

## NOTICE OF PRIVACY PRACTICES

EFFECTIVE DATE 10/22/2012

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED OR DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. IF YOU HAVE ANY QUESTIONS ABOUT THIS NOTICE OR IF YOU NEED MORE INFORMATION, PLEASE CONTACT OUR PRIVACY OFFICER:

PRIVACY OFFICER: KERRI HERNDON

1<sup>ST</sup> CLASS URGENT CARE CENTER

910 N. GALLOWAY AVE., SUITE 102

MESQUITE, TX 75149

EMAIL: [kherndon@1stclassurgentcare.com](mailto:kherndon@1stclassurgentcare.com)

PHONE: 972-288-2300 ext. 102

We are required by law to maintain the privacy of Protected Health Information and to give you this notice explaining our privacy practices with regard to that information. You have certain rights, and we have certain legal obligations regarding your Protected Health Information, and this notice also explains your rights and obligations. We are required to abide by the terms of the current version of this notice.

### **What is Protected Health Information**

Protected Health Information is information that individually identifies you that we create, or get from you, or from another health care provider, plan, your employer, or a health care clearinghouse that relates to (1) your past, present, or future physical or mental health conditions, (2) the provision of health care to you, or (3) the past, present, or future payment for your health care.

### **How we may use and disclose your health information**

We may use and disclose your Protected Health Information to give you medical treatment or services, and to manage and coordinate your medical care. For example we may disclose Protected Health Information to doctors, nurses, technicians, or other personnel who are involved in taking care of you, including people outside our practice such as referring providers or specialists.

### **For payment**

We may use and disclose Protected Health Information so that we can bill for the treatment and services you receive from us, and to collect payment from you, an insurance company, or another third party. For example we may need to release information about your treatment to your insurance plan, in order to receive payment from them for that treatment.

We may also tell your insurance plan about the treatment you are going to receive, to find out if your plan will cover the treatment. If your bill is overdue we may need to give Protected Health Information to a collection agency to the extent necessary to help collect the bill, and we may disclose outstanding debts to credit reporting services.

### **For health care operations**

We may use and disclose Protected Health Information for our health care operations. For example we use Protected Health Information for our general business management activities, for evaluating the performance of our staff in caring for you, for our cost management activities, for audits, or to obtain legal services. We may give Protected Health Information to other health care entities for their healthcare operations. For example we may give Protected Health Information to your health insurer for its quality review purposes.

### **Appointment Reminders/ Treatment Alternatives/ Health Benefits and Services**

We may use and disclose Protected Health Information to contact you to remind you that you have an appointment for medical care, or to contact you to tell you about possible treatments options or alternative or health related benefits and services that may be of interest to you.

### **Minors**

We may disclose the Protected Health Information of minor children to their parents or guardians unless such disclosures are otherwise prohibited by law.

### **Personal Representative**

If you have a personal representative, such as a legal guardian, or an executor, or administrator of your estate after your death, we will treat that person as if that person is you with respect to disclosures of your Protected Health Information.

### **Research**

We may use and disclose your Protected Health Information for research purposes, but we will only do so if the research has been specially approved by an institution review board, or a privacy board that has reviewed the research proposal, and has set up protocols to ensure the privacy of your Protected Health Information. Even without that special approval, we may permit researchers to look at Protected Health Information to help them prepare for research. For example: to allow them to identify patients who may be included in their research projects. We will ask that they do not remove, or take copies of any Protected Health Information.

We may use and disclose a limited data set that does not contain specific readily identifiable information about you for research. However, we will only disclose the limited data set if we enter into a data use agreement with the recipient, who must agree to (1) use the data set only for the purpose for which it

was provided, (2) ensure the security of the data, and (3) not identify the information, or use it to contact any individual.

#### **As required by law**

We will disclose Protected Health Information about you when required to do so by international, federal, state, or local law.

#### **To avert a serious threat to health or safety**

We may use and disclose Protected Health Information when necessary to prevent a serious threat to your health or safety, or to the health or safety of others. However, we will only disclose the information to someone who may be able to help prevent the threat.

#### **Business Associates**

We may disclose Protected Health Information to our business associates who perform functions on our behalf, or provide us with services, if the Protected Health Information is necessary for those functions or services. For example, we may use another company to do our billing, or to provide transcription or consulting services for us. All of our business associates are obligated, under contract with us, to protect the privacy of your Protected Health Information.

#### **Organ and tissue donation**

If you are an organ or tissue donor, we may use or disclose your Protected Health Information to organizations that handle organ procurement or transplantation, such as an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

#### **Military and Veterans**

If you are a member of the armed forces, we may release Protected Health Information as required by military command authorities. We also may release Protected Health Information to the appropriate foreign military authority if you are a member of a foreign military.

