

# Notice of Privacy Practices

Effective Date: September 23, 2013

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.

*If you have any questions about this Notice, please contact:*

Medical Clinic of Houston, L. L. P.

Attn: Privacy Officer

1701 Sunset Boulevard

Houston, TX 77005

Phone: 713-526-5511

Fax: 713-520-4743

Each time you visit a hospital, physician, or other health care provider, a record of your visit is made. Typically, this record contains your symptoms, examination and 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 Medical Clinic of Houston, L.L.P. (the "Clinic"), whether made by Clinic physicians, Clinic personnel, or agents of the Clinic.

## **Our Responsibilities:**

We understand that your medical information (individually identifiable personal health information found in your medical and billing records) is personal, and we are committed to protecting the privacy of your medical information. Furthermore, we are required by law to maintain the privacy of your medical information and provide you a description of our privacy practices. This Notice will tell you about the ways in which we may use and disclose your medical information. At any point in time, we are required to abide by the terms of the current Notice in effect at that time.

## **Uses and Disclosures: How we may use and disclose medical information about you:**

The following categories describe examples of the way we use and disclose medical information. Not every use or disclosure in a category is listed.

**For Treatment:** We may use medical information about you to provide treatment or services to you. We may disclose medical information about you to doctors, nurses, technicians, health students, or other Clinic personnel who are involved in your health care. Different departments of the Clinic may share medical information about you in order to coordinate the different services you may need, such as lab work and x-rays. We may also provide your other physicians or subsequent health care providers with copies of various reports that may assist them in treating you. Such disclosures may be made electronically through a health information exchange network ("HIE"). The purpose of the HIE is to support the delivery of safer, better, coordinated patient care.

**For Payment:** We may use and disclose medical information about your treatment and services to bill and collect payment from you, your medical insurance company, or a third party payor. For example, we may need to give your medical insurance company information about your visit or diagnostic tests so it will pay us or reimburse you for the treatment or services. We may also tell your medical insurance company about treatment you are going to receive to determine whether your plan will cover it.

**For Health Care Operations:** Members of the Clinic's management or administrative team, Quality of Care Committee, or Compliance Committee, as examples, may use information in your medical record to assess the care provided and outcomes achieved in your case and others like it. The results may then be used to improve the quality of care for all patients we serve. For example, we may combine medical information about many patients to evaluate the need for new services or treatment. We may disclose information to doctors, nurses, and students for educational purposes. We may remove information that identifies you from this set of medical information to protect your privacy. Additionally, we may combine medical information we have about you and other patients with that of other clinics or health care providers to see where we can make improvements.

**Other:** Following are additional examples of ways in which we may use and disclose your medical information:

- To business associates with which we have contracted so they are able to perform the agreed upon services;
- To remind you that you have an appointment for medical care;
- To assess your satisfaction with our services;
- To tell you about possible treatment alternatives, except that we may not do so without your authorization to the extent that we receive direct or indirect remuneration for such use or disclosure of your medical information;
- To tell you about health-related benefits or services;
- To inform funeral directors consistent with applicable law;
- For population-based activities relating to improving health or reducing health care costs;
- For conducting training programs or reviewing competence of health care professionals;
- For reviewing compliance with Medicare and other government agency laws, rules, and regulations;
- When leaving messages on your answering machine or voice mail; and
- To respond to an audit, inspection, or investigation by a health-related government agency

**Disclosures Requiring Authorization:**

Other uses and disclosures of your medical information not covered by this Notice or otherwise permitted by the laws that apply to us will be made only with your written authorization. For

example, we will only release your medical information to the following individuals or entities upon receiving a valid written authorization and payment, if applicable, from you:

- Your employer;
- Your attorney;
- An opposing party or attorney involved in a civil matter against you; or
- An insurance company, other than your medical insurance company (for example, a life insurance or disability insurance company)

Your authorization will not be required if the Clinic uses or discloses medical information for purposes other than as covered by this Notice or permitted by law if the Clinic removes any information that individually identifies you before disclosing the remaining information. Certain uses and disclosures of your medical information, including those uses and disclosures that contain psychotherapy notes, disclosures for marketing purposes, and disclosures that constitute a sale of your medical information require your authorization. If you provide us authorization to use or disclose your medical information, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose this 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 records of the products and services that we provided to you.

