

This notice describes the type of information we gather about you, with whom that information may be shared, and your rights regarding your medical information. Please review it carefully.

If you have any questions about this Notice of Privacy Practices (“Notice”), please contact our Privacy Officer using the information listed at the end of this notice.

**Who Will Follow This Notice:**

This notice describes Texas Medical & Surgical Associates’ (TMSA’s) practices regarding the use of your medical information and that of:

- Any health care professional authorized to enter information into your medical chart.
- All departments of TMSA providing services to you.
- Any member of a volunteer group we allow to help you while you are being cared for.
- All employees, staff and other personnel who may need access to your information.
- All members of the medical staff of TMSA providing your care.

**We are required by law to:**

- Keep medical information that identifies you private;
- Give you this notice of our legal duties and privacy practices with respect to medical information about you; and
- Follow the terms of the notice that is currently in effect.

**1. Uses and Disclosures of Protected Health Information (PHI)**

**Uses and Disclosures of Protected Health Information Based Upon Your Written Consent**

The following categories describe different ways that we use and disclose medical information. For each category of uses or disclosures we will explain what we mean and try to give examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

**Treatment:** We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, medical students, or other clinic personnel who are involved in taking care of you. For example, your PHI may be provided to another physician or health care provider to whom you have been referred, or who becomes involved in your care, to ensure that the physician has the necessary information to diagnose or treat you.

**Payment:** Your PHI may be used as needed, to obtain payment for your health care services. Payment activities may include processing claims, determining eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities.

**Health Care Operations:** We may use and disclose, as needed, your PHI in connection with health care operations., which include the business functions conducted by a health care provider. These functions include, but are not limited to, providing customer service quality assessment and improvement activities, employee review activities, licensing, marketing and fund raising activities, and conducting or arranging other business activities. For example, we may use a sign-in sheet at the registration desk where you will be asked to sign your name and indicate your physician. We may also call you by your name in the waiting room when your physician is ready to see you. We may use or disclose your PHI, as necessary, to contact you or remind you of your appointment.

We may share your PHI with third party “business associates” that perform various activities for the practice. Examples include physician services in the emergency room, certain laboratory tests, copy services we use when making copies of your health record, billing and transcription. Whenever an arrangement between our office and a business associate involves the use or disclosure of your PHI, we will have a written contract that contains terms that will protect your PHI.

We may use or disclose your PHI, as necessary, to provide you with information about treatment alternatives or other health-related benefits and services that may be of interest to you. We may also use and disclose your PHI for other marketing activities. For example, your name and address may be used to send you a newsletter about our practice and the services we offer. We may also send you information about products or services we believe may be beneficial to you. You may contact our Privacy Officer to request that these materials not be sent to you.

**Uses and Disclosures of Protected Health Information Based Upon Your Written Authorization**

You may give us written authorization to use your PHI or to disclose it to another person and for the purpose you designate. If you give us an authorization, you may withdraw it in writing at any time. Your withdrawal will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your PHI for any reason except those described in this notice.

**Other Permitted and Required Uses and Disclosures That May Be Made With Your Consent, Authorization, or Opportunity to Object**

We may use and disclose your PHI in the following instances. If you are not present or able to agree or object to the use or disclosure of the PHI, then your physician may, using professional judgment, determine whether the disclosure is in your best interest. In this case, only the PHI relevant to your health care will be disclosed.

**Others Involved in Your Health Care:** Unless you object, we may disclose to a close friend, family member, relative, or any other person you identify who is involved in your medical care PHI that directly relates to that person’s involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. We may use or disclose PHI to notify or assist in notifying a family member, personal

representative, or any other person that is responsible for your care, of your location, general condition, or death. Finally, we may use or disclose your PHI to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your health care.

**Emergencies:** We may use or disclose your PHI in an emergency treatment situation. If this happens, your physician shall try and obtain your consent as soon as reasonably practicable after the delivery of treatment. If your physician or another physician in the practice is required by law to treat you and the physician has attempted to obtain your consent but is unable to obtain consent, he or she may still use or disclose your PHI in order to treat you.

**Communication Barriers:** We may use and disclose your PHI if your physician or another physician in the practice attempts to obtain consent from you but is unable to do so due to substantial communication barriers and the physician determines, using professional judgment, that you intend to consent to use or to disclose under the circumstances.

## **Other Permitted and Required Uses and Disclosures That May Be Made Without Your Consent, Authorization, or Opportunity to Object**

**Business Associates:** There are some services provided in or for our organization through contacts with business associates. Examples include billing services to submit your claim to the insurance company for payment, transcription services to transcribe dictated reports from the health professionals caring for you in the hospital and copy services for making copies of your health record. When these services are contracted, we may disclose your health information to our business associates so they can perform the job we have asked them to do.

**As Required By Law:** We may use or disclose your PHI to the extent that the use or disclosure is required by federal, state or local law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, as required by law, of any such uses or disclosures.

**Public Health:** We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to a public health authority or applicable foreign government agency collaborating with the public health authority permitted by law to collect or receive the information. The disclosure would be made for the purpose of preventing or controlling disease, injury or disability. Specific examples include:

- To report births and deaths
  - To report the abuse or neglect of children, elders and dependent adults
  - 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.

