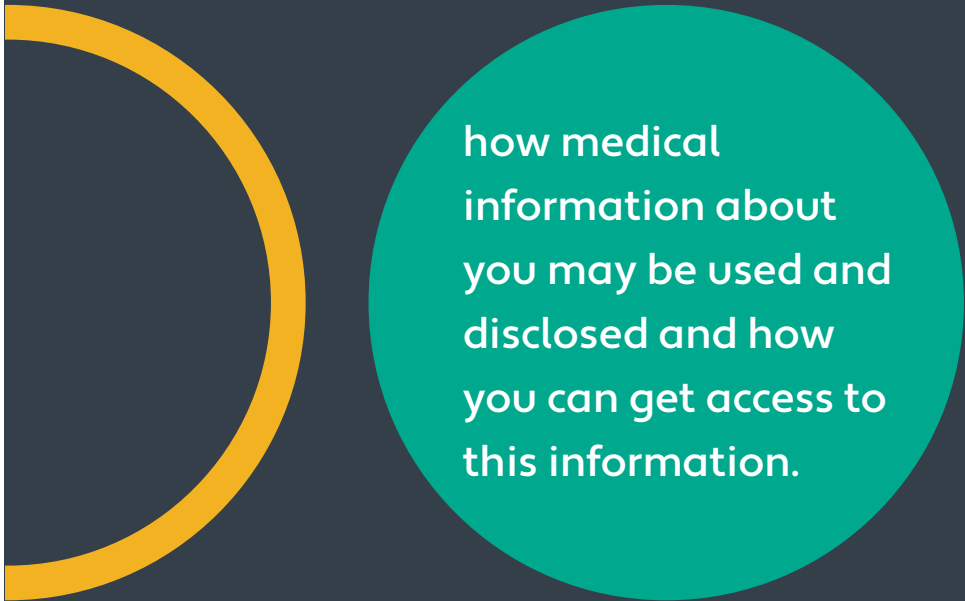


Joint Notice of Privacy Practices

This notice describes...



how medical
information about
you may be used and
disclosed and how
you can get access to
this information.

MEMORIAL[®]
HERMANN

Joint Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE READ CAREFULLY.

Effective Date: May 22, 2024

INTRODUCTION TO PRIVACY

Memorial Hermann Health System (hereinafter “Memorial Hermann, we, us,”) is required by law to maintain the privacy of your medical information. We are also required to give you this Joint Notice about our privacy practices, our legal duties and your rights concerning your medical information. We must follow the privacy practices that are described in this Joint Notice while it is in effect. We reserve the right to change our privacy practices and the terms of this Joint Notice at any time, provided such changes are permitted by law. We also reserve the right to make the changes in our privacy practices and the new terms of our Joint Notice effective for all medical information that we maintain, including medical information we created or received before we made the changes. If we make a significant change in our privacy practices, we will amend this Joint Notice, the Joint Notice posted on our website, and make the new Joint Notice available upon request.

You may request a copy of our Joint Notice at any time. For more information about our privacy practices, or for additional copies of this Joint Notice, please contact us using the information listed at the end of this Joint Notice in the **Questions or Concerns** section.

JOINT NOTICE OF PRIVACY

This Joint Notice applies to the privacy practices of the Affiliated Entities and the entities participating in the Organized Health Care Arrangement described below for the sole purpose of complying with the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the HIPAA Privacy and Security Rules, The Health Information Technology for Economic and Clinical Health of 2009 (HITECH), and with applicable Texas laws. These entities are viewed as participating in a joint arrangement for the sole purpose of using and disclosing your health information created within or received by any one or more Affiliated Entities for your treatment, entity payment and entity operations. These Affiliated Entities include, but may not be limited to:

- Memorial Hermann Health System (MHHS) and each of the hospitals owned or operated by MHHS
- MHS Physicians of Texas
- Memorial Hermann Urgent Care, PLLC
- Memorial Hermann Hospital Based Physician Group
- Memorial Hermann Medical Group
- Memorial Hermann Community Benefits Corporation
- Memorial Hermann Pharmacy Services, LLC

The Affiliated Entities and the Physicians and Allied Professionals who have privileges to practice at such entities participate in an Organized Health Care Arrangement (OHCA) for the sole purpose of complying with the HIPAA Privacy Rule. The entities participating in the OHCA may share your medical information with each other as necessary to carry out treatment, payment and health care operations as described in this Joint Notice.

