

Your Protected Health Information Rights

Although your health record is the physical property of the facility, you have the right to:

Inspect and Copy: You have the right to inspect and obtain a copy of the Protected Health Information that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes. We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to Protected Health Information, you may request that the denial be reviewed. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

Amend: If you feel that the Protected Health Information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by the facility. Any request for an amendment must be sent in writing to the Facility Privacy Officer. We may deny your request for an amendment and if this occurs, you will be notified of the reason for your denial.

An Accounting of Disclosures: You have the right to request an accounting of disclosures. This is a list of certain disclosures we make of your Protected Health Information for the purposes other than treatment, payment or health care operations where an authorization was not required.

Request Restrictions: You have the right to request a restriction or limitation on the Protected Health Information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the Protected Health Information we disclose about you to someone who is involved in your care or the payment of your care, like a family member or a friend. Any request for a restriction must be sent in writing to the Facility Privacy Officer.

◆ We are required to agree to your request only if 1) except as otherwise required by law, the disclosure is to your health plan and the purpose is related to payment or health care operations (and not treatment purposes), and 2) your information pertains solely to health care services for which you have paid in full. For other requests, we are not required to agree. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

Request Confidential Communications: You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you may ask that we contact you at work instead of your home. the facility will grant reasonable request for confidential communications at alternative locations and/or via alternative means only if the request is submitted in writing and the written request includes a mailing address where the individual will receive bills for services rendered by the facility and related correspondence regarding payment for services. Please realize, we reserve the right to contact you by other means and at other locations if you fail to respond to any communication from us that requires a response. We will notify you in accordance with your original request prior to attempting to contact you by other means or at another location.

A Paper Copy of this Notice: You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. To exercise your rights, please obtain the required forms from the Facility Privacy Officer.

Changes to this Notice

We reserve the right to change this notice and the revised or changed notice will be effective for information we already have about you as well as any information we receive in the future. The current notice will be posted in the facility and on our web site and include the effective date. In addition, each time you register at or are admitted to the facility for treatment or health care services as an inpatient or outpatient, we will offer you a copy of the current notice in effect.

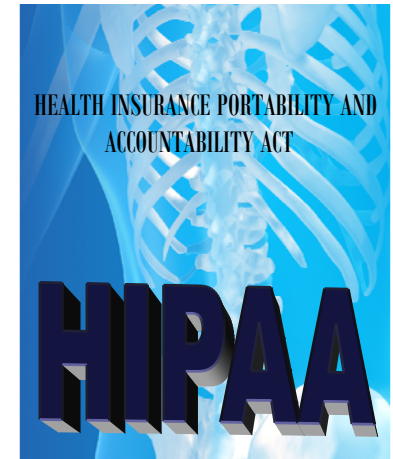
Complaints

If you believe your privacy rights have been violated, you may file a complaint with the facility by following the process outline in the HIPAA manual. You may also file a complaint with the Secretary of the Department of Health and Human Services. All complaints must be submitted in writing. **You will not be penalized for filing a complaint.**

Other uses of Protected Health Information

Other uses and disclosures of 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 permission to use or disclose Protected Health Information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose Protected Health Information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

Notice of Privacy Practices



THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

If you have any questions about this notice please contact the Privacy Officer.



Effective Date:

Each time you visit the facility, a record of your visit is made. Typically, this record contains your symptoms, examination, test results, diagnoses, treatment, a plan for future care or treatment, and billing-related information. This notice applies to all of the records of your care generated by the facility, whether made by facility personal, agents of the facility, or your personal doctor.

Our Responsibilities

We are required by law to maintain the privacy of your protected health information and provide you a description of your privacy practices. We will abide by the terms of this notice.

Uses and Disclosures

How we may use and disclose Protected Health Information about you. The following categories describe examples of the way we use and disclose protected health information.

For Treatment: We may disclose Protected Health Information about you to other healthcare professionals within our practice for the purpose of treatment, payment or healthcare operations; for example: On occasion it may be necessary to seek a consultation regarding your condition from other health care providers associated with the facility. It is also our policy to provide a substitute healthcare provider, authorized by the facility to provide assessment and/or treatment to our patients, without advanced notice in the event of your primary healthcare provider's absence due to vacation, sickness, or other emergency situation.

For Payment: We may use and disclose Protected Health Information about your treatment and services to bill and collect payment from you, your insurance company or a third party payer. We may also tell your health plan about treatment you are going to receive to determine whether your plan will cover it.

Workers' Compensation: We may disclose your protected health information as necessary to comply with State Workers' Compensation Laws.

We may also use and disclose Protected Health Information:

- To business associates we have contracted with to perform the agreed upon service and billing for it;
- To remind you that you have an appointment for medical care;
- To assess your satisfaction with our service;
- To tell you about possible treatment alternatives;
- To tell you about health-related benefits or services;
- To contact you as part of fund-raising efforts, unless you elect not to receive any such communications;
- For conducting training programs or reviewing competence of health care professionals.

When disclosing information, primarily appointment reminders and billing/collections efforts, we may leave messages on your answering machine/voice mail.

Emergencies: We may disclose your Protected Health Information to notify or assist in notifying a family member, or another person responsible for your care about your medical condition or in the event of an emergency or death.

Public Health: As required by law, we may disclose your Protected Health Information to public health authorities for purposes related to preventing or controlling disease, injury or disability, reporting child abuse or neglect, reporting domestic violence, reporting to the Food and Drug Administration problems with products and reactions to medications, and reporting disease or infection exposure.

Research: We may disclose information to researchers when an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your Protected Health Information has approved their research and granted a waiver of the authorization requirement.

Law Enforcement/Legal Proceedings: We may disclose Protected Health Information for law enforcement purposes as required by law or in response to a valid subpoena.

Deceased Person: We May disclose your Protected Health Information to coroners or medical examiners.



Organ Donation: We may disclose your Protected Health Information to organizations involved in procuring, banking, or transplanting organs and tissues.

Specialized Government Agencies: We may disclose your Protected Health Information for military, national security, prisoner and government benefits purposes.

Change of Ownership: In the event that the facility is sold or merged with another organization your Protected Health Information/record will become the property of the new owner.

In pursuant to the Texas Medical Records Privacy Act: Your Protected Health Information may be subject to disclosure in electronic format for the purposes listed herein.