



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.

I. **Magnolia Strong Group, Inc. Commitment to Privacy**

At Magnolia Strong Group, Inc., we care about your privacy and are committed to protecting and preserving it. We understand that health information about you is personal and that you may be concerned over how it is used. This Notice of Privacy Practices describes the limited ways in which Magnolia Strong Group, Inc. may use and disclose health information about you. It also describes your rights and our obligations with respect to personal health information. Magnolia Strong Group, Inc. will comply with the privacy practices described in this notice and to do our best to treat personal health information about you with the utmost care.

This notice applies to all use and disclosure of health information about you that is made by health care professionals, staff, employees, students, trainees, volunteers and business associates of Magnolia Strong Group, Inc. at each organization in the Magnolia Strong Group, Inc. system. It also applies to any sharing of information among Magnolia Strong Group, Inc. ministries and locations.

This notice also applies to information and records regarding your health care that are maintained by this organization, and, if the organization has an Organized Health Care Arrangement (OHCA) with its medical staff, the records maintained by those participating physician practices.

Your personal doctor may have different policies regarding use and disclosure of health information about you. You should be sure to check with each of your personal physicians and clinicians and obtain a copy of the notice of privacy applicable to their respective use and disclosure of health information.

We are required by law and committed as a system to maintain the privacy of protected health information and to provide individuals with this notice of our legal duties, notification requirements and privacy practices with respect to protected health information. Furthermore, we are required by law to comply with the terms and privacy practices stated in our notice this is currently in effect and we pledge to you that we will do so. Please review this notice carefully and feel free to contact us with any questions or concerns.

Organized Health Care Arrangement (OHCA). This organization is part of an organized health care arrangement and is (i) a clinically integrated setting in which individuals typically receive health care from more than one health care provider or (ii) an organized system of health care in which more than one health care provider participates. The health care providers who participate in the OHCA will share medical and billing information about you and one another as may be necessary to carry out treatment, payment, and health care operations activities. This Notice of Privacy Practices constitutes the Notice of Privacy Practices for the OHCA and all the health care providers participating in the OHCA. Certain physicians who provide medical services in this organization are members of the organization's medical staff and, as such, are part of the OHCA. Such physicians are, however, self-employed independent contractors; they are not the agents, servants, or employees of this organization, and the organization is not responsible for their judgment or conduct.





Magnolia

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Phone (817) 921- 3000

Fax (817) 921- 3001

II. HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

In the following sections, we explain the different ways we may use and disclose your health information. In each section, we provide you with an example. However, we do not give you an example of every use and disclosure that may occur.

For Treatment. We may use your personal health information to provide you with medical treatment or services. We may share information about you with doctors, nurses, technicians, students or other Magnolia Strong Group, Inc. personnel who are involved in your care. For example, if we treat you for a broken leg, we may need to know if you have diabetes because diabetes may affect your healing process. We may share your medical information with certain employees or non-employees in order to coordinate the different services you need, such as prescriptions, X-rays or blood work. We may disclose your medical information to others in order to coordinate your care after you no longer need services from us. For example, we may need to share appropriate medical information with health care providers, ambulance companies, community agencies, and others who are part of your continuity of care.

For Payment. We may use and disclose your medical information so that we can properly bill and collect payment for the health care services we provide to you. For example, we may need to give information to your insurance company about services you had in order for the company to pay for your treatment.

For Health Care Operations. We may use or disclose your personal health information in order to run our business to:

- + Provide you with quality healthcare;
- + Comply with state and federal laws;
- + Comply with medical staff bylaws and rules and regulations;
- + Keep contractual obligations;
- + Follow up on patient grievances and claims;
- + Perform health education;
- + Obtain legal services;
- + Conduct business planning and development;
- + Obtain insurance coverage; and
- + Operate our business.

For example, we may use your medical information to review the treatment we provided you and evaluate the performance of our staff.

Appointment Reminders. We may use and disclose your personal health information in order to remind you that you have an upcoming appointment.

Treatment Alternatives. We may use and disclose your personal health information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

Marketing. We may use your medical information to provide you with information:

- + Describing or explaining the products and services offered by our health system;
- + Regarding treatment services for you;
- + For case management or to coordinate your medical care; and
- + To direct or recommend alternative treatment, therapies, health care providers or settings of care for you.





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III. SPECIAL SITUATIONS

Military and Veterans. If you are or were a member of the armed forces, we may release medical information about to military command authorities, as required by law. We also may release medical information about foreign military personnel to the appropriate foreign military authority, as required by law.

Worker's Compensation. We may use or disclose medical information about you for worker's compensation or similar programs, as permitted or required by law. These programs provide benefits for work-related injuries or illness.

