

MATAGORDA REGIONAL MEDICAL CENTER (MRMC)

NOTICE OF PRIVACY PRACTICES

Effective February 16, 2026

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.

This Notice describes the privacy practices of Matagorda Regional Medical Center (referred to herein as “MRMC”) We use and share protected health information (“PHI”) about you to provide your health benefits as a patient of MRMC. We use and share your PHI to carry out treatment, payment and health care operations. We also use and share your PHI for other reasons as allowed and required by law. We have the duty to keep your health information private and to follow the terms of this Notice.

Protected Health Information, or PHI, is information about you and your health that can identify you. This includes things like your name, address, date of birth, medical record number, or other information that can be used to recognize you.

PHI also includes information about your past, present, or future physical or mental health, the health care you receive, and how that care is paid for. This may include information related to substance use disorder treatment and certain biometric information, such as a voice recording used to identify you.

Why do we use or share your PHI?

We use or share your PHI to provide you with health care benefits. Your PHI is also used or shared for treatment, payment, and health care operations.

For Treatment

We may use or share your PHI to give you, or arrange for, your medical care. This treatment also includes referrals between your doctors or other health care providers. For example, we may share information about your health condition with a specialist. This helps the specialist talk about your treatment with your doctor.

For Payment

We may use or share PHI to make decisions on payment. This may include claims, approvals for treatment, and decisions about medical need. Your name, your condition, your treatment, and supplies given may be written on the bill. For example, we may let a doctor know that you have our benefits. We would also tell the doctor the amount of the bill that we would pay.

For Health Care Operations

We may use or share PHI about you to run our health plan(s). For example, we may use information from your claim to let you know about a health program that could help you. We may also use or share your PHI to solve your concerns. Your PHI may also be used to see that claims are paid right.

Health care operations involve many daily business needs. It includes but is not limited to, the following:

- Improving quality;
- Actions in health programs to help members with certain conditions (such as asthma);
- Conducting or arranging for medical review;
- Legal services, including fraud and abuse detection and prosecution programs;
- Actions to help us obey laws;
- Addressing member needs, including solving complaints and grievances.

We will share your PHI with other companies (“**business associates**”) that perform different kinds of activities. We may also use your PHI to give you reminders about your appointments. We may use your PHI to give you information about other treatment(s), or other health-related benefits and services.

In addition to treatment, payment and health care operations, the law allows or requires MRMC to use and share your PHI for several other purposes including the following:

Required by law

We will use or share information about you as required by law. We will share your PHI when required by the Secretary of the Department of Health and Human Services (HHS). This may be for a court case, other legal review, or when required for law enforcement purposes.

Public Health

Your PHI may be used or shared for public health activities. This may include helping public health agencies to prevent or control disease.

Health Care Oversight

Your PHI may be used or shared with government agencies. They may need your PHI for audits.

Hospital Directory

Unless you object, we may include limited PHI (your name, location in the facility, and general condition) in our hospital directory. This PHI may be disclosed to persons who ask for you by name, including members of the clergy. You may request that we not include your information in the directory.

Research

Your PHI may be used or shared for research in certain cases, such as when approved by a privacy or institutional review board.

Specialized Uses and Disclosures

Organ, Eye, and Tissue Donation

We may disclose PHI to organizations that handle organ, eye, or tissue procurement, banking, or transplantation for the purpose of facilitating donation and transplantation.

Coroners, Medical Examiners, and Funeral Directors

We may disclose PHI to coroners or medical examiners to identify a deceased person or determine cause of death. PHI may also be disclosed to funeral directors to carry out their duties.

Legal or Administrative Proceedings

Your PHI may be used or shared for legal proceedings, such as in response to a court order.

Law Enforcement

Your PHI may be used or shared with police for law enforcement purposes, such as to help find a suspect, witness or missing person.

Health and Safety

Your PHI may be shared to prevent a serious and imminent threat to the health or safety of a person or the public.

Government Functions

Your PHI may be shared with the government for special functions. An example would be to protect the President.

Victims of Abuse, Neglect or Domestic Violence

Your PHI may be shared with legal authorities if we believe that a person is a victim of abuse or neglect.

Workers' Compensation

Your PHI may be used or shared to obey Workers' Compensation laws.

Additional Restrictions on Use and Disclosure.

Some federal and state laws may require special privacy protections that restrict the use and disclosure of certain types of health information. Such laws may protect the following types of information: alcohol and substance use disorders, biometric information, child or adult abuse or neglect including sexual assault, communicable diseases, genetic information, HIV/AIDS, mental health, minors' information, prescriptions, reproductive health, and sexually transmitted diseases. We will follow the more stringent law, where it applies to us.

Substance Use Disorder (SUD) Information. Although we are not a substance use disorder treatment program or provider under federal law (a "SUD Program"), we may receive information from a SUD Program about you. We may not disclose SUD information for use in a civil, criminal, administrative, or legislative proceeding against you unless we have (i) your written consent, or (ii) a court order accompanied by a subpoena or other legal requirement compelling disclosure issued after we and you were given notice and an opportunity to be heard.

