NOTICE OF PRIVACY PRACTICES

(Effective: April 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.

One Baylor Plaza
MS: BCM265
Houston, TX
77030-3411
www.bcm.edu

Baylor College of Medicine

Our Responsibilities.

- We are required by law to maintain the privacy of your health care information (Protected Health Information – PHI) and to educate our personnel concerning privacy and confidentiality.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your health information.
- We must follow the duties and privacy practices described in this notice and offer you a copy of it.
- We will not use or share your health information except as described in this notice or if you tell us in writing that we can. You may change your mind at any time by sending us written notice. If you revoke your authorization, we will no longer use or disclose your PHI for the reasons covered by your written authorization.
- If your health information is electronically disclosed and your written authorization is required, a separate authorization will be needed for each request.
- This notice applies to all health care records created by and received at Baylor College of Medicine (BCM) and tells you about the ways in which we may use and disclose your PHI. This notice also describes your rights and certain obligations we have regarding the use and disclosure of your PHI.
- This notice applies to BCM employees, contractors, students, volunteers and anyone doing business with BCM.
- We do not create or manage a hospital directory.

Our Uses and Disclosure. Except as listed below, we will not use or disclose your health information without your written authorization.

1. Use and Disclosure of Your Health Information. We usually use or share your information for treatment, payment and healthcare operations as defined in this Notice. BCM shares information with its affiliated organizations which includes, but is not limited to, Common Spirit Health owned or operated facilities, Baylor St. Luke's Medical Center, Baylor St. Luke's Medical Group, Harris Health System, Texas Children's Hospital, Baylor Genetic Laboratories, The Menninger Clinic and Christus Children's. This group of affiliated organizations may use and disclose your health information to provide treatment, payment, or health care operations for the affiliated organizations which include activities such as patient care, financial services, insurance, quality improvement, education and risk management. We use Health Information Exchanges (HIE), including, but not limited to, ***Epic Care Everywhere***, and ***Epic Care Link***, which allow your treating providers at multiple locations to electronically share your health information in a timely manner to better coordinate your care. Contact a BCM representative if you do not want to share your health information through an HIE. You may opt-out of sharing your information through an HIE directly from your MyChart account.

Additionally, your PHI may be "de-identified" or anonymized by removing your name, address, and any other data element that might be used to identify you; your de-identified or anonymized information may be used for any reason, including to improve the services we provide to you. Once your PHI is de-identified or anonymized, it will no longer be subject to this notice or your rights described in this notice.

- **Treatment**. We can use your health information and share it with other professionals who are treating you. **For example**, your physician may ask a pharmacist or referring physician about your current medications and/or care in order to treat you.
- **SUD Treatment Information.** If we receive or maintain any information about you from a substance use disorder treatment program that is covered by 42 CFR Part 2 (a "Part 2 Program") through a general consent you provide to the Part 2 Program to use and disclose the Part 2 Program record for purpose of treatment, payment or health care operations, we may use and disclose your Part 2 Program record

for treatment, payment or health care operations purposes as described in this Notice. If we receive and maintain your Part 2 Program record through specific consent you provide to us or another third party, we will use and disclose your Part 2 Program record only as expressly permitted by you in your consent as provided to us. In no event will we use or disclose your 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.

- **Payment.** We can use and share your health information to bill and get payment from health plans or other entities. **For example**, we give information about you to your health insurance plan so it will pay for your services.
- **Health Care Operations.** We can use and share your health information to run our practice, improve your care, train future health care professionals and contact you when necessary. **For example**, we use health information about you to manage your treatment and provide quality healthcare services.
- **Business Associates.** We may disclose your PHI to our business associates who are contracted to provide services to BCM. However, Business Associates are required by federal law to safeguard your information. **For example**, we may disclose your information to a consultant who is helping us improve patient care or a software vendor to assist us with treatment or research.

2. **Other Cases We Use and Disclose Your Health Information.** We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html
   - **Help with Public Health and Safety Issues.** We can share your health information for certain situations such as:
     - ✓ Preventing disease
     - ✓ Helping with product recalls
     - ✓ Reporting adverse reactions to medications
     - ✓ Reporting births or deaths or suspected abuse, neglect or domestic violence
     - ✓ Preventing or reducing a serious threat to anyone's health. This includes notifying a person who may have been exposed to, or be at risk for, contracting or spreading a disease or condition to protect the public health.
   - **Conducting Research.** We can use or share your information for research subject to a special approval process that balances your need for privacy with the proposed research. This special approval process is not required when we allow researchers preparing a research project to review information so long as the information does not leave BCM.
   - **Comply with the Law.** We will share your information if state or federal laws require it, including with the Department of Health and Human Services if it wants to verify that we are complying with federal laws.
   - **Respond to Organ and Tissue Donation Requests.** We can share your health information with organ procurement organizations.
   - **Medical Examiners or Funeral Directors.** We can share health information with a coroner, medical examiner, or funeral director when an individual dies.
   - **Workers' Compensation, Law Enforcement, and Other Government Requests.** We can use or share your health information:
     - ✓ For workers' compensation or similar programs that provide benefits for work-related injuries or illness.
     - ✓ For law enforcement purposes.
     - ✓ If you are a member of the armed forces, as required by military command authorities.
     - ✓ With health oversight agencies for activities authorized by law.
     - ✓ For special government functions such as intelligence, counterintelligence, and other national security activities authorized by law and presidential and foreign dignitary protective services.
   - **Inmates.** We may release health information of inmates to the correctional institution or official under specific circumstances for care and safety purposes.
   - **Health Oversight Activities.** We may disclose your health information to a health oversight agency for

audits, investigations, inspections and licensure and other activities necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

- **Respond to Lawsuits and Legal Actions.** We can share your health information in response to a court or administrative order, or in response to a subpoena or discovery request.
- **Use of AI.** We may use advanced technologies, including Artificial Intelligence (AI), to assist our healthcare professionals in diagnosing conditions, recommending treatment options, and improving the quality and safety of your care.

