

## Notice of Privacy Practices

**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.**

Texas MedClinic and TMC Provider Group, PLLC are required by law to protect the privacy of your medical information. We are also required to abide by the terms of this notice, and to notify any individual whose protected health information has been breached. The following is a description of our privacy practices with respect to your protected health information. You may request a copy of this notice. For more information about our privacy practices and policies, please contact the person listed at the end of this notice.

### **Treatment, Payment, Health Care Operations, and Other Uses Texas MedClinic and TMC Provider Group, PLLC Will Make**

#### **Treatment**

We are permitted to use and disclose your medical information to those involved in your treatment. For example, we may refer you to another health care provider (HCP) and then share some or all of your medical information with them to facilitate the delivery of care. At times, we may request other HCPs share your medical information with us.

#### **Payment**

We are permitted to use and disclose the minimum medical information necessary to bill and collect payment for the services provided to you. For example, we may complete a claim form to obtain payment from your insurer, or send an invoice to the person responsible for receiving and paying the bill.

#### **Health Care Operations**

We are permitted to use or disclose your medical information for activities that support this practice and ensure that quality care is delivered. For example, we may ask another physician to review medical records to evaluate our performance so that we may ensure only the best health care is provided by this practice.

#### **Appointment Reminders, Treatment Alternatives, and Other Health-related Benefits**

We may contact you by mail, email, text, or telephone to provide appointment reminders, information about treatment alternatives, to follow up on your care after a visit, or for other health-related benefits and services that may be of interest to you. We may leave messages on voicemail, message machines, or with another person asking you to call the clinic for the above mentioned reasons.

#### **Disclosures That Can Be Made Without Your Authorization**

There are situations in which we are permitted by law to disclose or use your medical information without your written authorization. These situations are outlined in the next several paragraphs. In other instances we will ask for your written authorization before using or disclosing any identifiable health information about you. If you choose to sign an authorization to disclose information, you can later revoke that authorization, in writing, to stop future uses and disclosures. However, any revocation will not apply to disclosures or uses already made or taken in reliance on that authorization. Examples of situations where it is necessary for you to provide specific authorization are for employment related physicals or the release of medical records to attorneys.

#### **Public Health, Abuse or Neglect, and Health Oversight**

We may disclose your medical information for public health activities mandated by federal, state, or local government. Information about injury, disease, or vital statistics (like births and deaths) are reported to a public health authority. We may disclose your medical information to report reactions to medications, problems with

products, or to notify you of product recalls. We will also disclose medical information to a public agency authorized to receive reports of abuse or neglect of children, elders, or disabled persons, as indicated by law.

We may disclose your medical information to a health oversight agency for legally authorized activities such as audits, investigations, licensure applications and inspections. These government activities are undertaken to monitor the health care delivery system and compliance with other laws, such as civil rights laws.

### **Legal Proceedings and Law Enforcement**

We may disclose your medical information as required by law, or in response to an order of the court or other appropriate legal process. Certain requirements must be met before the information is disclosed. We may also release information if we believe the disclosure is necessary to prevent or lessen an imminent threat to the health or safety of a person.

### **Workers' Compensation**

We may disclose your medical information as required by the Texas workers' compensation law.

### **Military, National Security and Intelligence Activities, Protection of the President**

We may disclose your medical information for specialized governmental functions such as separation or discharge from military service, requests as necessary by appropriate military command officers (if you are in the military), and authorized national security and intelligence activities.

### **Coroners, Medical Examiners, and Funeral Directors**

We may release medical information to a coroner or medical examiner to identify a deceased person or a cause of death. We may also release medical information to a funeral director where such a disclosure is necessary for the director to carry out his duties.

### **Your Rights Under Federal Privacy Regulations**

The Health Insurance Portability and Accountability Act (HIPAA) created several privileges that patients may exercise. We will not retaliate against a patient for exercising their HIPAA rights.

### **Requested Restrictions**

You may request that we restrict or limit how your protected health information is used or disclosed for treatment, payment, or healthcare operations. You may also request that we limit disclosure to family members, other relatives, or close personal friends that may or may not be involved in your care. You may request restrictions on the disclosure of health information to a health plan, provided the item or service has been paid in full *and* out of pocket.

We do NOT have to agree to the restriction, but to request a restriction, submit the request in writing to the person and address listed at the end of this document. Your request has not been granted until such time as you receive written confirmation from us agreeing to your restriction.

### **Receiving Confidential Communications by Alternative Means**

You may make a written request that we send communications of protected health information by alternative means or to an alternative location. We are required to accommodate only *reasonable* requests. Please specify in your correspondence exactly how you want us to communicate with you and, if you are directing us to send communications to a particular place, include the contact/address information.

### **Inspection and Copies of Protected Health Information**

You may inspect and/or receive copies your health information. Texas law requires that requests for copies be made in writing and we ask that requests for inspection of your health information also be made in writing.

We can refuse to provide some of the information you ask to inspect or ask to be copied if the information:

- Includes psychotherapy notes.
- Includes the identity of a person who provided information if it was obtained under a promise of confidentiality.

- Has been compiled in anticipation of litigation.

You will be notified in writing if we refuse access to or copies of any information; further instructions regarding review of the denial will be provided at that time.

Texas law requires that we provide the copies within 15 days of your request. HIPAA permits us to charge a reasonable cost based fee. Please contact our Medical Records Department for more information on fees.

### **Amendment of Medical Information**

You may submit a written request for an amendment of your medical information. We may refuse to allow an amendment if the information was not created by this practice; is not available for inspection because of an appropriate denial; or is accurate and complete. We will respond within 60 days of your request.

Even if we refuse to allow an amendment, you are permitted to include a statement about the information at issue in your medical record. We will inform you in writing of our decision to refuse or allow an amendment. If we approve the amendment, we will allow the amendment to be made and tell others that we know have the incorrect information.

### **Accounting of Certain Disclosures**

The HIPAA privacy regulations permit you to request an accounting of the disclosures of your protected health information. Please submit any request for an accounting in writing. Your first accounting of disclosures (within a 12 month period) will be free. For additional requests within that period we are permitted to charge for the cost of providing the list. If there is a charge we will notify you and you may choose to withdraw or modify your request before any costs are incurred.

### **Complaints**

If you are concerned that your privacy rights have been violated, you may contact the person listed below. You may also send a written complaint to the United States Department of Health and Human Services or to the Texas Attorney General. We will not retaliate against you for filing any complaint.

U.S. Department of Health and Human Services  
HIPAA Complaint  
7500 Security Blvd., C5-24-04  
Baltimore, MD 21244

Office of the Attorney General  
Consumer Protection Division  
P.O. Box 12548  
Austin, TX 78711-2548

### **Questions and Contact Person for Requests**

If you have any questions or want to make a request pursuant to the rights described above, please contact:

Nicole S. Wehunt, HIPAA Privacy Officer  
13722 Embassy Row  
San Antonio, Texas 78216  
Phone#: 210.349.5577 x 8705

This notice is effective on: January 1, 2016

We reserve the right to change our policies and/or this notice at any time. The revisions will then apply to all the protected health information we maintain. If or when our notice changes, it will be posted in the clinics and on our website.