

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. Different departments of the hospital may also share health information about you in order to coordinate different things you may need, such as prescriptions, lab work, meals and x-rays.

We may also provide your physician or a subsequent healthcare provider with copies of various reports that should assist him or her in treating you once you're discharged.

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 example, we may need to give your insurance company information about your surgery so they will pay us or reimburse you for the treatment. We may also tell your health plan about treatment you are going to receive to determine whether your plan will cover it.

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. The results will then be used to continually improve the quality of care for all patients we serve. For example, we may combine health information about many patients to evaluate the need for new services or treatment. We may disclose information to doctors, nurses, and students for educational purposes.

And we may combine health information we have with that of other facilities to see where we can make improvements. We may remove information that identifies you from this set of health information to protect your privacy.

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, for population based activities relating to improving health or reducing healthcare costs, and for conducting training programs or reviewing competence of healthcare professionals. When disclosing information, primary appointment reminders and billing/collection efforts, we may leave messages on your answering machine or voice mail.

Business Associates: There are some services provided in our organization through contracts with business associates. Examples include physician services in radiology, certain laboratory tests, and a copy service we use when making copies of your health record. When these services are contracted, we may disclose your health information to our business associate so that they can perform the job we've asked them to do and bill you, your insurance company or a third-party payer for services rendered. We may limit the use, disclosure or request to the minimum necessary to accomplish the intended purpose. To protect your health information, however, we require the business associate to appropriately safeguard your information.

Directory: We may include certain limited information about you while a patient at our hospital. The information may include your name and your general condition (e.g. good , fair) and your religious affirmation. This information may be provided to members of the clergy, and except for religious affiliation, to other people who ask for you by name. During your registration process, you may opt out of such listings. The Acknowledgement of Your Hospital Stay part of your admitting form provides directory listing options.

Individuals Involved in Your Care or Payment for Your Care: While a hospital patient, we may release medical condition information about you to a friend or family member who is involved in your medical care or who helps pay for your care, or who you authorize to receive medical condition information. In addition, we may disclose health information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

Research: We may disclose information to researchers when an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your health information has approved their research and granted a waiver of the authorization requirement.

Future Communications: We may communicate to you via newsletters, mail outs or other means regarding treatment options, health related information, disease-management programs, wellness programs, or other community based initiatives or activities our facility is participating in.

Organized Health Care Arrangement: This facility and its medical staff members have organized and are presenting you this document as a joint notice. Information will be shared as necessary to carry out treatment, payment and healthcare operations. Healthcare providers and caregivers may have access to protected health information in their offices to assist in reviewing past treatment as it may affect treatment at the time.

Affiliated Covered Entity: Protected health information will be made available to facility personnel at local affiliated facilities as necessary to carry out treatment, payment and health care operations. Caregivers at other facilities may have access to protected health information at their locations to assist in reviewing past treatment information as it may affect treatment

as this time. Please contact the Facility Privacy Officer for further information on the specific sites included in this affiliated covered entity.

- **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.

State Specific Requirements: Many states have requirements for reporting including population-based activities relating to improving health or reducing healthcare costs. Some states have separate privacy laws that may apply additional requirements. If the state privacy laws are more stringent than federal privacy laws, the state law preempts the federal law.

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:** You have the right to inspect and obtain a copy of the health information that may be used to make decisions about your care. Upon request, you may obtain an electronic copy of your PHI where it is available. Usually, this includes medical and billing records, but does not include psychotherapy notes. We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to health information, you may request that the denial be reviewed. Another licensed healthcare professional chosen by the facility will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.
- **Amendment:** If you feel that the health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the hospital and/or clinic. We may deny your request for an amendment and if this occurs, you will be notified of the reason for denial.
- **An Accounting for Disclosures:** You have the right to request an accounting of disclosures within the last 3-year period. This is a list of certain disclosures we make of your health information for purposes including disclosures for treatment, payment or healthcare operations where an authorization was not required.

- **Request Restrictions:** You have the right to request a restriction or limitation on the health information we use or disclose about you for treatment, payment or healthcare operations. However, we are not required to agree to the request, unless you have paid in full out of pocket costs for items or services. If we do agree to the request, we will comply with your request unless the information is needed to provide you emergency treatment.
- **Request Confidential Communications:** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we contact you at work instead of your home. The facility will grant reasonable requests for confidential communications at alternative locations and/or via alternative means only if the request is submitted in writing and the written request includes a mailing address where the individual will receive bills for services rendered by the facility and related correspondence regarding payment for services. Please realize we reserve the right to contact you by other means and at other locations if you fail to respond to any communication from us that requires a response. We will notify you in accordance with your original request prior to attempting to contact you by other means or at another location.
- **A Paper Copy of This Notice:** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.
- If the facility has a website you may print or view a copy of the notice by clicking on the Notice of Privacy Practices link.

To exercise any of your rights, please obtain the required forms from the Privacy Official and 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 of our clinics, hospital and wellness center and will include the effective date. In addition, each time you register at or are admitted for treatment or healthcare services as a patient, we will offer you a copy of the current notice in effect.

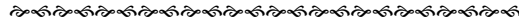
COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the facility's Privacy Officer. 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.

OTHER USES OF HEALTH INFORMATION

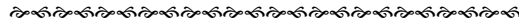
Other uses and disclosures of health information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or

disclose health information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose health information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you and documented in the doctor's office, clinic or hospital.



Thank you for allowing us to be of service to you and yours.

www.OmniPointHealth.com



NOTICE OF PRIVACY PRACTICES
EFFECTIVE September 1, 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.

We believe that your health information is personal. We will keep records of the care and services that you receive at either of our facilities. We are committed to keeping your information private, and we are also required by law to respect your confidentiality.

- OmniPoint Health Hospital, 200 Hospital Drive, Anahuac
- OmniPoint Health Primary Care, 621 S Ross Sterling, Anahuac
- OmniPoint Health Dental, 621 S Ross Sterling, Anahuac
- OmniPoint Health Primary Care, 9825 Eagle Drive, Mont Belvieu
- OmniPoint Health Primary Care, 101 S Prairie Suite D, Dayton
- OmniPoint Health Community Center, 2202 S Main, Anahuac
- OmniPoint Health Dental, 621 S Ross Sterling, Anahuac

**Mailing Address for all facilities is:
OmniPoint Health
P.O. Box 398, Anahuac, TX 77514*

If you have any questions about this notice, please contact the Privacy Officer at (409) 267-3143 and ask to speak to the Health Information Management Department during normal business hours: Monday through Friday, 8:0am - 5:00pm.