#### **Business Associates:**

There are some services provided in our organization through contracts with business associates. Examples include: maintenance and service contracts for our x-ray equipment and laboratory analyzers, or software support for our computer and billing systems. When these services are contracted to a business associate, we may have a need to disclose your medical information to our business associate so that it can perform the job we have asked them to do. To protect your medical information, the law requires that a business associate appropriately safeguards your medical information under the same standards as applicable to the Clinic.

#### **Individuals Involved in Your Care or Payment for Your Care:**

We may release medical information about you to a friend or family member who is involved in your medical care or who helps pay for your care when you are present for, or otherwise available prior to, a disclosure and you are able to make health care decisions, if: (i) we obtain your agreement; (ii) we provide you with the opportunity to object to the disclosure and you fail to do so; or (iii) we infer from the circumstances, based upon professional judgment, that you do not object to the disclosure. We may obtain your oral agreement or disagreement to a disclosure. However, if you are not present, or the opportunity to agree or object to the disclosure cannot practicably be provided because of your incapacity or an emergency circumstance, we may, in the exercise of professional judgment, determine whether the disclosure is in your best interest, and, if so, disclose only medical information that is directly relevant to the person's involvement with your health care. In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status, and location.

### **Future Communications:**

We may communicate to you via newsletters, direct mail, or other means regarding treatment options, health-related information, disease management programs, or new services the Clinic is offering, except that we may not do so without your authorization to the extent that we receive direct or indirect remuneration for such use or disclosure of your medical information.

### **As Required by Law:**

We may also use and disclose your medical information to the following types of persons or entities, including, but not limited to:

- Food and Drug Administration;
- Health oversight agencies;
- Public health or legal authorities charged with preventing or controlling disease, injury, or disability, or who are assisting in disaster relief;
- Research and organ donation;
- Correctional institutions;
- Funeral directors, coroners, and medical examiners;
- Workers' Compensation agents;
- National security and intelligence agencies;
- Military command authorities; and
- Protective services for the President and others

### **Law Enforcement/Legal Proceedings:**

We may disclose your medical information for law enforcement purposes as required by law. For example, we may disclose information for judicial and administrative proceedings pursuant to their legal authority; to report information related to victims of abuse, neglect, or domestic violence; or to assist law enforcement officials in their law enforcement duties.

### **State Specific Requirements:**

Texas has or may have requirements for reporting of medical information, including population-based activities, relating to improving health or reducing health care costs. Texas has privacy laws that may apply additional legal requirements for the use and disclosure of your medical information. If the Texas law is more stringent than federal privacy laws, we will follow the Texas law.

### **Your Medical Information Rights**

Although your medical record is the physical property of the Clinic, you may exercise the following privileges:

**Inspect and Copy:** You have the right to inspect and obtain a copy of the medical information that may be used to make decisions about your care. Usually, this includes

medical and billing records. We may deny your request to inspect and copy in certain, very limited circumstances such as:

- If the medical information contains psychotherapy notes;
- If the notes include the identity of a person who provided information if it was obtained under a promise of confidentiality; or
- If information has been compiled in anticipation of litigation

If you are denied access to your medical information, you may request that the denial be reviewed. Another licensed health care professional who was not involved in the prior decision will make such review. We will comply with the outcome of the review.

If your medical information is maintained electronically in a designated record set, we will provide you with electronic access to that medical information in the form and format that you request if the medical information is readily producible in such format. If your medical information is not readily producible in that format, we will give it to you in a readable electronic form and format that we mutually agree upon.

If you request that your medical information be sent directly to a third party, we will do so upon your valid written authorization where such authorization clearly identifies the third party. An Authorization to Release Medical Information form can be found on the Clinic's web-site at [www.mchllp.com](http://www.mchllp.com) or by calling 713-526-5511, ext. 4799.