#### **Worker's Compensation**

We may use or disclose Protected Health Information for worker's compensation, or similar programs that provide benefits for work related injuries or illnesses.

#### **Public health risks**

We may disclose Protected Health Information for public health activities. This includes disclosure to: (1) A person subject to the jurisdiction of the Food and Drug Administration (FDA) for purposes related to the quality, safety, or effectiveness of an FDA-Regulated product or activity; (2) prevent or control disease, injury, or disability; (3) report births and deaths; (4) report child abuse; (5) report reactions to medications or problems with products; (6) notify people of recalls of products they may be using; (7) a person who may have been exposed to a disease, or may be at risk for contracting or spreading a

disease or condition; and (8) the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence, and the patient agrees, or we are required or authorized by law to make that disclosure.

### **Health oversight activities**

We may disclose Protected Health Information to a health oversight agency for activities authorized by law. These oversight activities include, for example: audits, investigations, inspections, licensure, and similar activities that are necessary for the government to monitor the health care system, government programs, and compliance with civil rights law.

### **Lawsuits and disputes**

If you are involved in a lawsuit or dispute, we may disclose Protected Health Information in response to a court or administrative order. We also may disclose Protected Health Information in response to a subpoena, discovery request, or other legal process from someone else involved in the dispute, but only if efforts have been made to tell you about the request, or to begin order protecting the information requested. We may also use or disclose your Protected Health Information to defend ourselves if you sue us.

### **Law enforcement**

We may release Protected Health Information if asked by a law enforcement official for the following reasons; 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 the victim of a crime; about a death we believe may be the result of criminal conduct on our premises; in emergency circumstances; to report a crime or victims, or the identity, description or location of the person who committed the crime.

### **National security**

We may release Protected Health Information to authorized federal officials for national security activities authorized by law. For example we may disclose Protected Health Information to federal officials so they may protect the president.

### **Coroners, medical examiners, and funeral directors**

We may release Protected Health Information to a coroner, medical examiner, or a funeral director so that they can carry out their duties.

### **Inmates**

If you are an inmate of a correctional institution, or under the custody of law enforcement officials, we may disclose Protected Health Information to the correctional institution or law enforcement official if the disclosure is necessary (1) for the institution to provide you with health care; (2) to protect your health and safety, or the health and safety of others; or (3) the safety of the correctional institution.

### **Uses and disclosures that require us to give you an opportunity to opt out**

Individuals involved in the payment of your care; we may disclose Protected Health Information to a person who is involved in your medical care, or helps pay for your medical care, such as a family member or a friend, if that person's involvement is relevant to your care or payment. However, before we do that. We will provide you with the opportunity to object, and opt out of such disclosure whenever we can do so.

### **Disaster relief**

We may disclose your Protected Health Information to disaster relief organizations that seek your Protected Health Information to coordinate your care, or notify family and friends of your location or condition in a disaster. We will provide you with an opportunity to agree or object to surcharge disclosure whenever we can do so.

### **Your written authorization is required for other uses and disclosures**

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 authorization. If you do give us an authorization, you may revoke it at any time by submitting a written revocation to our Privacy Officer, and we will no longer disclose Protected Health Information under the authorization. However disclosure thereafter made in reliance on your authorization before you revoked it will not be affected by this revocation.

### **Special protections for HIV, alcohol and substance abuse, mental health, and genetic information**

Special privacy protection applies to HIV related information, alcohol and substance abuse, mental health, and genetic information. Some parts of this general Notice of Privacy Practices may not apply to these kinds of Protected Health Information. Please check with our Privacy Officer for information about the special protections that do apply. For example, if we give you a test to determine if you have been exposed to HIV, we will not disclose the fact that you have taken this test to anyone without your written consent, unless otherwise required by law.

### **Your rights regarding your Protected Health Information**

#### **You have the following rights, subject to certain limitations, regarding your Protected Health Information**

##### **Right to inspect and copy**

You have the right to inspect and copy Protected Health Information that may be used to make decisions about your payment for your care. However, you do not have the right to inspect or copy physiotherapy notes. We may charge you a fee for the cost of copying, mailing, or other supplies associated with your request. We may not charge you a fee if you need the information for a claim for a benefit program. We may deny your request under certain limited circumstances. If we do deny your

request, you have the right to have the denial reviewed by a licensed healthcare professional who was directly involved in the denial of your request, and we will comply with the outcome of the review.