3. **Special Protections for Certain Information.** We will not disclose or provide any information about any genetic information, HIV/AIDs status or mental health treatment unless you provide specific written authorization or we are otherwise required by law to disclose or provide the information.

Your Choices

1. **Your Right and Choice to Tell Us To.** We can share your information as described below. Please tell us if you have a preference on how we share your information in these situations.
   - Share information with your family, close friends, or others involved in your care
   - Share information in a disaster relief situation
   - Provide you with

If you are not able to tell us your preference, for example, you are unconscious we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

2. **Other Limited Situations**
   - **Treatment Alternative.** We may use and disclose your information to give you information about treatment options or alternatives that may be of interest to you.
   - **Health-Related Benefits and Services.** We may use and disclose medical information to tell you about health-related benefits, educational programs, or services that may be of interest to you.
   - **Fundraising activities.** We may contact you for fundraising efforts, but you can tell us not to contact you. You will be provided the opportunity to choose not to receive any further fundraising communications by contacting the BCM Office of Development at 713.798.4137 or by e-mailing optout-development@bcm.edu.

3. **Cases Where We Never Share Your Information Unless You Give Us Written Authorization**
   - Marketing purposes
   - Sale of your health information

Your Rights. When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

- **Get an Electronic or Paper Copy of Your Medical Record.**
  - ✓ You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. We may deny your request in certain limited circumstances; in such cases, we will notify you in writing and you may request that the denial be reviewed. Ask us how to do this..
  - ✓ We will provide a copy or a summary of your health information within 15 days of your request, provided all conditions related to release of records are met. We may charge a reasonable fee.
- **Ask Us to Amend Your Medical Record.**
  - ✓ You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how.
  - ✓ If we agree with the request, we will make the correction and give it to those who need it and those you ask us to give it to. If we say “no” to your request we will tell you why in writing within 60 days.
- **Request Confidential Communications.**
  - ✓ You can ask us to contact you in a specific way, such as calling your home or office phone, or sending mail to a different address. We will say “yes” to all reasonable requests.

- **Ask Us to Limit What We Share or Use**
  - ✓ You can ask us not to use or share certain health information for treatment, payment or our operations. We can say "no" to your request. If we do agree, we will comply unless the information is needed to provide emergency treatment.
  - ✓ If you pay us for a service or health care item out of pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say "yes" unless a law requires us to share that information.
- **Get a List of Those With Whom We Have Shared Your Information**
  - ✓ You can ask for a list (accounting) of the times we have shared your health information for six (6) years prior to the date you ask for it. This list will include whom we shared it with and why..
  - ✓ The first list you request within a twelve (12) month period is free, but we will charge a reasonable, cost- based fee if you ask for another list within twelve (12) months. You may choose to cancel your request before any costs are incurred.
- **Get a Copy of This Privacy Notice.** You can ask for a copy of this Notice at any time, even if you have agreed to receive the notice electronically. An electronic copy is at https://www.bcm.edu/healthcare/patient-information.
- **Choose Someone to Act for You.**
  - ✓ If you have given someone medical power of attorney or if someone is your legal guardian with authority under state law, that person can exercise your rights and make choices about your health information when you are not capable of doing so.
  - ✓ We will make sure the person has this authority and can act for you before we take any action.
- **File a Complaint if You Feel Your Rights are Violated.** You can file a complaint if you feel we have violated your privacy rights by contacting
  - ✓ Baylor Privacy Officer at BCM Compliance and Audit Services, One Baylor Plaza, MS No. BCM190, Houston, TX 77030, 713.798.5637, privacycompliance@bcm.edu.
  - ✓ Office for Civil Rights, U.S. Department of Health & Human Services, 200 Independence Avenue, S.W., Washington, D.C. 20201; calling 1.877.696.6775 or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/
  - ✓ We will not retaliate against you for filing a complaint.

Changes to the Terms of this Notice. We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request in our offices and on our website at https://www.bcm.edu/healthcare/patient-information.

Thank you for choosing Baylor College of Medicine

Non-Discrimination Statement. BCM complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Language Services.

ATTENTION: If you speak any of the languages listed below, language assistance services, free of charge, are available to you. Call 713.798.1000 (TTY 711).

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 713.798.1000 (TTY 711).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 713.798.1000 (TTY 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 713.798.1000 (TTY 711)

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 713.798.1000 (TTY 711)번으로 전화해 주십시오.

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1.713.798.1000 (رقم هاتف الصم والبكم: 711).

خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں 713.798.1000 (TTY 711).

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 713.798.1000 (TTY 711).

ATTENTION: Si vous parlez français, des services d'aide linguistique-vous sont proposés gratuitement. Appelez le 1.713.798.1000 (ATS 711).

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 713.798.1000 (TTY 711) पर कॉल करें।

توجہ: اگر بہ زبان فارسی گفتگو می کنید، تسہیلات زبانی بصورت رایگان برای شما فراہم می باشد. با 1.713.798.1000 (TTY 711) تماس بگیرید.

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 713.798.1000 (TTY 711).

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિઃશુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 713.798.1000 (TTY 711).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 713.798.1000 (телетайп 711).

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。713.798.1000 (TTY 711) まで、お電話にてご連絡ください。

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການ ຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັງຄ່າ, ແມ່ນມີ ໃຫ້ທ່ານ. ໂທຣ 713.798.1000 (TTY 711).