

**MD Anderson Physicians Network
("MDAPN")**

**Notice of Privacy Practices
Effective Date: March 1, 2017**

**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

1. **CONTACT PERSON.** If you have any questions about this Notice, please contact the MDAPN Privacy Officer at MD Anderson Physicians Network, Unit 1671, P.O. Box 301407, Houston, Texas 77230-1407, (713) 745-9600.
2. **WHO WILL FOLLOW THIS NOTICE.** This Notice describes the privacy practices of MDAPN as well as the privacy practices of all departments and sections of MDAPN and any members of our workforce.
3. **PURPOSE OF THIS NOTICE.** Protected Health Information is a term used to describe your personal medical information and includes any information, whether oral, written or recorded in electronic form, that is created or received by us as health care providers, and that identifies you and relates to your past, present, or future physical or mental health, or condition, treatment or payment for your health care. From this point on we will refer to your protected health information as PHI.

We are required by law to maintain the privacy of your PHI. We create a record of the care and services you receive through MDAPN. We need this record to comply with certain legal requirements. This Notice applies to all of the records of the care and services you receive through MDAPN. This Notice will tell you about the ways in which we may use and disclose PHI about you under federal law. This Notice also describes your rights and certain obligations we have regarding the use and disclosure of your PHI.

4. **We may Use and Disclose Your PHI Electronically.** We use an electronic health record system to manage your medical information. We may create , receive, maintain and disclose your PHI in electronic format. We may communicate with you through email, text messages, phone calls and the secure myMDAnderson.org patient portal. Communications within myMDAnderson.org are secure. Emails, text messages, or other electronic communications outside of myMDAnderson.org may not be encrypted or secure, and could be read or otherwise accessed by another person or organization. We will assume that you understand these risks if you initiate electronic communication with us outside of myMDAnderson.org or agree to receive communications from us in a non-secure format.
5. **OUR DUTIES.** We are required by law to:
 - Make sure that PHI that identifies you is kept private;
 - Give you this Notice of our legal duties and privacy practices with respect to your PHI;
 - Notify you in the event of a breach of your PHI; and
 - Follow the terms of this Notice as long as it is currently in effect. If we revise this Notice, we will post the revised Notice on our Web site at <http://www.physiciansnetwork.org>
6. **HOW WE MAY USE AND DISCLOSE YOUR PHI.** The following categories (listed in bold-face print, below) describe different ways that we use and disclose PHI. For each category of use or disclosure we will provide an explanation and give you some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the boldface print categories, below.
 - **For Treatment.** We may use your PHI to provide you with medical treatment or services. We may disclose your PHI to doctors, nurses, technicians, medical students, or other health care professionals who are involved in taking care of you. For example, a doctor treating you for cancer may need to know if you have diabetes because diabetes predisposes you to an increased risk of infection. In addition, the doctor may need to tell the dietitian if you have diabetes so that he/she can arrange for appropriate nutritional counseling. Different physicians also may share medical information about you in order to coordinate the different services

that you need, such as lab work, X-rays, and prescriptions. We also may disclose your PHI to our workforce members and business associates who may be involved in your medical care such as case managers, social workers, dieticians, members services representatives, and physicians who will be providing your care.

- **Appointment Reminders and Routine Instructions:** We may contact you to provide appointment reminders through myMDAnderson.org, text message, phone, email or mail. By giving us your phone number or email address, we presume that you have consented to be contacted at that number or address.
 - **Outside Health Care Providers:** We may communicate with your referring and follow-up providers and with post-acute care facilities to which you may be transferred, keeping them informed about your care. This communication may be accomplished by using a secure electronic portal.
 - **Treatment Alternatives:** We may contact you with information about treatment alternatives or other health-related benefits or services that may be of interest to you.
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- **For Payment.** We may use and disclose your PHI so that the treatment and services you receive may be billed to (and payment may be collected from) your insurance company or a third party. For example, we may need to give your health plan information about surgery performed by a physician so your health plan will pay the physician or reimburse you for the surgery. We also may tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.
 - **For Health Care Operations.** We may use and disclose your PHI for MDAPN's health care operations. For example, we may use PHI to review treatment and services and to evaluate the performance of our workforce members and other contracted providers in caring for you. We also may disclose PHI to doctors, nurses, technicians, and other health care personnel to conduct training programs. We also may combine the PHI about many MDAPN patients to decide what additional services MDAPN should offer, what services are not needed, and whether certain new treatments are effective. We also may remove all information that identifies you from this set so that others may use that

information to study health care and health care delivery without learning who the specific patients are.