Some non-employed, affiliated physicians use Community Connect, an extension of Memorial Hermann's Epic System (our electronic medical record platform), as their medical record and patient portal. These physicians and their office staff may have access to your health information. This Joint Notice does not apply to your medical information in the custody of any of those non-employed, affiliated physicians or how your medical information is used or disclosed by or through them solely because of their use of Community Connect.

This Joint Notice does not apply to your medical information in the custody of your Physicians or Allied Professionals or how your medical information is used or disclosed in their private offices.

For the purposes of complying with the Texas Medical Privacy Act, Tex Health & Safety Code, § 181 and other applicable Texas laws, the following Memorial Hermann entities are also subject to the practices described in this Joint Notice.

- Memorial Hermann Foundation
- Memorial Hermann Accountable Care Organization
- The Health Professional Insurance Co. Ltd .
- MHMD
- Memorial Hermann Information Exchange
- Memorial Hermann Population Health Services Organization, LLC

USES AND DISCLOSURES OF MEDICAL INFORMATION

We use and disclose medical information about you for treatment, payment, and health care operations.

Treatment: We may use and disclose your medical information to a physician or other health care provider in order to provide medical or dental treatment or other health services to you. This includes coordination of your care with other health care providers, with health plans, consultation with other providers, and referral to other providers or community services related to your care. As part of your treatment plan and for your safety, we may use artificial intelligence, cameras, photography, recording, videography, streaming, and/or other technology.

- **Appointment Reminders, Routine Instructions, and Healthcare Related Messages:** Memorial Hermann and affiliated physicians may send you helpful health information such as appointment reminders, prescription refill reminders, pre-operative instructions, lab results or other health information by regular (unencrypted) text message or emails, by phone, or through My Memorial Hermann (patient portal). There is some risk that the information in regular text or email could be read by someone other than you. By sharing your phone number or email address, we presume you have consented to be contacted at that phone number or email address. You may manage your communication preferences through the My Memorial Hermann patient portal or by communicating your preferences at the time of your visit.
- **Community Connect sites:** Some non-employed, affiliated physicians use Community Connect, an extension of Memorial Hermann's Epic System, as their medical record and patient portal. Your medical, billing, and communication preferences will be shared between Memorial Hermann and those physicians using Community Connect.
- **Health Information Exchanges:** Memorial Hermann participates in electronic Health Information Exchanges ("HIEs") including but not limited to Epic's Care Everywhere. HIEs allow participating healthcare providers, including Memorial Hermann, to share portions of your medical record electronically. For example, if you receive care outside of Memorial Hermann, that provider may be able to access portions of your Memorial Hermann medical record for the provider's own treatment purposes.

Memorial Hermann will allow other providers to see portions of your medical record through HIEs. **You can opt-out of Memorial Hermann sharing your medical record through Epic's Care Everywhere ("Care Everywhere") by calling 713-222-CARE (2273).** By opting out of Care Everywhere, you understand that other participating Epic providers may not be able to see your medical records through Care Everywhere. Opting out will not affect your medical records that were made available through Care Everywhere prior to your request to opt-out.

Outside Healthcare Providers: Memorial Hermann may communicate with referring or follow-up providers, post-acute providers or facilities to which you may be transferred or receive care.

Reproductive Health Care: We will only use and disclose your reproductive health information as permitted or required under applicable federal and state law.

Sensitive Information: Your medical record may contain sensitive information about HIV or other communicable or sexually transmitted diseases, mental health, genetic testing and results, social issues, and/or substance use issues or treatment. When required by law, Memorial Hermann will ask for your permission before sharing this information with other healthcare providers.