Public Health Risks. We may disclose medical information about you for public health purposes. These purposes generally include the following:

- + Preventing or controlling disease;
- + Reporting vital events, such as births or deaths;
- + Reporting child abuse or neglect;
- + Notifying a person who may have been exposed to a disease or who may be at risk of contracting or spreading a disease or condition;
- + Reporting quality, safety or effectiveness data on a FDA-regulated device or product to an authorized party.

Health Oversight Activities. We may disclose your medical information to agencies that oversee the health care system. This oversight might be done by the government, licensing, accreditation organizations and other agencies authorized by law.

Lawsuits and Other Legal Action. If you are involved in a lawsuit or other similar proceeding, we may disclose your medical information under a subpoena or court or administrative order.

Law Enforcement. We may release your medical information if law enforcement officials require us to do so.

National Security and Intelligence Activities. As required by law, we may disclose your medical information to authorized federal officials so they may provide protection to the President, foreign heads of state, or other officials, or to conduct investigations.

IV. YOUR RIGHTS REGARDING YOUR MEDICAL INFORMATION

Your medical information is the property of the organization that maintains it. However, you have the following rights regarding the medical information we create or maintain about you.

Right to Inspect and Copy. With certain exceptions, you have the right to inspect and/or receive a copy of your medical information that is contained in our records. To inspect or receive a copy of your medical information, you must give us a request in writing to:

Magnolia Strong Group, Inc.
1307 8th Avenue, Suite 201
Fort Worth, Texas 76104

Right to Request an Amendment or Addendum. You may ask us to amend your records if you believe that the medical information we have about you is incomplete or incorrect. To request an amendment, you must give us a request in writing to:

Magnolia Strong Group, Inc.
1307 8th Avenue, Suite 201
Fort Worth, Texas 76104

You must tell us why you want to make the change as part of your written request. We may deny your request to amend your records if you do not make the request in writing or you do not give us a reason for your request.





Right to an Accounting of Disclosures. You have the right to request an “accounting of disclosures.” This is a list of the disclosures we have made of your medical information for purposes other than treatment, payment, health care operations and certain other purposes. We are not required to make an accounting for those disclosures we make under an authorization signed by you or your legal representative. To request this accounting of disclosures, you must send a written request to:

Magnolia Strong Group, Inc.
1307 8th Avenue, Suite 201
Fort Worth, Texas 76104

Your written request must tell us how far back in time you want us to check for disclosures. Your request cannot go back farther than the past 6 years and cannot include any dates before September 1, 2012. We will provide you with one accounting free-of-charge every twelve months. If you request an account more frequently than once every 12 months, we reserve the right to charge you for the cost of providing you with the accounting information. We will notify you of the cost involved. You may choose to withdraw or modify your request at that time before any costs are incurred.

Right to Request Restrictions. You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment, and operations purposes. You also have the right to request that we limit our disclosure of your health information in order to treat you or get paid for the services we provide. For example, you can request that we do not tell your family or friends about a treatment you had.

We are not required to agree to all requested restrictions. However, we are required to honor your request for restrictions under the following circumstances; (a) protected health information pertains solely to health care item(s) or service(s) for which you (or a person on your behalf, other than the health plan) has paid us in full or out-of-pocket for the health care services provided to you; and (b) is not required by other law.

To request a restriction or limitation on you medical information you must send a written request to:

Magnolia Strong Group, Inc.
1307 8th Avenue, Suite 201
Fort Worth, Texas 76104

Right to Request Confidential Communications. You have the right to request that we communicate with you about medical matters in a specific way or at a specific location. You must request such confidential communications in writing to:

Magnolia Strong Group, Inc.
1307 8th Avenue, Suite 201
Fort Worth, Texas 76104

You must tell us in your request how or where you want us to contact you.

V. CHANGES TO MAGNOLIA STRONG GROUP, INC. PRIVACY PRACTICES & THIS NOTICE

We reserve the right to change our Notice of Privacy Practices. We reserve the right to make the revised or changed notice effective for health information we already have about you as well as for health information we may obtain in the future. We will post a copy of our current notice. The notice will contain the effective date. You may request a copy of the current notice at any time.

VI. QUESTIONS OR COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the Department of Health and Human Services. If you have questions about this notice or filing a complaint, you may contact us at the following:





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You will not be penalized in any way for filing a complaint.

VII. AUTHORIZATIONS

Other disclosures, which are not covered in the Notice or are required by law, will only be made after we receive your written permission. This is called an authorization. An authorization is required for a disclosure of psychotherapy notes and sale protected health information. You may revoke this permission to disclose your medical information to a third party. You must inform us of your revocation in writing. Once we receive your request to revoke your authorization, we will no longer use or disclose your medical information to the person or entity contained in your authorization. Of course, we cannot take back any disclosures we may have made before you revoked your authorization. An exception applies, when an individual is deceased. During such circumstances, a covered entity may disclose to a family member, or any person(s) who are involved in the individual's care or payment of health.

