



2349 Medical Drive, Texas 79772

432-447-3551

Privacy Officer: Kitty Schrecengost, RHIT

This notice describes how medical information about you may be used or disclosed and how you can access this information. It will also describe your rights and certain obligations we have regarding the use and disclosure of medical information.

Please review it carefully.

Our Pledge

We understand that medical information about you and your health is personal. We are committed to protecting any medical information about you. We create a record of the care and services you receive from Reeves Regional Health. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by Reeves Regional Health. Whether made by Reeves Regional Health or another provider that you were referred to. Other physicians you may see in the course of your treatment may have different policies or notices regarding the doctor's use and disclosure of your medical information created in the doctor's office or clinic.

It is the Law

The Health Insurance Portability & Accountability Act of 1996 (“HIPAA”) is a federal program that requires that all medical records and other individually identifiable health information used or disclosed by us in any form, whether electronically, on paper, or orally, are kept properly confidential. This Act gives you, the patient, significant new rights to understand and control your health information is used. “HIPAA” provides penalties for covered entities that misuse personal health information. Reeves Regional Health contact person for all issues regarding this Notice, patient privacy and your rights under the Federal privacy standards is the Privacy Officer.

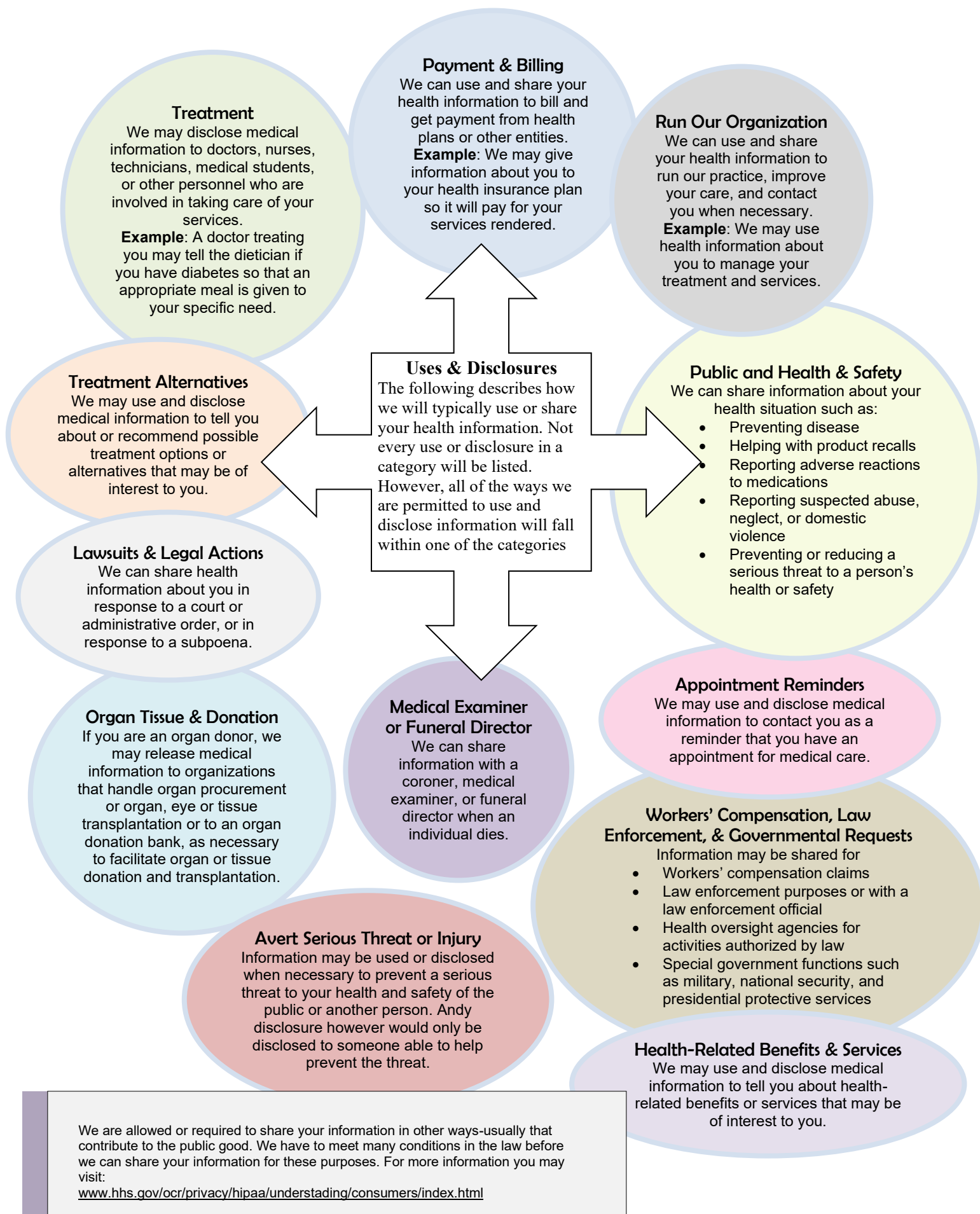
The Law requires us to:

- ★ Make sure that medical information that identifies you is kept private.
- ★ Give you this notice of our legal duties and privacy practices with respect to medical information about you.
- ★ Follow the terms of the notice that is currently in effect.
- ★ Disclose medical information about you when required to do so by federal, state, or local law.

Who May Use This Information?

- Any health care professional authorized to enter information into your chart.
- All departments and units of Reeves Regional Health.
- Any member of a volunteer group we allow to help you while you are in the care of Reeves Regional Health.
- All employees, staff and other Reeves Regional Health personnel.
- Reeves Regional Rural Health Clinic and Reeves Regional Dialysis Center.

All these entities, sites, and locations follow the terms of this notice. In addition, these entities, sites, and locations may share medical information with each other for treatment, payment, or Reeves Regional Health operations purposes described in this notice.



Your Rights

When it comes to your health information, you have certain rights. You may:

Health information, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care.
- Share information in a disaster relief situation.
- Include your information in the hospital directory.
- Contact you for fundraising efforts.

If you are unable 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 your health or safety.

We may never share your information for marketing purposes, sale of your information, and most sharing of psychotherapy notes unless you give us written permission.

In the case of fundraising, we may contact you for fundraising efforts, but you may tell us not to contact you again

➤ **Receive an electronic or paper copy of your medical record**

We will provide you a copy or summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

➤ **Ask us to correct your medical record**

If there is, information about you that you think is incorrect or incomplete. We may decline your request, but will let you know why in writing within 60 days.

➤ **Request confidential communications**

You may ask us to contact you in a specific way such as home phone, or office or send mail to a different address. We will accept all reasonable requests.

➤ **Ask us to limit what we use or share.**

We are not required to agree to your request, and may decline it if it would affect your care.

➤ **Get a list accounting the times we've shared your information**

Six years prior to the date you ask, whom we have shared it with and why. 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 will provide one accounting a year free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

➤ **Get a paper copy of this privacy notice**

At any time even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

➤ **Choose someone to act for you**

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. We will make sure the person has this authority and can act for you before we take any action.

➤ **File a complaint**

If you feel your rights are violated. You can file a complaint to the Privacy Officer of Reeves Regional Health. You may also 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. You may also call 1-877-696-6775, or visit www.hhs.gov/ocr/privacy/hipaa/complaints/. We will not retaliate against you for filing a complaint

Our Promise

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 share your information other than as described in this notice unless you tell us we can in writing. If you tell us we can, you may change your mind at any time and provide the change in writing.

For more information visit:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html

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. The new notice will be available upon request, in our office, and on our web site.

