BEAUMONT EMERGENCY HOSPITAL

4004 College St
Beaumont, TX, 77707
Phone: (409) 840 4004

NOTICE OF PRIVACY PRACTICES

Effective September 1, 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 of Privacy Practices describes how Beaumont Emergency Hospital (BEH) may use and disclose your protected health information, your rights regarding that information, and BEH's legal responsibilities. Protected health information includes information that identifies you and relates to your past, present, or future physical or mental health, healthcare services, or payment for healthcare.

Your Rights

You have the right to:

- Get an electronic or paper copy of your medical record.
- Ask us to correct information you believe is incorrect or incomplete.
- Request confidential communications.
- Ask us to limit certain uses and disclosures.
- Receive an accounting of certain disclosures.
- Get a paper copy of this notice.
- Choose a personal representative to act for you.
- File a complaint without retaliation.

Your Choices

For certain health information, you may tell us your preferences regarding whether we:

- Share information with family members, close friends, or others involved in your care or payment for your care.
- Share information in a disaster-relief situation.
- Include certain information about you in the hospital directory.

If you cannot tell us your preference, such as when you are unconscious, we may share information when we believe doing so is in your best interest. We may also share information when necessary to prevent or lessen a serious and imminent threat to health or safety.

Uses Requiring Written Authorization

We will obtain your written authorization before using or disclosing your protected health information for most marketing purposes, before selling your protected health information, and before using or disclosing most psychotherapy notes, when applicable. Other uses and disclosures not described in this notice will be made only with your written authorization. You may revoke an authorization in writing at any time, except to the extent we have already acted in reliance on it.

We may contact you for fundraising purposes, but you may tell us not to contact you again. If we use Part 2 substance use disorder records for fundraising, we will first provide a clear and conspicuous opportunity for you to elect not to receive those communications.

How We May Use and Disclose Your Information

BEAUMONT EMERGENCY HOSPITAL

4004 College St
Beaumont, TX, 77707
Phone: (409) 840 4004

We typically use or disclose your protected health information in the following ways:

Treatment: We may use your information and share it with other healthcare professionals who are treating you. For example, an emergency physician treating you for an injury may discuss your condition with another physician involved in your care.

Payment: We may use and disclose your information to obtain payment from health plans or other entities. For example, we may provide information to your health plan so it can pay for your services.

Healthcare Operations: We may use and disclose your information to operate the hospital, improve care, evaluate staff performance, conduct quality-assessment activities, obtain licenses or accreditation, train personnel, and conduct other business activities. We may disclose information to business associates that perform services for BEH under written agreements protecting your information.

Other Permitted or Required Uses and Disclosures

We may use or disclose your information for the following purposes when applicable legal requirements are satisfied:

- Public-health activities, including disease prevention, product recalls, adverse-event reporting, and reporting suspected abuse, neglect, or domestic violence.
- Health oversight activities, including audits, investigations, inspections, licensing, and civil-rights oversight.
- Compliance with federal or state law and disclosures to the U.S. Department of Health and Human Services for compliance review.
- Workers' compensation and similar programs authorized by law.
- Research approved through an appropriate institutional review board or privacy-review process.
- Organ and tissue donation, coroners, medical examiners, and funeral directors.
- Law-enforcement purposes when the applicable legal requirements are satisfied.
- Judicial or administrative proceedings, including responses to court or administrative orders and, when legally permitted, subpoenas or other lawful process.
- Military, national-security, intelligence, protective-service, correctional-facility, and other special government functions permitted by law.
- Preventing or lessening a serious and imminent threat to a person or the public.

Special Protection for Substance Use Disorder Records

To the extent that BEH creates, receives, or maintains substance use disorder patient records subject to 42 CFR Part 2, those records, or testimony describing their contents, will not be used or disclosed in a civil, criminal, administrative, or legislative investigation or proceeding against you unless you provide written consent or the use or disclosure is authorized by a court order entered after you and the holder of the records receive notice and an opportunity to be heard. A court order authorizing use or disclosure must be accompanied by a subpoena or other legal requirement compelling disclosure.

Part 2 records may also be subject to additional limitations that are more protective than HIPAA. BEH will follow the law that provides greater protection.

Your Rights in Detail

Inspect and Obtain a Copy

You may ask to inspect or receive an electronic or paper copy of your medical record and other health information maintained by BEH. We will generally provide a copy or summary within 30 days of your

4004 College St
Beaumont, TX, 77707
Phone: (409) 840 4004

request. We may charge a reasonable, cost-based fee. Access may be denied in limited circumstances permitted by law, and some denials may be reviewed.

Request an Amendment

You may ask us to correct health information that you believe is incorrect or incomplete. We may deny the request in circumstances permitted by law, but we will explain the denial in writing, generally within 60 days.

Request Restrictions

You may ask us not to use or disclose certain information for treatment, payment, or healthcare operations, or not to share information with persons involved in your care. We are generally not required to agree. If you pay for a healthcare item or service out of pocket in full, however, you may ask us not to disclose information about that item or service to your health plan for payment or healthcare operations. We must agree unless the disclosure is required by law. If we agree to another restriction, we may still disclose the information when needed to provide emergency treatment.

Request Confidential Communications

You may ask us to contact you in a particular way or at a different address. We will accommodate reasonable requests and will not require you to explain the reason for the request.

Receive an Accounting of Disclosures

You may request a list of certain disclosures made during the six years before your request, including who received the information and why. The accounting generally does not include disclosures for treatment, payment, or healthcare operations or certain other disclosures excluded by law. We will provide one accounting in a 12-month period without charge and may charge a reasonable, cost-based fee for additional requests.

Choose a Personal Representative

A person authorized by law to act for you, such as a legal guardian or an agent under a medical power of attorney, may exercise your rights. We will verify the person's authority before taking action.

Receive a Paper Copy

You may request a paper copy of this notice at any time, even if you agreed to receive it electronically. We will provide one promptly.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We must provide you with notice of our legal duties and privacy practices and follow the terms of the notice currently in effect.
- We will notify you following a breach of unsecured protected health information as required by law.
- We will not use or disclose your information other than as described in this notice unless you authorize us in writing.
- We may change this notice and make the revised terms effective for all information we maintain. A revised notice will be available upon request, at the hospital, and on any BEH website that describes our services or benefits.

More Protective Laws

Some federal or Texas laws provide additional protection for particular information, including certain mental-health, substance use disorder, HIV or AIDS, genetic, and other sensitive health information.

When another applicable law prohibits or materially limits a use or disclosure that HIPAA would otherwise permit, BEH will follow the more protective law.

Complaints and Questions

You may complain to BEH if you believe your privacy rights have been violated. BEH will not retaliate against you for filing a complaint.

Privacy Officer	Elizabeth Harper
Telephone	(409) 840 4004
Mailing Address	Beaumont Emergency Hospital 4004 College St, Beaumont, TX, 77707
Federal Complaint	U.S. Department of Health and Human Services, Office for Civil Rights, 200 Independence Avenue, S.W., Washington, D.C. 20201; 1-877-696-6775; www.hhs.gov/hipaa/filing-a-complaint

For questions about this notice, requests to exercise your privacy rights, or complaints, contact the BEH Privacy Officer using the information above.