- d. **To Business Associates For Treatment, Payment, and Health Care Operations.** We may disclose your PHI to our business associates in order to carry out treatment, payment, or health care operations. For example, we may disclose medical information about you to a company that bills insurance companies to enable that company to help obtain payment for the health care services you receive. Our business associates are required to appropriately safeguard the PHI of our patients.
- e. **Individuals Involved in Your Care or Payment for Your Care.** We may release your PHI to a family member, other relatives, or others who may be authorized by law to consent to your treatment. We also may release information to someone who helps pay for your care. In addition, we may disclose your PHI to the American Red Cross or a governmental agency or authority assisting in a disaster relief effort so that your family can be notified about your location and general condition.
- f. **Health-Related Benefits and Services.** We may use and disclose PHI to tell you about health-related benefits or services that may be of interest to you.
- g. **Special Situations.**
 - (1) **As Required By Law.** We will disclose your PHI when required to do so by federal, state, or local law.
 - (2) **Public Health Activities.** We may disclose your PHI to a governmental agency or authority for public health activities generally including:
 - (a) Preventing or controlling disease, injury or disability;
 - (b) Reporting births and deaths;
 - (c) Reporting child abuse or neglect;
 - (d) Reporting reactions to medications or problems with products;
 - (e) Notifying people of recalls of products they may be using;

- (f) Notifying a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and
 - (g) 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 required or authorized by law.
- (3) **Health Oversight Activities.** We may disclose PHI to a health oversight agency for activities authorized by law such as audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.
- (4) **Lawsuits and Disputes.** We may disclose medical your PHI in response to a court or administrative order. We may also disclose your PHI in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.
- (5) **Law Enforcement.** We may release PHI if asked to do so by a law enforcement official:
- (a) In response to a court order, subpoena, warrant, summons or similar process;
 - (b) About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
 - (c) About a death we believe may be the result of criminal conduct;
 - (d) About criminal conduct we believed occurred on the premises of the MDAPN; and
 - (e) In emergency circumstances to report a crime; if the information relates to the presence, nature of injury or illness, age, sex, and occupation of the patient who is receiving emergency medical services.
- (6) **Coroners and Medical Examiners** We may release your PHI about our members to a coroner or medical examiner

to identify a deceased person or to determine the cause of death.

- (7) **Organ and Tissue Donation.** We may release your PHI to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank to facilitate organ or tissue donation and transplantation.
- (8) **To Avert a Serious Threat to Health or Safety.** We may use and disclose your PHI when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to a government agency or authority that is able to help prevent the threat.
- (9) **Armed Forces.** If you are a member of the Armed Forces, we may release your PHI to a government agency or authority as required by military command authorities.
- (10) **National Security and Intelligence Activities.** We may release your PHI to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.
- (11) **Protective Services for the President and Others.** We may disclose your PHI to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state, or to conduct special investigations.
- (12) **Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release your PHI to the correctional institution or law enforcement official. This release would be necessary, for example: (a) for the institution to provide you with health care; (b) to protect your health and safety or the health and safety of others; or (c) for the safety and security of the correctional institution.
- (13) **Workers' Compensation.** We may your PHI to a government agency or authority for workers compensation or similar programs or as otherwise required by law. These

programs provide benefits for work-related injuries or illness.

- j. **When Your Authorization Is Required.** Uses or disclosures of your PHI for purposes or activities not listed above will be made only with your written authorization (permission). Most uses and disclosures of psychotherapy notes also require your authorization. Additionally, uses and disclosures for marketing purposes, and any disclosures that constitute the sale of your medical information will only be made with your written authorization. If you provide us permission to use or disclose your PHI, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose your PHI for the reasons covered by your written permission. However, we are unable to take back any disclosures we have already made with your permission.