The Texas Department of State Health Services, Texas Healthcare Information Collection program (THCIC) receives patient claim data regarding services performed by Reeves Regional Health. The patient claim data is used to help improve the health of Texas, through various methods of research and analysis. Patient confidentiality is upheld to the highest standard and is not subject to public release. THCIC follows strict internal and external guidelines as outlined in Chapter 108 of the Texas Health and Safety Code and the Health Insurance Portability and Accountability Act of 1996 (HIPAA). For further information regarding the data being collected, please send all inquiries to:

Chris Aker
THCIC, Dept. of State Health Services
Center for Health Statistics, MC 1898
PO Box 149347
Austin, TX 78714-9347
Phone: 512.776.7261
Fax: 512.776.7740

Location:
Moreton Building, M-660
1100 West 49th Street
Austin, TX 78756
email: thcichelp@dshs.state.tx.us

PATIENT RIGHTS & RESPONSIBILITIES

Notice of Disposal of Records

Reeves Regional Health philosophy demands the highest regard for the human being as a total person. This involves the physical, emotional and the spiritual aspects of the patients entrusted to our care. The ultimate goal of Reeves Regional Health is to improve the quality of patient care and to make the experience of receiving hospital and related health care services humane and respectful to the patient. In order to fulfill this mission, the Hospital and its Medical Staff and its patients or surrogate decision makers must acknowledge the existence of shared obligations based upon patients' fundamental rights and responsibilities. These rights and responsibilities are listed below:

Patient Rights

- The right to a reasonable response to their requests and needs for treatment or service, within the entity's capacity, mission, and applicable laws and regulations. Texas Administrative Code Title 25, part 1, Chapter 133 Hospital Licensing Rules, Patient Bill of Rights.
- The right to considerate and respectful care, including the consideration of developmental age, sensory impairment, psychosocial, spiritual, and cultural variables, and the comfort and dignity of dying patients by addressing and treating symptoms that respond to medically appropriate treatment as desired by the patient or surrogate decision maker.
Texas Administrative Code Title 25, part 1, Chapter 133 Hospital Licensing Rules, Patient Rights.
- The right to receive, at the time of hospital admission, in a language or method that the patient understands, information about Reeves County Hospital District's patient rights policy, and the mechanism for initiation, review, and when possible, resolution of patient complaints regarding quality of care. The right to be advised of the hospital grievance process, should he or she wish to communicate a concern regarding the quality of care he or she receives or if he or she feels the determined discharge date is premature. COP § 482.13 (a)(2), 485 subpart (f)
- The right to participate in the development and implementation of his or her plan of care and actively participate in decisions regarding his/her medical care. To the extent permitted by law, this includes the right to request and/or refuse treatment. COP§482,13 (b) 1, 485 subpart (f)

- The patient or his or her representative (as allowed under State Law) has the right to make informed decisions regarding his or her care. The patient's rights include, in collaboration with their physician, to make decisions involving their health care, including the acceptance or refusal of treatment, and being involved in care planning and treatment. This right must not be construed as a mechanism to demand the provision of treatment or services deemed medically unnecessary or inappropriate. COP §482.13 (b) 2, 485 subpart (f); TX Administrative Code, Title 25, Chapter 133 Hospital Licensing Rules, Patient Rights
- The right of the patient to formulate advance directives and to appoint a surrogate to make health care decisions on his or her behalf to the extent permitted by law. Advance directives are written instructions recognized under state law relating to the provision of health care when individuals are unable to communicate their wishes regarding medical treatment. The advance directive may be a written document authorizing an agent or surrogate to make a decisions on an individuals' behalf (a medical power of attorney for health care), a written or verbal statement (a living will), or some other form of instruction recognized under state law specifically addressing the provisions of health care.
TX Administrative Code, Title 25, Chapter 133 Hospital Licensing Rules, Patient Rights
- The right of the patient or the patient's designated representative to participate in the consideration of ethical issues that arise in the care of the patient. TX Administrative Code, Title 25, Chapter 133 Hospital Licensing Rules, Patient Rights
- The right of the patient to be informed of any human experimentation or other research or educational projects affecting his or her care or treatment. TX Administrative Code, Title 25, Chapter 133 Hospital Licensing Rules, Patient Rights
- The right to have a family member or representative of his or her choice and his or her own physician notified promptly of his or her admission to the hospital. COP§ 482.13 b (4), 485 subpart (f)
- The right to know how Reeves Regional Health is required and permitted by law to use and disclose their health information. HIPAA
TX Administrative Code, Title 25, Chapter 133 Hospital Licensing Rules, Patient Rights
- The right to know their health information rights, including the right to access and request amendemnt of their health information and to obtain an accounting of disclosures regarding their health information as permitted under applicable law. HIPPA
- The right to and need for effective communication. TX Administrative Code, Title 25, Chapter 133 Hospital Licensing Rules, Patient Rights

