



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.

USES AND DISCLOSURES OF HEALTH INFORMATION

Protected health information (PHI) is the information that Specialty Clinic of Austin (SCOA) or any of its affiliates creates and obtains in providing our services to you. Such information may include documenting your symptoms, examination, test results, diagnoses, treatment, and applying for future care or treatment; it also includes billing documents for those services. This office is permitted by federal privacy laws to make uses and disclosures of your health information for the purposes of treatment, payment, and health care operations. Examples of uses of your health information for these purposes are:

- **Treatment:** SCOA may use and disclose your PHI to other professionals who are treating you (i.e., a doctor treating you for an injury asks us about your overall mental health condition; your SCOA clinician determines that he/she needs to consult with a specialist and provides your information to obtain his/her input). Additionally SCOA discloses PHI for appointment reminders, treatment alternatives, or health-related benefits/services including identifying patients who are qualified to participate in clinical research trials through our associates (including but not limited to BioBehavioral Research of Austin). We may use or disclose your PHI to provide you with appointment reminders (such as voicemail messages, e-mails, text messages, postcards, or letters).
- **Payment:** SCOA may use and disclose your PHI to bill and obtain payment for services we provide to you (i.e., we give information about you to your health insurance plan so it will pay for your services).
- **Healthcare Operations:** We may use and disclose your PHI in connection with our healthcare operations including quality assessment and improvement activities, outcome evaluation, protocol and clinical guideline development, reviewing the competence or qualifications of healthcare professionals, evaluating practitioner and provider performance, conducting training programs, accreditation, certification, licensing or credentialing activities, medical review, legal services, and insurance. We will share your PHI with insurers or other business associates as necessary to obtain and conduct these services.

How else can we use or share your PHI? We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. For more information see: www.hhs.gov/orc/privacy/hipaa/understanding/consumers/index.html

- **Comply with the law:** We will share your PHI if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

- **Respond to lawsuits and legal actions:** We can share your PHI in response to a court order or administrative order, or in response to a subpoena.
- **Public health and safety issues:** We can share your PHI for certain situations such as: preventing or controlling disease, injury, or disability; helping with product or pharmaceutical recalls; reporting adverse reactions to medications; reporting post-marketing surveillance information; assisting in disaster relief efforts; reporting suspected abuse, neglect, or domestic violence; and preventing or reducing a serious threat to the health or safety of a person or the public.
- **Conduct research:** We can use or share your PHI for health research when the research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your PHI.
- **Address workers' compensation, law enforcement, and other government requests:** We can use or share your PHI for workers' compensation claims, for law enforcement purposes or with a law enforcement official, with health oversight agencies for activities authorized by law, and for special government functions such as military, national security, and presidential protective services. We can release your PHI to your employer if we provide services to you at the request of your employer; and the healthcare services are provided either to conduct an evaluation relating to medical surveillance of the workplace or to evaluate whether you have a work-related illness or injury. This includes disclosure of PHI to the extent necessary to obtain services related to Family Medical Leave Act, Workers Compensation, and/or disability claims.
- **Work with a medical examiner or funeral director:** We can share PHI with a coroner, medical examiner, or funeral director when an individual dies.
- **Respond to organ and tissue donation requests:** We can share your PHI with organ procurement organizations.
- **Communication with family and close friends:** Using our best judgement, we may disclose to a family member, other relative, close personal friend, or any other person you identify, PHI relevant to that person's involvement in your care or in payment for such care if you do not object or in an emergency. Unless you object, we may use or disclose your PHI to notify, or assist in notifying, a family member, personal representative, or other person responsible for your care, about your location and about your general condition, or your death.
- **Other Uses:** Other uses and disclosures, besides those identified in this Notice, will be made only as otherwise required by law or with your written authorization and you may revoke the authorization as previously provided in this Notice under "Your Health Information Rights."