6. **YOUR RIGHTS.** You have the following rights regarding PHI we maintain about you:

- a. **Right to Request Restrictions.** You have the right to request a restriction or limitation on the PHI we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the PHI we disclose about you to someone who is involved in your care or the payment for your care, such as a family member or friend. For example, you could ask that we not use or disclose information about a particular surgery that you have had. We are not required to agree to your request, with one exception. This exception is your right to restrict disclosures to a health plan for any healthcare item or service that you pay for in full out of pocket. For example, if you paid cash for an entire healthcare service, you could restrict information about that service from being disclosed to your insurance company. For all other requests for restrictions, if we do agree, we will comply with your request unless the information is needed to provide you with emergency treatment. To request restrictions, you must make your request in writing to the MDAPN Privacy Officer. In your request, you must tell us:

- (1) What information you want to limit;
- (2) Whether you want to limit our use or disclosure of the information (or both); and

(3) To whom you want the limits to apply (e.g., disclosures to your spouse).

- b. **Right to 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 only contact you by telephone at work or that we only contact you by mail at home. To request confidential communications, you must make your request in writing to the MDAPN Privacy Officer. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.
- c. **Right to Inspect and Copy.** You have the right to inspect and copy medical information that may be used to make decisions about your care. To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to the MDAPN Privacy Officer. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request. We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information in some cases, you may request that the denial be reviewed. Another licensed health care professional chosen by MDAPN 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.
- d. **Right to Amend.** If you feel that medical 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 MDAPN. To request an amendment, your request must be made in writing and submitted to the MDAPN Privacy Officer. In addition, you must provide a reason that supports your request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- (1) Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
 - (2) Is not part of the medical information kept by or for MDAPN;
 - (3) Is not part of the information which you would be permitted to inspect and copy; or
 - (4) Is accurate and complete.
- e. **Right to an Accounting of Disclosures.** You have the right to request an accounting of disclosures by MDAPN of your medical information that occurred in the past six (6) years. The accounting (or list) of disclosures will include: (1) the date of the disclosure; (2) the name of the entity or person who received the medical information and, if known, the address; (3) a brief description of the medical information disclosed; and (4) a brief statement of the purpose of the disclosure (such list will not include disclosures made pursuant to an authorization or for treatment, payment, and health care operations). To request this list, you must submit your request in writing to the MDAPN Privacy Officer. Your request must state a time period that may not be longer than six (6) years and may not include dates before April 14, 2003; however, the time period certainly may be less than six (6) years. Your request should indicate in what form you want the list (*e.g.*, whether you want the list on paper, or electronically). The first list you request within a twelve (12) month period will be free of charge. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.
- f. **Right to Breach Notification.** A breach is an unpermitted use or disclosure of PHI in which there is more than a low probability that such PHI has been compromised. We will notify you in the event of a breach of your PHI. If you agree, we may notify you of a breach via email.
- g. **Right to a Paper Copy of This Notice.** You have a 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. To obtain a paper copy of this Notice, contact the MDAPN Privacy Officer.

- h. **Access to Electronic Copy of This Notice.** You may obtain an electronic copy of this Notice at our Web site, <http://www.physiciansnetwork.org>

7. **CHANGES TO THIS NOTICE.** We reserve the right to change this Notice. We reserve the right to make the revised or changed Notice effective for PHI we already have about you as well as any information we receive in the future. We will post a copy of the current Notice on our Web site <http://www.physiciansnetwork.org>. The Notice will contain the effective date on the first page, at the top.

8. **COMPLAINTS.** If you believe your privacy rights have been violated, you may file a complaint with MDAPN or with the Secretary of the Federal Department of Health and Human Services. *You will not be penalized or retaliated against in any way for making a complaint to MDAPN or the Department of Health and Human Services.* To file a complaint with MDAPN, please contact:

Attention: Privacy Officer
MD Anderson Physicians Network

Address: Unit 1671
P.O. Box 301407
Houston, TX 77230-1407

Phone Number: (713) 745-9600

9. **CONTACT.** MDAPN may contact you to provide information about health related benefits, health services, general health care information or other informative materials that may be of interest to you. If you do not wish to receive these materials, please send a written request to the MDAPN Privacy Officer.

Review Date: 1/23/2017