

IV. Special Situations

Organ and Tissue Donation. If you are an organ donor, we may disclose PHI to an organ procurement organization.

Military Personnel. If you are a member of the armed forces, we may release PHI about you, as required by military authorities. We may also release health information about foreign military personnel to appropriate foreign military authorities.

Worker's Compensation. We may disclose health information about your work-related illness or injury to comply with worker's compensation laws.

Public Health Activities. We routinely disclose information about you for public health activities to:

- Prevent or control disease, injury or disability
- Report births and deaths
- Report child abuse or neglect
- Persons under the jurisdiction of the Food & Drug Administration for activities related to product safety and quality and to report problems with medications or products
- Notify people who may have been exposed to a disease or are at risk of contracting or spreading a disease
- Notify government agencies if we believe an adult has been a victim of abuse, neglect, or domestic violence. We will only make this disclosure if the patient agrees or when required by law.

Coroners, Medical Examiners, and Funeral Directors. We may release health information to these individuals. Such disclosures may be necessary to identify a deceased person or determine the cause of death. We may also release health information about patients to funeral directors so they may carry out their duties.

Health Oversight Activities. We may disclose information to government agencies that oversee our activities. These activities are necessary to monitor the health care system and benefit programs, and to comply with regulations and the law.

National Security. We may disclose PHI to authorized officials for national security purposes such as protecting the President of the United States or other persons, or conducting intelligence operations.

Inmates. If you are in inmate of a correctional institution or under the custody of law enforcement, we may release PHI about you to the correctional facility or law enforcement officials. This would be necessary for the institution to provide you with health care; to protect your health and safety and the health and safety of others; or for the safety and security of the correctional institution.

Other Uses of Your Health Information. Other uses and disclosures of protected health information not covered by this notice or the laws that apply to us will be made only with your permission in a written authorization. You have the right to revoke the authorization at any time, provided the revocation is in writing - except if we have already taken action in reliance of your authorization.

V. Your Rights

Right to Notice of Breach of unsecured Protected Health Information. You have the right to be notified in the event a discovery is made or is reasonably believed to have occurred involving a breach of your unsecured protected health information.

Right to Request Limits on Uses and Disclosures of Your PHI - You have the right to request restrictions to how we use and disclose your PHI. Your request must be in writing and sent to the Privacy Officer. We will review your request but we are not required to agree to your request. If we agree to your request, we will document the restrictions and abide by them, except in emergency situations as necessary. You may not limit the uses and disclosures that we are legally required or allowed to make. You have the right to restrict disclosure of PHI to a healthplan in instances where you, as an individual, have personally paid for the services out-of-pocket and in full.

Your protected health information may not be disclosed for the purposes of marketing or sale for remuneration without your express authorization except where permitted by law. Your protected health information may not be used or disclosed where it involves psychotherapy notes, except as permitted by law.

Right to Request Confidential Communications - You have the right to request to receive confidential communications of protected health information by alternative means or at alternative locations. For example, sending information to your work address rather than to your home address, or asking to be contacted by mail rather than telephone. To request confidential communications, you must specify your instructions in writing on a form provided on request by the Privacy Officer. You must specify where and how you wish to be contacted. We will accommodate reasonable requests.

Right to Inspect and Obtain Copies of your Protected Health Information - In most cases, you have the right to inspect and obtain copies or protected health information used to make decisions about your care, subject to applicable law. To inspect or copy your medical information, you must make a request in writing to the Director, Health Information Management. If you request copies of your health information, we may charge a fee for copying, postage, and other supplies associated with your request.

Right to Amend your Protected Health Information - If you believe that the protected health information we have about you is incorrect or incomplete, you may request that we amend the information. To request an amendment, you must make your request in writing to the Director of Health Information Management and specify a reason that supports your request. We may deny your request, subject to applicable law.

The Right to Obtain a List of Disclosures We Have Made - You have the right to request an "accounting of disclosures" of your protected health information. Your request must be made in writing and include a time period no longer than six years (not including dates before April 14, 2003).

There are several exceptions to the disclosures we must account for. Examples include disclosures for treatment, payment, and healthcare operations; those made to you; those made as a result of an authorization by you; those made for National security or intelligence purposes, and those that occurred before April 14th, 2003.

Requests for an accounting of disclosures must be made in writing to the Director of Health Information Management. The first accounting you request within a 12-month period is free. For additional accountings, we may charge you for the cost of providing it. We will notify you of the cost before processing your request so you may withdraw or modify your request before costs are incurred.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with Icon Hospital or the Secretary of the Department of Health and Human Services.

To file a complaint with Icon Hospital, contact the Privacy Officer at the address below. We will not take action against you for filing a complaint.

You may also file an anonymous complaint through our Corporate Compliance Hotline 24 hours a day, 7 days a week at: (800) 852-8002

CONTACT PERSON

If you have questions or would like additional information about this Notice, please contact the Privacy Officer at:

ICON Hospital
19211 McKay Drive
Humble, TX 77338
(281) 883-5500

EFFECTIVE DATE

This Notice is effective as of July 30, 2013.