REGARDING YOUR MEDICAL INFORMATION:

You have the following rights regarding your health information, provided that you make a written request to invoke the right on the form provided by the office:

- **Right to request restriction**
- **Right to confidential communications**
- **Right to inspect and copy**
- **Right to request amendment**
- **Right to accounting of disclosure**
- **Right to a copy of the notice (www.procareodessa.com)**

REQUIREMENTS REGARDING THIS NOTICE:

The office is required by law to provide you with this notice. We will be governed by this notice for as long as it is in effect. The office may change this notice at any time.

COMPLAINTS:

If you believe your privacy rights have been violated you may file a complaint with the Hospital or with the Secretary of the United States Department of Health and Human Services. **You will not be penalized or retaliated against in any way for making a complaint to Procure Administration, MCH, or the Department of Health and Human Services.**

MCH Contact: You may contact the MCH Privacy Office at 432.640.1106 if

- **You have complaint**
- **You have any questions about this notice**
- **You wish to request restrictions on uses or disclosures for health care treatment, payment, or operations**
- **You wish to obtain a form to exercise your individual rights**