- The right to know the name of the physician who has primary responsibility for coordinating the care and the names and professional relationships of other physicians and non-physicians who will see the patient.
- The right to receive information about the illness, course of treatment, and prospects for recovery in terms the patient can understand.
TX Administrative Code, Title 25, Chapter 133 Hospital Licensing Rules, Patient Rights
- The right to voice a concern to the appropriate entity personnel or to the Texas Department of State Health Services.
TX Administrative Code, Title 25, Chapter 133 Hospital Licensing Rules, Patient Rights
- The right to voice a concern about any healthcare provider licensed by the State of Texas.
Texas Medical Board Rules
- For concerns regarding health information privacy, the right to voice the concern to appropriate entity personnel or the Secretary of the United States Department of Health and Human Services. HIPPA
- The right, within legal limits, to personal privacy and confidentiality of information, case discussion, consultation, examination, and treatment are confidential and should be conducted discreetly. The patient has the right to be told the reason for the presence of any individual during these events. COP §482.13 (c)(1) , 485 subpart (f), TX Administrative Code, Title 25, Chapter 133 Hospital Licensing Rules, Patient Rights
- The right to receive care in a safe setting. COP§ 482.13 (c)(2), 485 subpart (f)
- The right to be free from mental, physical, sexual, and verbal abuse, neglect, and exploitation. COP§ 482.13 (c)(3), 485 subpart (f)
- Confidential treatment of all communications and records pertaining to his/her care and his/her stay in the hospital. His/her written permission will be obtained before his/her medical records can be made available to anyone not directly concerned with his/her care. COP§ 482.13 (d)(1)
- Access information contained in his or her medical record within a reasonable time frame. The hospital must not frustrate the legitimate efforts of individuals to gain access to their own medical records and must actively seek to meet these requests as quickly as its record keeping system permits. COP§ 482.13(d)(2), 485 subpart (f)

- The right to consent or refuse to consent to recording or filming (photographic, video, electronic or audio material) or use of any personal identifiable information for purposes other than the identification, diagnosis, or treatment of the patient. HIPAA, Privacy
- The right of their guardian, next of kin, or qualified personal representative to exercise, to the extent permitted by law, the rights delineated on their behalf if they are incapable of understanding treatment, unable to communicate their wishes, are judged incompetent, or are minors. TX Administrative Code, Title 25, Chapter 133 Hospital Licensing Rules, Patient Rights
- The right to be informed, along with their family, when appropriate, of the outcomes of care including unanticipated outcomes. TX Administrative Code, Title 25, Chapter 133 Hospital Licensing Rules, Patient Rights
- The right to have their pain managed effectively.
Texas Administrative Code Title 25, part 1, Chapter 133 Hospital Licensing Rules, Patient Bill of Rights.
- The right to the acknowledgement of the psychosocial and spiritual concerns of the patient and the family regarding dying and the expression of grief by the patient and family.
TX Administrative Code, Title 25, Chapter 133 Hospital Licensing Rules, Patient Rights
- The right to be free from restraint or seclusion of any form, imposed as a means of coercion, discipline, convenience, or retaliation by staff. Restraining or seclusion may only be imposed to ensure the immediate physical safety of the patient, a staff member, or others and must be discontinued at the earliest possible time. COP§ 482.13 (e), 485 subpart (f)
- The right to access protective and advocacy services.
- The right to be informed of continuing health care needs following discharge from the hospital.
- The right to be informed (or support person, where appropriate) of his or her visitation rights, including any clinical restriction or limitation on such rights, when he or she is informed of his or her other rights. COP §482.13 (h) (1), 485 subpart (f)
- The right to be informed (or support person, where appropriate) of the right, subject to his or her consent, to receive the visitors whom he or she designates, including but not limited to, a spouse, a domestic partner (including a same-sex domestic partner), another family member, or a friend, and his or her right to withdraw or deny such consent at any time.
COP§ 482.13 (h) (2), 485 subpart (f)