Texas law requires that we provide to you copies of your medical information or a narrative of the care provided within 15 business days of the latter of your request and your payment of the associated fee, if any.

**Amend:** If you feel that medical information we have about you is incorrect or incomplete, you may request an opportunity to amend the medical information. Your request must be in writing and must include the reason you are requesting the amendment. You have the right to request an amendment for as long as the medical information is kept by or for the Clinic. We may deny your request for an amendment. If this occurs, you will be notified of the reason for the denial. In addition, we may deny your request if you ask us to amend medical information that was not created by the Clinic, unless the person or entity that created the medical information is no longer available to make the amendment; if the medical information is not part of the records kept by or for us; if the medical information is not part of the medical information which you would be permitted to inspect and copy; or if the medical information is accurate and complete.

**An Accounting of Disclosures:** You have the right to request an accounting of disclosures of your medical information. This is a list of certain disclosures we have made of your medical information, except as follows:

- Those made for treatment, payment, and health care operations;
- Those made to you about your own medical information;
- Those made to persons involved in your care or other notification purposes;

- Those made pursuant to an authorization signed by you disclosing specific uses and disclosures;
- Where the disclosures are part of a limited data set;
- Where the disclosures are incidental to an otherwise permissible disclosure;
- For national security or intelligence purposes; and
- To correctional institutions or law enforcement custodial situations

Your written request must specify the time period covered, but such time period cannot exceed six years. Your first accounting within a 12-month period will be provided at no cost to you.

**Request Restrictions:** You have the right to request in writing a restriction or limitation on the medical 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 medical 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. For example, you could ask that we not use or disclose information about a surgery you had. We are not required to agree to your request. If we do agree, we will comply with your request unless the medical information is needed to provide you emergency treatment.

Additionally, you have the right to request that we not use or disclose your medical information to your medical insurance company for purposes of payment or health care operations (not for treatment) if the medical information pertains solely to a health care item or service that you have (or another individual on your behalf has) paid out-of-pocket and in full. Your request for this restriction must be submitted in writing to our listed contact person. In this case, the Clinic must honor your request, unless such use or disclosure is required by law. You should be aware that such restrictions may have unintended consequences, particularly if other providers need to know that medical information (such as a pharmacy filling your prescriptions). It will be your obligation to notify any such other providers of this restriction. Additionally, such a restriction may impact your medical insurance company's decision to pay for related care that you may not want to pay for out-of-pocket (and which would not be subject to the restriction).

**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 can ask that we contact you at work instead of your home. The Clinic will grant requests for confidential communications at alternative locations or via alternative means only if the request is submitted in writing and the written request includes a mailing address where you will receive bills for services rendered by the Clinic and related correspondence regarding your medical services or payment for such services. We will notify you in accordance with your original request prior to attempting to contact you by other means or at another location. Please realize that 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, or if your request is unreasonable.

**Breach Notification:** In certain instances, you have the right to be notified in the event that we, or one of our business associates, discover an inappropriate use or disclosure of

your medical information. Notice of any such use or disclosure will be made in accordance with state and federal requirements.

**A Paper Copy of This Notice:** You have the right to receive 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. You may print or view a copy of this Notice on the Clinic's web-site at [www.mchllp.com](http://www.mchllp.com).

To exercise any of your rights, please obtain the required forms from the Privacy Officer and submit your request in writing.

### **CHANGES TO THIS NOTICE:**

We reserve the right to change this Notice and the revised or changed Notice will be effective for medical information we already have about you as well as any medical information we receive in the future. At any point in time, the current Notice will be posted in the Clinic and will include the effective date.

### **COMPLAINTS:**

*If you believe your privacy rights have been violated, you may file a complaint with the Clinic at the address shown above. You may also file a complaint with the Secretary of the Department of Health and Human Services at:*

Jorge Lozano, Regional Manager  
Office for Civil Rights  
U.S. Department of Health and Human Services  
1301 Young Street, Suite 1169  
Dallas, TX 75202

All complaints must be submitted in writing. You will not be penalized for filing a complaint.