Expert Care



NOTICE OF PRIVACY PRACTICES (Cont'd)

PATIENT RIGHTS: The health and billing records we maintain are the physical property of the office. The information in it, however, belongs to you. When it comes to this information, you have a right to:

- **Provide Authorization:** In addition to our use of your PHI for treatment, payment or healthcare operations, you may give us written authorization to use your health information or to disclose it to anyone for any purpose.
- **Access:** You have the right to see or get copies of your medical record and other PHI with limited exceptions. You may exercise this right by delivering the request to our office. If you request copies, we will provide them within 30 days of your request. We will charge a reasonable, cost-based fee. You may appeal a denial of access to your PHI, except in certain circumstances.
- **Amendment:** You have the right to request that we amend incomplete or incorrect information by delivering a request to our office. We may deny your 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 PHI kept by or for the office; is not part of the information that you would be permitted to inspect and copy; or, is accurate and complete. If your request is denied, you will be informed of the reason for denial and will have an opportunity to submit a statement of disagreement to be maintained with your records.
- **Request confidential communications:** You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. You may request that communication of your PHI be made by alternative means or at an alternative location by delivering the request in writing to our office. We will say "yes" to all reasonable requests.
- **Request restrictions:** You have the right to request restrictions on certain uses and disclosures of your PHI by delivering the request to our office. We are not required to grant the request unless the requested restriction is for the disclosure to a health plan for purposes of carrying out payment or healthcare operations (and is not for purposes of carrying out treatment) and the PHI pertains solely to the healthcare item or service for which we have been paid out of pocket in full.
- **Revoke authorizations:** You may revoke authorizations that you made previously to use or disclose PHI by delivering a written revocation to our office, except to the extent information or action has already been taken.
- **Obtain a list of disclosures:** You can ask for a list of the times we've shared your PHI, who we shared it with, and why, by delivering a written request to our office. This list will not include disclosures of information for treatment, payment, and health care operations, or certain other disclosures (such as disclosures you asked us to make, disclosures made pursuant to an authorization signed by you, disclosures made in a facility directory or to family members or friends relevant to that person's involvement in your care or in payment for your care, or disclosures to notify family or others responsible of your location, condition, or your death). We can charge a reasonable, cost-based fee for provision of this list.

- Obtain a copy of this notice: You can ask for a paper copy of this notice at any time by making a request at our office.

You may exercise any of the above rights by contacting: Jessica Ramirez, Office Manager, at 4515 Seton Center Parkway, #175, Austin, TX, 78759; phone 512-382-1933, in person or in writing, during regular business hours. She will inform you of the steps that need to be taken to exercise your rights.

OUR RESPONSIBILITIES: This office is required by law to maintain the privacy and security of your PHI; provide you with a notice as to our duties and privacy practices as to the information we collect and maintain about you; notify you of any breach of your unsecured PHI; abide by the terms of this Notice; notify you if we cannot accommodate a requested restriction or request; and, accommodate your reasonable requests regarding methods to communicate PHI with you.

Your PHI may be released electronically.

We reserve the right to amend, change, or eliminate provisions in our privacy practices and access practices and to enact new provisions regarding the PHI we maintain. If our information practices change, we will amend our Notice. You are entitled receive a revised copy of the Notice by calling and requesting a copy or by visiting our office to pick up a copy.

QUESTIONS AND COMPLAINTS: If you have questions, would like additional information, or want to report a problem regarding the handling of your information, you may contact Jessica Ramirez, Office Manager, 4515 Seton Center Pkwy, #175, Austin, TX 78759 or by calling 512-382-1933. If you believe your privacy rights have been violated, or you disagree with a decision we made about access to your health information or in response to a request you made to amend or restrict the use or disclosure of your health information or to have us communicate with you by alternative means or at alternative locations, you may file a written complaint at our office by delivering the written complaint to Jessica Ramirez. You may also submit a written complaint to the U.S. Department of Health and Human Services, Office for Civil Rights, by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201 or by calling 1-877-696-6775. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon request. We cannot, and will not, require you to waive the right to file a complaint with the Secretary of Health and Human Services (HHS) as a condition of receiving treatment from the office. We cannot, and will not, retaliate against you for filing a complaint with the Secretary of Health and Human Services.

APPLIED ORGANIZATIONS:

This Notice of Privacy Practices applies to the following organizations:

Specialty Clinic of Austin North, Specialty Clinic of Austin South, and BioBehavioral Research of Austin, which operates the clinical research services within all Specialty Clinic of Austin locations in the greater Austin area.

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