Psychotherapy Notes: Except as otherwise permitted by law, we will not use or disclose your psychotherapy notes without your written authorization.

Payment: We may use and disclose your medical information to obtain payment for services we provide to you. Payment includes submitting claims to health plans and other insurers, justifying our charges for and demonstrating the medical necessity of the care we deliver to you, determining your eligibility for health plan benefits for the care we furnish to you, obtaining pre-certification, preauthorization for your treatment or referral to other health care providers, participating in utilization review of the services we provide to you and the like. We may disclose your medical information to another health care provider or entity subject to federal and state laws to obtain payment for services.

Health Care Operations: We may use and disclose your medical information in connection with our health care operations. Health care operations include:

- Quality assessment and improvement activities;
- Reviewing the competence or qualifications of health care professionals, evaluating practitioner and provider accreditation, certification, licensing or credentialing activities;
- Medical Review;
- Legal services and auditing, including fraud and abuse detection and compliance;
- Business planning and development;
- Business management and general administrative activities, including management activities relating to privacy, customer service, resolution of internal grievances, and creating de-identified medical information or a limited data set; and
- The use of artificial intelligence, cameras, photography, recording, videography, streaming, and/or other technology as part of health care operations.
- Body worn cameras and/or other technology may be used by Memorial Hermann to record events for safety and security purposes.

We will not electronically disclose your medical information to another person without your authorization unless such disclosure is authorized or required by law and as described in this Joint Notice.

We may disclose your medical information to another provider or health plan that is subject to the Privacy Rules, as long as that provider or plan has or had a relationship with you and the medical information is for their health care quality assessment

and improvement activities, competence and qualification evaluation and review activities, or fraud and abuse detection and prevention.

Social Media – Memorial Hermann participates in and facilitates postings on online, public social media platforms or sites. If you share information, including your health information on Memorial Hermann social media pages, the information is considered public, and is no longer protected by privacy laws, including HIPAA, and may be reposted or reshared by Memorial Hermann or others.

On Your Authorization: You may give us written authorization to use your medical information or to disclose it to anyone for any purpose. Under Texas law, you must give us your authorization to electronically disclose your medical information to another person, except for electronic disclosures made in furtherance of treatment, payment, or health care operation activities. If you give us an authorization, you may revoke it in writing at any time.

To Your Family & Friends and in Emergencies: We may disclose your medical information to a family member, friend, or other person to the extent necessary to help with your medical care or with payment for your health care. We may use or disclose your name, hospital location, and general condition or death to notify, or assist in the notification of (including identifying or locating) a person involved in your care or needed to make healthcare decisions. We may also disclose your medical information to whomever you give us permission. If you are not present, or in the event of your incapacity or an emergency, we will disclose your medical information based on our professional judgment of whether the disclosure would be in your best interest. We will also use our professional judgment and our experience with common practice to allow a person to pick up filled prescriptions, medical supplies, or other similar forms of medical information.

Facility Directory: We may use your name, your location, your general medical condition, and your religious affiliation in our census/facility directories. We will disclose this information to members of the clergy and, except for religious affiliation, to other persons who ask for you by name. We will provide you with an opportunity to restrict or prohibit some or all disclosures from the census/facility directories unless emergency circumstances prevent your opportunity to object.

Disaster Relief: We may use or disclose your medical information to a public or private entity authorized by law or by its charter to assist in disaster relief efforts.

Health-Related Services: We may use your medical information to contact you with information about health-related benefits and services or about treatment alternatives that may be of interest to you. We may disclose your medical information to a business associate to assist us in these activities.

Business Associate: We may contract with one or more third parties (our business associates) in the course of our business operations. We may provide access to or disclose your medical information to business associates in order to provide the contracted services. We require that our business associates sign a business associate agreement and agree to safeguard the privacy and security of your medical information.