#### **Right to an electronic copy of electronic medical records**

If your Protected Health Information is maintained in an electronic format, (known as EMR or HER), you have the right to request that an electronic copy of your records be given to you or transmitted to another individual or entity. We may charge you a reasonable cost based fee for the labor associated with transmitting the electronic medical records.

#### **Right to receive notice of a security breach**

We are required to notify you by first class mail or by email, (if you have indicated a preference to receive information by email), of any breach of your Unsecured Protected Health Information as soon as possible, but in any event, no later than 60 days after the breach. 'Unsecured Protected Health Information' is Protected Health Information that has not been made unusable, unreadable, and undecipherable to unauthorized users.

The notice will give you the following information:

- A short description of what happened, the date of the breach, and the date it was discovered;
- The steps you should take to protect yourself from potential harm from the breach;
- The steps we are taking to investigate the breach, ingrate losses, and protect against further breaches;
- Contact information where you can ask questions and get additional information.

If the breach involves 10 or more patients whose contact information is out of date, we will post notice of the breach on our website, or in a major print broadcast media.

#### **Right to request amendment**

If you feel that Protected Health Information we have 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 or for us. A request amendment must be made in writing to the Privacy Officer at the address provided at the beginning of this Notice of Privacy Practices, and it must tell us the reason for your request. We may deny your request if it is not in writing, or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that (1) was not created by us, (2) is not part of the medical information kept by or for us, (3) is not information that you would be permitted to inspect or copy. If we deny your request, you may submit a written statement of disagreement of reasonable length. Your statement of disagreement will be included in your medical records, but we may also include a rebuttal statement.

#### **Right to an accounting of disclosures**

You have the right to ask for an ‘accounting of disclosures’, which is a list of the disclosures we made of your Protected Health Information. We are not required to list certain disclosures, including (1) disclosures made for treatment, payment, and health care operations (unless the disclosures were made through an electronic medical record, in which case you have the right to request an accounting of those disclosures that were made during the 3 years before your request), (2) disclosures made with your authorization, (3) disclosures made to create a limited data set, and (4) disclosures made directly to you. You must submit your request in writing to our Privacy Officer. Your request should indicate in what form you would like the accounting (for a 12-month period it will be free). For additional requests within the same time period, we may charge you for the reasonable cost of providing the accounting. We will tell you what the costs are, and you may choose to withdraw or modify your request before the costs are required.

### **Right to request restrictions**

You have the right to request a restriction or limitation on the Protected Health Information we use or disclose 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 for your care, like a family member or friend. We are not required to agree to your request. If we agree, we will comply with your request unless we terminate our agreement, or the information is needed to provide you with emergency treatment.

### **Out of Pocket – Payments**

If you paid out of pocket in full for a specific item or service, you have the right to ask that your Protected Health Information with respect to that item or service not be disclosed to a health plan for purpose of payment, or health care operations, and we will honor that request.

### **Right to confidential communication**

You have the right to request that we communicate with you only in certain ways to preserve your privacy. For example, you may request that we contact you by mail, at a specific address, or call you only at your work number. You must make such requests in writing, and you must specify how or where we are to contact you. We will accommodate all reasonable requests. We will not ask you the reason for your request.

### **Right to a paper copy of this notice**

You have the right to a paper copy of this notice, even if you have agreed to receive this notice electronically. You may also request a copy of this notice at any time. You can get a copy of this Notice of Privacy Practices at our website: <http://www.1stclassurgentcare.com>

### **How to exercise your rights**

To exercise your rights described in this notice send your request to our Privacy Officer at the address listed at the beginning of this notice. We may ask you to fill out a form that we will supply. To exercise

your right to inspect and copy your Protected Health Information, you may also contact your physician directly. To receive a paper copy of this notice contact our Privacy Officer by phone or mail.

### **Changes to this notice**

The effective date of this notice is stated at the beginning. We reserve the right to change this notice. We reserve the right to make changed notice effective for Protected Health Information we already have, as well as for any Protected Health Information we create, or receive in the future. A copy of our Notice of Privacy Practices is posted in our office, and on our website.

### **Complaints**

If you believe your privacy rights have been violated you may file a complaint with us or with the secretary of the United States Health Department of Human Services.

To file a complaint with us, contact our Privacy Officer at the address listed at the beginning of this notice. All complaints must be made in writing, and should be submitted within 180 days of when you knew or should have known of the suspected violations. There will be no retaliation against you for filing a complaint.

To file a complaint with the Secretary of the United States Health Department of Human Services mail it to: Secretary of the United States Health Department of Health and Human Services, 200 Independence Ave SW, Washington, D.C. 20201, or call 202-619-0257.