

2. Your Rights:

The following is a statement of your rights with respect to your protected health information.

Your have the right to inspect and copy your protected health information. You may inspect and obtain a copy of protected health information about you for as long as we maintain the information. Under federal law, you may not inspect or copy the following records: psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding; and protected health information that is subject to prohibitions of access. We may deny your access, depending on the circumstances you may request a review of the denial.

You have the right to request a restriction of your protected health information. You may ask us not to use or disclose any part of your protected health information not be disclosed to family members or friends. Your request must state the specific restriction requested and to whom you want the restriction to apply. Your physician is not required to abide by your request if the physician believes it is in your best interest to permit use and disclosure of such information. Otherwise we must abide by your request for restriction unless it is needed to provide emergency treatment. Please discuss any restriction you wish to request with your physician.

You have the right to request to receive confidential communication from us by alternative means or at an alternative location. We will accommodate reasonable requests, and may ask you for information as to how payment will be handled or specification of an alternative address or other method of contact.

You may have the right to have your physician amend your protected health information. You may request an amendment of protected health information about you. We may deny your request, if so, you have the right to file a statement of disagreement with us and a rebuttal will be issued.

You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information. You have the right to receive specific information regarding disclosure that occurred after April 14, 2003. The right to receive this information is subject to certain exceptions.

3. Complaints

You may complain to Limestone Medical Center or the Secretary of Health and Human Services if you believe your privacy rights have been violated by our hospital. We will not retaliate against you for filing a complaint.

You may contact our Privacy Contact:

Cheryl Hardin

or

Debbie Beaver

c/o Limestone Medical Center

701 McClintic Drive

Groesbeck, Texas 76642.

Phone: 254-729-3281

Fax: 254-729-3080

Or

State Health Facility License

And

Compliance Division

Texas Department of Health

1100 West 49th Street

Austin, Texas 78756

Phone: 1-888-973-0022

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 REVIEW IT CAREFULLY.

IF YOU HAVE ANY QUESTIONS PLEASE CONTACT OUR PRIVACY CONTACT.

THIS NOTICE OF PRIVACY PRACTICES DESCRIBES HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION TO CARRY OUT TREATMENT, PAYMENT OR HEALTH CARE OPERATIONS AND YOUR RIGHTS TO ACCESS AND CONTROL THIS INFORMATION. "PROTECTED HEALTH INFORMATION: IS INFORMATION ABOUT YOU, INCLUDING DEMOGRAPHIC INFORMATION, THAT MAY IDENTIFY YOU AND THAT RELATES TO YOUR PHYSICAL OR MENTAL HEALTH OR CONDITION AND RELATED HEALTH CARE SERVICES.

WE MAY CHANGE THE TERMS OF NOTICE AT ANY TIME. YOU WILL BE PROVIDED WITH ANY REVISED NOTICE, UPON REQUEST.

**SOUTH LIMESTONE HOSPITAL
DISTRICT DBA
LIMESTONE MEDICAL CENTER
701 McCLINTIC DRIVE
GROESBECK, TEXAS 76642
254-729-3281**

1. Uses and Disclosures of Protected Health Information

Uses and Disclosures of Protected Health Information Based Upon Your Written Consent

You will be asked by your physician to consent to the use and disclosure of your protected health information for treatment, payment and health care operations.

Treatment: We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the disclosure with a physician who may be treating you, or health care provider who, at the request of your physician, becomes involved in your care.

Payment: Your protected health information will be used to obtain payment for your health care services.

Healthcare Operations: We may use or disclose your protected health information in order to support the business activities of your physicians practice such as quality assessment, employee review activities, training of medical students, as well as billing and transcription services.

Uses and Disclosures of Protected Health Information Based upon Your Written Authorization

Other uses and disclosures of your protected health information will be made only with your written authorization, unless otherwise permitted or required by law as described below. You may revoke this authorization, at any time, in writing, except to the extent that your physician or the physician's practice has taken an action in reliance on the use or disclosure indicated in the authorization.

Other Permitted and Required Uses and Disclosures That May Be Made With Your Consent, Authorization or Opportunity to Object

We may use and disclose your protected health information in the following instances:

Others Involved in Your Healthcare: Unless you object, we may disclose to a member of your family, a relative, or any other person you identify, your protected health information that directly relates to that person's involvement in your health care. If you are unable to agree or object, we may disclose such information as necessary if we determine that it is in your best interest.

Emergencies: Consent shall be attempted as soon as reasonably possible, but if your physician is unable to obtain consent, your protected health information may still be used and disclosed in order to treat you.

Communication Barriers: If your physician is unable to obtain consent do to communication barriers, the physician may determine, using professional judgment, that you intend to consent to use or disclosure under the circumstances.

Other Permitted and Required Uses and Disclosures That May Be Made Without Your Consent, Authorization or Opportunity to Object

We may use or disclose your protected health information in the following situations without your consent or authorization. These situations include:

Required By Law: Disclosures will be made in the compliance wit the law and will be limited to the relevant requirements of the law. You will be notified, as required by law, of any such uses or disclosures.

Public Health: We may disclose information for public health activities for controlling disease, injury or disability, or to a foreign government a agency collaboration with a public health authority.

Communicable Diseases: As authorized by law, disclosure will be made to a person who may have been exposed to a communicable disease or may be at risk of spreading the disease or condition.

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

Abuse or Neglect: Disclosure will be made to a public health authority authorized by law to receive reports of child abuse or neglect. If we believe that you have been a victim of abuse, neglect or domestic violence we may disclose this information, consistent with all applicable laws.

Food and Drug Administration: Disclosure may be granted to a company required by the Food and Drug Administration to report adverse events, product problems and deviations, and to track products.

Research: We may disclose information to researchers when their research has been approved by an institutional review board.

Legal Enforcements: Disclosure shall be made for law enforcement purposes including limited information requests for identification and location purposes, pertaining to victims of a crime, suspicion that death has occurred as a result of criminal conduct, crime occurring on the premises of the practice, and medical emergency (not on the Practice's premises) and it is likely that a crime has occurred.

Coroners, Funeral Directors, and Organ Donations: Disclosure shall be made to a coroner or medical examiner for identification purposes, or determining cause of death, as authorized by law. We may also disclose protected health information to a funeral director to carry out their duties. We may use and disclose information for cadaveric organ, eye or tissue donation purposes.

Criminal Activity: Disclosure may be made, consistent with applicable laws, if we believe use or disclosure is necessary to prevent or lessen a serious threat to the health or safety of a person or the public.

Military Activity and National Security: When the appropriate conditions apply, we may use or disclose protected health information o f Armed Forces personnel (1) for activities deemed necessary by appropriate military command authorities: (2) for the purpose of a determination by the Department of Veterans Affairs of your eligibility of benefits, or (3) to foreign military authority if you are a member. We may also disclose your protected health information to authorized federal officials for conducting national security activities.

Workers' Compensation: We may disclose information, as authorized, to comply with workers' compensation laws and other similar legally-established programs.

Inmates: We may disclose information if you are an inmate of a correctional facility and your physician created or received your protected health information in the course of providing care to you.

Required Uses and Disclosures: Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of Section 164.500 et. Seg.