- The right that visitation privileges not be restricted, limited, or otherwise denied on the basis of race, color, national origin, religion, sex, gender identity, sexual orientation, or disability. COP§482.13 (h)(3), 485 subpart (f)
- The right that the Hospital ensures all visitors enjoy full and equal visitation privileges consistent with patient preferences. COP§ 492.13 (h) (4) , 485 subpart (f)
- The right to exercise the above rights without regard to sex, economic status, educational background, race, color, religion, ancestry, national origin, sexual orientation, marital status, or the source of payment for care. COP §482.13, 485 subpart (f)

All hospital personnel, medical staff members and contracted agency personnel performing patient care activities shall observe these patients' rights. In turn the patients should accept certain responsibilities, including:

Patient Responsibilities:

- The responsibility to identify themselves, for providing reasonably accurate and complete information about their medical history and unexpected changes in their current condition, and for asking questions when they do not understand medical information they have received.
- The responsibility for complying with the directions and instructions of their health care providers unless they have exercised their right to refuse treatment.
- The responsibility for following the treatment plan recommended by the practitioner primarily responsible for his/her care. This may include following the instructions of nurses and allied health personnel as they carry out the coordinated plan of care and implement the responsible practitioner's orders, and as they enforce the applicable hospital rules and regulations. The patient is responsible for keeping appointments and when he/she is unable to do so for any reason, for notifying the responsible practitioner or the hospital.
- The patient is responsible for his/her actions if he/she refuses treatment or does not follow the practitioner's instructions.
- The responsibility for respecting the rights of others, including, but not limited to, other patients and health care providers.
- The responsibility to respect hospital property.

- The responsibility to know the extent and limitations of their health care benefits.
- The patient is responsible for following hospital policies and procedures.
- The responsibility for assuring that the financial obligations associated with their care are met in a timely fashion.

Notice of Disposal of Records

This serves as a notice for patients that their medical records may be destroyed:

- 10 years after the patient was last treated in the hospital, or
- If a patient was younger than 18 years of age when the patient was last treated, on or after the date of the patient's 20th birthday, or 10 years after the date on which the patient was last treated, whichever date is later.
{H.B. 118; Health and Safety Code 241.103, effective September 1, 2011}

PROBLEM RESOLUTION

Federal law gives every hospital patient the right to be informed of how to submit a complaint to the hospital relating to his/her care or relating to the belief that he/she is being discharged from the hospital prematurely. Each patient has the right to be informed of how the complaint will be considered including the response and resolution process developed by the hospital. The complaint resolution process is part of the hospital's confidential Quality Improvement Program.

An issue can be addressed most promptly by speaking with your nurse or another health care professional involved in your care. However, if you feel an issue is not being addressed appropriately, or if you need additional assistance, please call the Administration office 432-447-3551.

If you feel that your issue is not being resolved or addressed satisfactorily by the hospital, you may contact:

Texas Department of State Health Services
Health Facility Compliance Division
P.O. Box 149347
Austin, Texas 78714-9347
1-888-973-0022

Medicare beneficiaries with grievances regarding quality of care, coverage decisions or premature discharges, have a right to refer their complaint for review by the Quality Improvement Organization, a group of doctors who are paid by the federal government to review medical necessity, appropriateness and quality of hospital treatment furnished to Medicare patients. Beneficiary and Family-Center Care (BFCC) QIO – handle beneficiary complaints, quality of care reviews, EMTALA, and other types of case reviews.

KEPRO Beneficiary Helpline: 1-844-430-9504

A patient who feels he or she has been discriminated against at the Hospital based on color, national origin, disability or age has a right to file a complaint. The written account of the alleged discrimination should be sent or delivered to Reeves Regional Health, Attention: Brenda McKinney, CEO, 2349 Medical Drive, Pecos, Texas 79772, preferably within 30 days of the incident.