When do we need your written authorization (approval) to use or share your PHI?

We need your written approval to use or share your PHI for a purpose other than those listed in this Notice. We need your authorization before we disclose your PHI for the following: (1) most uses and disclosures of psychotherapy notes; (2) uses and disclosures for marketing purposes; and (3) uses and disclosures that involve the sale of PHI. You may cancel a written approval that you have given us. Your cancellation will not apply to actions already taken by us because of the approval you already gave to us.

MRMC will never share your PHI for marketing purposes without your specific authorization, and we will not contact you for fundraising purposes. Psychotherapy notes are subject to heightened protections and are only disclosed with your written authorization unless otherwise permitted by law.

What are your health information rights?

You have the right to:

- **Request Restrictions on PHI Uses or Disclosures (Sharing of Your PHI)**
You may ask us not to share your PHI to carry out treatment, payment or health care operations. You may also ask us not to share your PHI with family, friends or other persons you name who are involved in your health care. However, we are not required to agree to your request. You will need to make your request in writing. You may use our form to make your request.
- **Request Confidential Communications of PHI**
You may ask us to give you your PHI in a certain way or at a certain place to help keep your PHI private. We will follow reasonable requests, if you tell us how sharing all or a part of that PHI could put your life at risk. You will need to make your request in writing. You may use our form to make your request.
- **Review and Copy Your PHI**

You have a right to review and get a copy of your PHI created and held by us. This may include records used in making coverage, claims and other decisions about you as our member. You will need to make your request in writing. You may use our form to make your request. We may charge you a reasonable fee for copying and mailing the records. In certain cases, we may deny the request.

- **Amend Your PHI**

You may ask that we amend (change) your PHI. This involves only those records kept by us about you as a member. You will need to make your request in writing. You may use our form to make your request. You may file a letter disagreeing with us if we deny the request.

- **Receive an Accounting of PHI Disclosures (Sharing of Your PHI)**

You may ask that we give you a list of certain parties that we shared your PHI with during the six years prior to the date of your request. The list will not include PHI shared as follows:

- for treatment, payment or health care operations;
- to persons about their own PHI;
- sharing done with your authorization;
- incident to a use or disclosure otherwise permitted or required under applicable law;
- PHI released in the interest of national security or for intelligence purposes; or
- as part of a limited data set in accordance with applicable law.

Copy of this Privacy Notice

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Health Information Exchange (HIE)

MRMC may participate in one or more Health Information Exchanges (HIEs) that allow health care providers to securely share health information electronically for treatment, payment, and health care operations. Your PHI may be accessed or disclosed through an HIE to other participating providers involved in your care as permitted by HIPAA and Texas law.

Where allowed by law, you may have the right to opt out of certain HIE disclosures.

Record Retention and Destruction

MRMC retains and destroys medical records in accordance with federal and Texas law. When PHI is destroyed, it will be done securely to protect privacy and confidentiality.

Reproductive Health Information

MRMC complies with all applicable federal and Texas laws governing the privacy of reproductive health information. PHI related to reproductive health is used and disclosed only as permitted by applicable law and in accordance with your rights under HIPAA and state privacy law.

What can you do if your rights have not been protected?

You may complain to us and to the Department of Health and Human Services if you believe your privacy rights have been violated. We will not do anything against you for filing a complaint. Your care and benefits

will not change in any way.

You may file a complaint with us at:

Matagorda Regional Medical Center
Attn: Compliance/Privacy Officer
104 7th Street
Bay City, Texas 77414
979-241-5551

You may file a complaint with the Secretary of the U.S. Department of Health and Human Services at:

U.S. Department of Health & Human Services
Office for Civil Rights
200 Independence Ave., S.W.
Suite 509F, HHH Building
Washington, D.C. 20201
(800) 368-1019; (800) 537-7697 (TDD); (202) 619-3818 (FAX)
<https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf>

What are MRMC duties?

We are required to:

- Keep your PHI private;
- Give you written information such as this on our duties and privacy practices about your PHI;
- Provide you with a notice in the event of any breach of your unsecured PHI;
- Not use or disclose your genetic information for underwriting purposes;
- Follow the terms of this Notice.

Availability of This Notice / Accessibility Statement

Availability of This Notice

You have the right to receive this Notice of Privacy Practices in a different format. This Notice is available in paper form, large print, Braille, audio, and in languages other than English, free of charge. To request an alternative format or language assistance, contact MRMC at 979-241-5551.

This Notice is Subject to Updates or Change

We reserve the right to change its information practices and terms of this Notice at any time. If we do, the new terms and practices will then apply to all PHI we keep. If we make any material changes, we will post the revised Notice on our website and send the revised Notice, or information about the material change and how to obtain the revised Notice. This Notice is available on our website at <https://www.matagordaregional.org>