

## 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. This notice applies to all of the records of your care generated by the practice, whether made by the practice or an associated facility.*

We are required by law to protect the privacy of medical information about you and that identifies you. This medical information may be information about health care we provide to you or payment for health care provided to you. It may also be information about your past, present, or future medical condition.

We are also required by law to provide you with this Notice Of Privacy Practices explaining our legal duties and privacy practices with respect to medical information. We are legally required to follow the terms of this Notice.

We may change the terms of this Notice in the future. We reserve the right to make changes and to make the new Notice effective for all medical information that we maintain .If we make changes to the Notice, we will:

- Post the new Notice in our waiting area
- Have copies of the new Notice available upon request

The rest of this Notice will:

- Discuss how we may use and disclose medical information about you
- Explain your rights with respect to medical information about you
- Describe how and where you may file a privacy-related complaint

If, at any time you have questions about information in this Notice or about privacy policies, procedures or practices, you can contact the office. 979-849-7321

### HOW WE MAY DISCLOSE MEDICAL INFORMATION ABOUT YOU:

**Treatment** We may use and disclose medical information about you to provide health care treatment to you. In other words, we may use and disclose medical information about you to provide, coordinate or manage your health care and related services. This may include communicating with other health care providers regarding your treatment, coordinating and managing your health care with others.

**Payment** We may use and disclose medical information about you to obtain payment for health care services that you received. Whether payment is to be collected from you, an insurance company, or any other third party. In some instances, we may disclose medical information about you to an insurance plan before you receive certain health care services because, for example, we may want to know whether the insurance plan will pay for a particular service.

**Health Care Operations** We may use and disclose medical information about you so that we can run our Practice more efficiently and make sure that all of our patients received quality care. These uses may include reviewing our treatment and services to evaluate the performance of our staff, deciding what additional services to offer, deciding what services are not needed and whether certain new treatment are effective. We may also combine the medical information we have with medical information from other Practices to compare how we are doing and see where we can make improvements in the care and services we offer.

We may also use or disclose medical information about you in performing the following activities.

- Cooperating with outside organizations that assess the quality of the care we provide, including government agencies and private organizations.
- Planning for our Practices future.
- Resolving grievances within our Practice
- Working with others( such as lawyers, accountants and other providers) who assist us to comply with this Notice and other applicable laws.
- We may use and/or disclose medical information about you to send you reminders about your appointment.

**Persons involved in your care** We may disclose medical information about you to a relative, close personal friend or any other person YOU identify if that person is involved in your care and the information is relevant to your care. If the patient is a minor, we may disclose medical information about the minor to a parent, guardian or other person responsible for the minor except in limited circumstances.

We may also disclose information about you to a relative, another person involved in your care or possibly a disaster relief organization if we need to notify someone about your location or situation.

You may ask us at any time not to disclose medical information about you to persons involved in your care. We will agree to your request and not disclose the information except in certain limited circumstances (such as emergencies) or if the patient is a minor, we may or may not be able to agree to your request.

**Required by LAW** We will use and disclose medical information about you whenever required by federal state or local law.

**National priority uses and disclosures** When permitted by law we may use or disclose medical information about you without your permission for various activities that are recognized as “national priorities”. Below is a brief description of such activities.

- Threat to health or safety: We may use or disclose medical information about you if we believe it is necessary to prevent or lessen a serious threat to health or safety
- Public health activities: We may also use or disclose medical information for various activities, including, but not limited to, investigating diseases, reporting child abuse and neglect, monitoring drugs or devices regulated by the Food and Drug Administration, and monitoring work related illnesses or injuries.
- To prevent or control disease, injury or disability;
- To report births or deaths
- To report child abuse or neglect
- To report reactions to medications or problems with products;
- To notify people of recalls of products they may be using;
- To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition
- To notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. WE will only make this disclosure if you agree or when required or authorized by law.

**Investigation and Government Activities** We may disclose medical information to a local, state, or federal agency for activities authorized by law. These oversight activities include for example, audits, investigations, inspections and licensure. These activities are compliance with civil rights laws.

**Lawsuits and Disputes** If you are involved in a lawsuit or dispute, we may disclose medical information about you in response to a court or administrative order. This is particularly true if you make your health an issue. We may disclose medical information about you in a response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute. We shall attempt in these cases to tell you about the request so that you may obtain an order protecting the information requested if you so desire. We may also use such information to defend ourselves or any member or our Practice in any actual threatened action.

**Law Enforcement** We may release information if asked to do so by a law enforcement official if:

- In response to a court order, subpoena, warrant, summons, or similar process;
- To identify or locate a suspect, fugitive, material witness, or missing person
- About a death we believe may be the result of criminal conduct
- About criminal conduct at the Practice
- Emergency circumstances to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime.

**Inmates** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official. This release would be necessary for the institution to provide you with health care, to protect your health and safety or the health and safety of others, or for the safety and security of the correctional institution.

**Military Activity and National Security:** When the appropriate conditions apply we may use or disclose protected health information of individuals who are Armed Forces personnel for activities deemed necessary by appropriate military command authorities, for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits, or to foreign military authority if you are a member of that foreign military services. We may also disclose your protected health information to authorized federal officials for conducting national security and intelligence activities, including for the provision of protective services to the President or others legally authorized.

### Complaints

If you believe your privacy rights have been violated you may file a complaint with the Practice of the Secretary of the Department of Health and Human Services. All complaints shall be investigated without repercussion to you.

### Other uses of Medical Information

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you have provided us with your permission to use or disclose medical 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 medical 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 record of the care that we provided you.