**Health Oversight Activities:** We may disclose PHI to a health oversight agency for activities authorized by law, such as audits, investigations, inspections, and licensure. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs, and civil rights laws.

**Lawsuits and Disputes:** We may disclose PHI in the course of any judicial or administrative proceeding in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request (which may include written notice to you) or to obtain an order protecting the information requested.

**Law Enforcement:** We may disclose PHI if we believe the use or disclosure is necessary to prevent or lessen a serious imminent threat to the health or safety of a person or the public. We may also disclose PHI, so long as the applicable legal requirements are met, for law enforcement purposes. Some examples include:

- 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 if, under certain limited circumstances, we are unable to obtain the person's agreement
- About a death we believe may be the result of criminal conduct
- About criminal conduct at TMSA
- In 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 (not on the practice premises)

**Coroners, Medical Examiners, Funeral Directors and Organ Donation:** We may disclose PHI to a coroner or medical examiner to identify a deceased person, determine the cause of death, or for the coroner or medical examiner to perform other duties authorized by law, in order to permit the funeral director to carry out their duties. We may disclose such information in anticipation of death. PHI may be used and disclosed for cadaver organ, eye or tissue donation purposes.

**Research:** We may disclose your PHI to researchers when an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your PHI has approved the research.

**Military Activity and National Security:** When the appropriate conditions apply, we may use or disclose PHI of individuals who are Armed Forces personnel (1) for activities deemed necessary by appropriate military command authorities; (2) for the purpose of a determination by the Department of Veterans Affairs of your eligibility of benefits or; (3) to a foreign military authority if you are a member of that foreign military services. We may also disclose your PHI 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.

**Workers' Compensation:** We may disclose your PHI as authorized to comply with workers' compensation laws or similar programs.

**Inmates:** We may use or disclose your PHI if you are an inmate of a correctional institution or under the custody of a law enforcement official and your physician created or received your PHI in the course of providing care to you.

## **2. Your Rights**

Following is a statement of your rights with respect to your protected health information (PHI) and a brief description of how you may exercise these rights.

**You have the right to inspect and copy your protected health information.** This means you may inspect and obtain a copy of PHI about you that is contained in a designated record set for as long as we maintain the PHI. A "designated record set" contains medical and billing records and any other records that your physician and the practice use for making decisions about you.

Under federal law, however, you may not inspect or copy the following records; psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and PHI that is subject to law that prohibits access to PHI. In some circumstances, you may have a right to have this decision reviewed. Please contact our Privacy Officer if you have questions about access to your medical record.

**You have the right to amend your protected health information.** If you feel that medical 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 maintained by TMSA. In certain cases, we may deny your request for an amendment. If we deny your request for an amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.

To request an amendment, your request must be made in writing and submitted to our Privacy Officer. In addition, you must provide a reason that supports your request. We may deny your request if not made in writing, does not include a reason supporting the request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment
- Is not part of the medical information kept by or for TMSA
- Is not part of the information which you would be permitted to inspect and copy; or
- If the information is accurate and complete.

**You have the right to request a restriction or limitation on your protected health information.** This means you may ask us not to use or disclose any part of your PHI for the purpose of treatment, payment or health care operations. You may also request that any part of your PHI not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice. Your request must state the specific restriction requested and to whom you want the restriction to apply.

Your physician is not required to agree to your request. If the physician believes it is in your best interest to permit use and disclosure of your PHI, your PHI will not be restricted. If your physician does agree to the requested restriction, we may not use or disclose your PHI in violation of that restrictions unless it is needed to provide emergency treatment. With this in mind, please discuss any restrictions you may wish to request with your physician. You may request a restriction by requesting same, in writing, to our Privacy Officer.

**You have the right to request to receive confidential communications from us by alternate means or at an alternate location.** We will accommodate reasonable requests. We may also condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. We will not request an explanation from you as to the basis for this request. communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. Please make this request in writing to our Privacy Officer.

**You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information.** This right applies to disclosures for purposes other than treatment, payment, or health care operations as described in this Notice. It excludes disclosures we may have made to you, for a facility directory, to family members or friends involved in your care, or for notification purposes. You have the right to receive specific information regarding these disclosures that occurred after April 14, 2003. You may request a shorter time frame. The right to request this information is subject to certain exceptions, restrictions and limitations.

**You have the right to a paper copy of this notice,** upon request, if you have agreed to receive this notice electronically.

You may obtain a copy of this Notice at our website, [www.texasmedsurg.com](http://www.texasmedsurg.com). A paper copy of this notice is also available at the check in areas of all physician offices that are a part of TMSA.

We reserve the right to change this Notice. We reserve the right to make the revised or changed notice effective for PHI we already have about you as well as any information we receive in the future. We will post a copy of the current Notice in each TMSA clinic as well as our website identified above. The Notice will contain on the first page, in the top right-hand corner, the effective date

### **3. Complaints**

You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our Privacy Officer of your complaint. We will not retaliate against you for filing a complaint.

You may contact our Privacy Officer at the address listed below or telephone 214-345-1400 for further information about the complaint process:

Texas Medical & Surgical Associates  
Attn: Privacy Officer  
8440 Walnut Hill Lane, Suite 400  
Dallas, TX 75231

This notice takes effect April 14, 2003, and will remain in effect until we replace it.