Marketing: Except as otherwise permitted by state or federal law, we will not use or disclose your medical information for marketing purposes without your written authorization. However, we may communicate with you in the form of face-to-face conversations about services and treatment alternatives. We may also provide you with promotional gifts of nominal value. We may also communicate about certain patient assistance and prescription drug saving or discount programs.

Fund-raising: We may use your demographic information, the dates of your health care, your department of service information, your treating physician, your health outcome information and your insurance status to contact you for our fund-raising purposes. We may disclose this information to a business associate or foundation to assist us in our fund-raising activities. If you would like more information on the Memorial Hermann Foundation call 713. 222.CARE (2273). You may also opt-out of any and all fund-raising communications by calling 713. 222.CARE (2273) and requesting an Opt-out form or by following the opt-out instructions in any fund-raising communication.

Sale of Your Medical Information: Except as otherwise permitted by law, we will not sell your medical information to another person without your authorization.

Public Benefit and Safety Activities: We may use or disclose your medical information as authorized by law for the following purposes deemed to be health oversight activities, in the public interest, or benefit:

- Public Health activities including disease and vital statistics reporting, child and adult protective services reporting, and FDA oversight.
- Employers, regarding work-related illness or injury
- Notifying the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence. We will only make this disclosure if you agree or when authorized by law.
- Cancer Registry
- Trauma Registry
- Birth Registry

Health Oversight Activities: We may disclose your medical information to a health oversight agency for oversight activities authorized by law, including audits; civil, administrative, or criminal investigations; inspections; licensure or disciplinary actions; civil, administrative, or criminal proceedings or actions; or other activities necessary for the appropriate oversight of health care, government benefit programs or other entities for which medical information is necessary to determine compliance.

Judicial and Administrative proceedings: We may disclose your medical information in response to a court and administrative orders, subpoena, discovery request, and other lawful processes.

Law enforcement purposes: Pursuant to an administrative request, subpoenas and other lawful processes, crime victims, suspicious deaths, crimes on our premises, reporting crimes in emergencies, and for purposes of identifying or locating a suspect or other person.

To coroners, medical examiners, and funeral directors**To avert a serious threat to health or safety**

Specialized government functions: We may release information necessary to certain government functions:

- To correctional institutions and law enforcement regarding inmates and persons in lawful custody.
- To the military, to federal officials for lawful intelligence, counterintelligence, and national security activities.

To organ procurement organizations: We may release information to organizations involved in eye, organ, and tissue procurement to facilitate organ or tissue donation or transplantation as authorized by you or as required by law.

Research: Memorial Hermann conducts and participates in research activities with academic institutions and others conducting research. We may use and disclose health information for research purposes subject to state and federal laws.

As authorized by state worker's compensation laws**INDIVIDUAL RIGHTS**

Access: You have the right to review and receive a copy of your medical information used to make decisions about your care, with limited exceptions. The medical information generally includes medical and billing records but not psychotherapy notes or information created for the purposes of use in civil, criminal, or administrative proceedings. There may be a fee for the cost of copying, mailing or other supplies related to your request.

You may request that we provide copies in a format other than paper copies. We will provide the format you request unless we cannot practicably do so. If we maintain your medical information in an electronic format, we will provide you with the requested information in an electronic format unless otherwise requested by you. To make a written request to obtain access to your medical information, you may obtain a form to request access or a copy of your medical information from the memorialhermann.org web page and mail the completed form to 920 Frostwood Suite 1.103, Houston, TX 77024 or make a request through the My Memorial Hermann patient portal.

If you are denied access to review or receive a copy, you may request that denial be reviewed. The licensed healthcare professional conducting the review will be chosen by Memorial Hermann. The licensed healthcare professional conducting the review will not be the person denying your request.

Accounting of Disclosures: You have the right to receive list of disclosures of your medical information covering six (6) years prior to the date you asked. We will include disclosures except those authorized by you or those made for treatment, payment, or health care operations purposes. You must request this accounting in writing. We will provide one accounting of disclosures per year for free but may charge a reasonable, cost-based fee for additional accountings within 12 months.

