



Indigent Health Care Program

Of Marion County Hospital District

1113 N. Walcott St., Suite B

Jefferson, Texas 75657

(903) 665-2161 Fax (903) 665-8011

NOTICE OF INFORMATION PRACTICES AND PRIVACY STATEMENT

HOW WE COLLECT INFORMATION ABOUT YOU: Marion County Hospital District Indigent Health Care Program and its employees collect data through a variety of means including but not necessarily limited to letters, phone calls, emails and from the submission of applications that are either required by law, or necessary to process applications or other requests for assistance through our Indigent Health Care Program.

WHAT WE DO WITH YOUR INFORMATION: Information about your financial situation and medical conditions and care that you provide to us in writing, via email, or on the phone, contained in or attached to the applications, or directly or indirectly given to us, is held in strictest confidence.

We do not give out, exchange, barter, rent, sell, lend or disseminate any information about applicants or clients who apply for or actually receive services from our Indigent Health Care Program that is considered patient confidential, or has been specifically restricted by a patient/client in a signed HIPAA consent form.

HOW WE USE YOUR INFORMATION: Information is only used as is reasonably necessary to process your application or to provide you with health services which may require communication between Marion County Hospital District's Indigent Health Care Program and health care providers, medical service providers, pharmacies and other providers necessary to: verify your medical information is accurate; determine the type of medical supplies or any health care services you need including, but not limited to; or to obtain or purchase any type of medical supplies, devices or medications.

If you apply or attempt to apply to receive assistance through us and provide information with the intent or purpose of fraud or that results in either an actual crime of fraud for any reason including willful or unwillful acts of negligence whether intended or not, or in any way demonstrates or indicates attempted fraud, your non-medical information can be given to legal authorities including police, investigators, courts, and/or attorneys or other legal professionals, as well as any other information as permitted by law.

LIMITED RIGHT TO USE NON-IDENTIFYING PERSONAL INFORMATION FROM APPLICATIONS, LETTERS, NOTES, AND OTHER SOURCES: Any pictures, stories, letters, correspondence sent to us become the exclusive property of Marion County Hospital District. We reserve the right to use non-identifying information about our clients (those who receive services or apply to receive services from our Indigent Health Care Program) for any purpose that is directly related to our mission.

No Identifying information (photos, addresses, phone numbers, contact information, or names) will be used publicly without client's express advance permission.



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We respect your right to privacy and assure you no identifying information or photos that you give us will ever be publicly used without your direct or indirect consent.

QUESTIONS & **COMPLAINTS:**
If you want more information about our privacy practices or have questions or concerns, please contact us using the information listed at the end of this notice.

If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your health information or in response to a request you made to amend or restrict the use of disclosure of your health information or to have us communicate with you by alternative means, you may complain to us using the contact information listed at the end of this notice.

Mailing Address:

Marion County Hospital District's Indigent Health Care Program
1113-B North Walcott St.
Jefferson, TX. 75657

Telephone: (903) 665-2161
Fax: (903) 665-8011
Email: info@mctxhd.org or CHSolano@mctxhd.org

By signing this you affirm you have received a copy of Marion County Hospital District's Indigent Health Care Program Privacy Practice Notice and Agree to the Privacy Practices as detailed therein.

X _____ Date _____
Signature of Applicant/Client

X _____
Printed Name of Applicant/Client