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.

Yoakum Community Hospital has created this Privacy Notice in order to demonstrate our firm commitment to your privacy and the protection of your information. As part of the normal operation of the hospital, we collect and, in some instances, disclose information about you. To better protect your privacy we provide this notice explaining our information practices and the choices you can make about the way your information is collected and used.

Permitted Uses and Disclosures

The following sections describe the way we are permitted to use or disclose your health information without obtaining your prior authorization. There may be situations in which laws other than HIPAA (such as laws governing a patient's substance use disorder records) prohibit or materially alter how we use or disclose your health information. In those situations, we will comply with the more stringent law. More restrictive laws are summarized in the section "Exception for More Restrictive Laws".

In order to treat patients, we must obtain information about your past and present medical history. This information is often referred to as Protected Health Information (PHI). All PHI disclosed will be limited to only the amount reasonably necessary to carry out treatment, payment, and health care operations.

As part of your treatment, your physician will do a history and physical, nursing staff will perform their nursing assessments, document this information, and a record of treatments and test results may be used to treat you as a patient. This information may be sent to a referring physician.

The registration personnel will obtain your demographic information (like your zip code, address, etc.), and insurance information to accurately file a claim for payment.

In order to continuously improve quality in hospital operations, Yoakum Community Hospital will look at procedures performed, diagnoses, and outcomes of surgeries. Your information may be included.

We never use or share the PHI provided without also providing you an opportunity to opt-out or otherwise prohibit such unrelated uses.

Yoakum Community Hospital will never willfully release any PHI about you without first receiving your written authorization.

Yoakum Community Hospital cannot ensure that all of your PHI will never be disclosed in ways not described in this Privacy Notice. For example, we may be required to disclose personally identifiable information to the government or by court order under certain circumstances, or other situations may arise requiring such disclosure. Other disclosures of your PHI can be made without written consent in the following cases: emergency circumstances, disaster relief purposes, as required by state or federal law, OSHA reporting, public health authority, state health authority, FDA, and regulatory agencies.

Yoakum Community Hospital may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Yoakum Community Hospital may disclose demographic information and/or dates of care to business associates for the purpose of raising funds for the hospital's benefit, without written authorization.

Yoakum Community Hospital may include certain limited information about you in the hospital directory while you are a patient at the hospital.

Yoakum Community Hospital participates in electronic Health Information Exchanges (HIEs). HIEs allow Yoakum Community Hospital to electronically share certain information from your health records. For example, if you go to an emergency room, that emergency room and hospital may be able to access parts of your Yoakum Community Hospital electronic medical record so that they can treat you more safely and quickly. We will allow your electronic medical records to be seen by other participating health care providers for your treatment unless you inform us that you do not want the other participating providers to see your electronic medical records.

Other Uses of Protected Health Information

Other uses and disclosures of your protected health information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us with permission to use or disclose your protected health information, you may revoke that permission, in writing, at any time.

If you revoke your permission, we will no longer use or disclose your protected health information for the reasons covered by your written authorization; however, we are unable to take back any disclosures we have already made with your permission. Additionally, information that was previously lawfully disclosed by us is subject to redisclosure by the recipient and is no longer protected.

Exception for More Restrictive Laws

If we receive or maintain any information or record about you from a substance use disorder (SUD) treatment program that is covered by 42 CFR Part 2 (a "Part 2 Program") and you have consented to us receiving this information for treatment, payment and health care operations activities, then we may further disclose your SUD Part 2 Program information in accordance with HIPAA (except as provided in the two paragraphs immediately below).

In no event will we use or disclose your SUD Part 2 Program record, or testimony that describes the information contained in your Part 2 Program record, in any civil, criminal, administrative or legislative proceedings by any Federal, State, or local authority, against you, unless authorized by your consent or the order of a court after it provides you notice of the court order.
We will not use or disclose your Part 2 Program record for our fundraising purposes without first giving you a clear and conspicuous opportunity to elect to receive any fundraising communications.

Patient's Rights

You have the right to request restrictions on certain uses and disclosures of PHI; however, Yoakum Community Hospital is not required to agree to the restrictions.

You have the right to receive confidential communications of PHI from Yoakum Community Hospital by alternative means or at alternative locations. You have a right to inspect a copy of PHI, and the right to amend PHI as outlined in HIPAA regulations.

You have a right to receive an accounting of disclosures of PHI; you have the right to receive a paper or electronic copy of this notice.

Yoakum Community Hospital is required by law to maintain the privacy of PHI and to provide you with notice of the hospital's legal duties and privacy practices with respect to PHI. Yoakum Community Hospital is required to abide by the terms of this notice.

Yoakum Community Hospital reserves the right to change the terms of this notice and to make the new notice provisions effective for all PHI that the hospital maintains. The new notice will be made available on the hospital's website or upon request.

Complaints

You may submit a complaint to Yoakum Community Hospital and to the Secretary of the U.S. Department of Health and Human Services, if you believe your privacy rights have been violated. You may file the complaint with the Health Information Manager of Yoakum Community Hospital Contact the Health Information Manager, at (361)293-2321 x121 for further information. You will not be retaliated against for filing a complaint.