You may obtain the Accounting of Disclosure form on the memorialhermann.org web page and mail the completed form to 920 Frostwood Suite 1.103, Houston TX 77024.

Restrictions: You have the right to request that we place restrictions on our use or disclosure of your medical information. We are not required to agree to these restrictions; however, we will agree to your request not to disclose your medical information to a health plan for a particular item or service if the disclosure is to be made for payment or health care operation purposes and is not otherwise required by law, and you have paid for the item or service in full. If we agree to your restriction request, we will abide by our agreement (except in an emergency). You must make this request in writing.

Confidential Communications: You have the right to request that we communicate with you about your medical information by alternative means or to alternative locations. You must make your request in writing. We must accommodate your request if: it is reasonable; specifies the alternative means or location; and provides a satisfactory explanation of how payments will be handled under the alternative means or location you request.

Amendment: You have the right to request that we amend your medical information. Your request must be in writing, and it must explain why the information should be amended. We may deny your request if we did not create the information, the information is accurate and complete, is not part of the designated record set, or for certain other reasons (e.g., psychotherapy notes and other information that would not be considered to be a part of your medical record). If we deny your request, we will provide you a written explanation. You may respond with a statement of disagreement to be appended to the information you want amended. If we accept your request to amend the information, we will make reasonable efforts to inform others; (including people you name) of the amendment and to include the changes in any future disclosures of that information.

Electronic Notice: If you view this Joint Notice on our web site or by electronic mail (e-mail), you are also entitled to receive a copy of this Joint Notice in written form. Please ask for a written copy at the time of your visit or by contacting us as listed in the **Questions or Concerns** section of this Joint Notice.

Notice of a Breach: If there is a breach involving the privacy or security of your unsecured medical information, we will notify you, the Office for Civil Rights and other enforcement agencies, as necessary and appropriate. We will take steps to address the issue and mitigate any damages that the breach may have caused.



SECURITY OF YOUR INFORMATION

Memorial Hermann safeguards health information using various tools such as firewalls, passwords and data encryption. We continually strive to improve these tools to meet or exceed industry standards. We also limit access to your health information to protect against its unauthorized use and disclosures. Except as otherwise provided herein, only Memorial Hermann workforce members, its business associates, and only those who need access as part of their job or to provide services to Memorial Hermann have access to your information. These safeguards help us meet both federal and state requirements to protect your health information.

MEDICAL RECORD DISPOSAL

Notice to the Patient or the Patient's Legally Authorized Representative: Memorial Hermann Health System may authorize the disposal of patients' medical records on or after the medical record's 10th anniversary of the date the patient was last treated. If the patient is younger than 18 years of age when last treated, we may authorize the disposal of medical records relating to the patient on or after the date of the patient's 20th birthday or on or after the 10th anniversary of the date the patient was last treated, whichever date is later.

Preservation of Records from Forensic Medical Examinations: Memorial Hermann may not destroy a medical record from a forensic medical examination of a sexual assault victim conducted under the Texas Code of Criminal Procedure until after the 20th anniversary of the date the record was created.

QUESTIONS OR CONCERNS

If you would like more information about our privacy practices or have questions or concerns about this Joint Notice, please contact the Memorial Hermann Privacy Office at the number listed below.

If you believe your privacy rights have been violated, you may submit a complaint to:

The Memorial Hermann Privacy Office:

By mail: 920 Frostwood, Suite 1.102, Houston, Texas 77024,

By phone: 1.800.621.4249; or

The U.S. Department of Health and Human Services (DHHS) Secretary

By mail: Centralized Case Management Operations,
200 Independence Avenue, S.W., Room 509F HHH Bldg., Washington, D.C. 20201

By email: OCRComplaint@hhs.gov

Directly to the OCR via online portal: Go to the following web page:
<https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf>

By fax: 202-619-3818

TDD: 800-537-7697