



## Notice of Privacy Practices

Effective 5/13/2022

**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, please contact our Privacy officer at the address at the end of this Notice.**

### **Who Will Follow This Notice?**

HealthTexas Medical Group of San Antonio (HTMG) provides healthcare to our patients in partnership with physicians and other professionals and organizations. The information privacy practices in this notice will be followed by:

- ❖ Any healthcare professional who treats you at any of our practices.
- ❖ All employed Associates, staff or volunteers of our organization.
- ❖ Any business associates or partners of HTMG with whom we share health information.

### **Our Pledge to You**

We understand that medical information about you is personal. We are committed to protecting medical and billing information about you. We created a designated record of the care and services you receive

to provide quality care and to comply with legal requirements. This notice applies to all of the records of your care that we maintain. We are required by law to:

- ❖ Keep medical and billing information about you private.
- ❖ Give you this notice of our legal duties and privacy practices with respect to your protected health information.
- ❖ Follow the terms of the notice currently in effect.



### **Changes to This Notice**

We may change our policies and privacy practices at any time. Changes will apply to your protected health information we already hold, as well as new information obtained after the change occurs. When we make a significant change in our policies, we will change our notice and post the new notice in waiting areas, and/or exam rooms.

You can receive a copy of the current notice at any time. The effective date is listed just below the title. You will be offered a copy of the current notice on the date of the first service delivery after August 31, 2005.

You will also be asked to acknowledge in writing your receipt of this notice.

### **How We May Use and Disclose Your Protected Health Information**

- ❖ We may use and disclose medical and billing information about you for **treatment** (for example, we may ask you to have laboratory tests, such as blood or urine analysis and we may use the results to help us reach a diagnosis); **to obtain payment for treatment** (such as sending billing information to your insurance company or Medicare); and **to support our health care operations** (such as comparing patient data to improve treatment methods).
- ❖ We may use or disclose medical and billing information about you without your prior authorization for several other reasons. Subject to certain requirements, we may give out protected health information about you without prior authorization for public health purposes, abuse or neglect reporting, health oversight audits or inspections, research studies, funeral arrangements, organ donation, workers' compensation purposes, and during emergencies. We may also disclose protected health information when required by law, such as in response to a request from law enforcement in specific circumstances, or in response to valid judicial or administrative orders.
- ❖ We may contact you for **appointment reminders**, or to tell you about or recommend **possible treatment options, alternatives, health-related benefits or services** that may be of interest to you, or to support **fundraising efforts**.

- ❖ We may disclose medical information about you to a **friend or family member who is involved in your medical care** or to disaster relief authorities so that your family can be notified of your location and condition.

### Other Uses of Medical Information

- ❖ In any other situation not covered by this notice, we will ask for your written authorization before using or disclosing your protected health information. If you choose to authorize our use or disclosure of your protected health information, you can later revoke that authorization by notifying us in writing of your decision.

### Your Rights Regarding Medical Information About You.

- ❖ In most cases, **you have the right to look at or get a copy of medical information** that we use to make decisions about your care, when you submit a written request. If you request copies, we will charge a fee for the cost of copying, mailing or other related supplies. If we deny your request to review or obtain a copy, you may submit a written request for a review of that decision.
- ❖ If you believe that information in your record is incorrect or if important information is missing, **you have the right to request that we amend the records.** Your request must be submitted in writing to the Privacy Officer. A request for amendment must provide your reason for the amendment. We could deny your request to amend a record if the information was not created by us; if it is not part of the medical or billing information maintained by us; or if we

determine that record is accurate. You may appeal, in writing, a decision by us not to amend a record.

- ❖ **You have the right to request an accounting of disclosures.** In other words, you may request a list of those instances where we have disclosed medical information about you, other than for treatment, payment, health care operations or where you specifically authorized a disclosure, when you submit a written request. The request must state the time period desired for the accounting, which must be less than a 6-year period and starting after April 14, 2003. You may receive the list in paper or electronic form. The first disclosure list request in a 12-month period is free; other requests will be charged according to our cost of producing the list. We will inform you of the cost before you incur any costs.
- ❖ If this notice was sent to you electronically, **you have the right to a paper copy of this notice** upon request.
- ❖ **You have the right to request that medical information about you be communicated to you in a confidential manner,** such as sending mail to an address other than your home, by notifying us in writing of the specific way or location for us to use to communicate with you.
- ❖ **You may request, in writing, that we not use or disclose medical information about you** for treatment, payment or healthcare operations or to persons involved in your care except when specifically authorized by you. We will consider

your request but we are not legally required to accept it, however if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you. We will inform you of our decision on your request.

**All written requests or appeals should be submitted to our Privacy Officer.**

### Complaints.

- ❖ If you are concerned that your privacy rights may have been violated, or you disagree with a decision we made about access to your records, you may contact our Privacy Officer.
- ❖ Finally, you may send a written complaint to the U.S. Department of Health and Human Services Office of Civil Rights. Our Privacy Officer can provide you with the address.

---

### Privacy Officer Contact Information

Privacy Officer  
210.731.4800  
HealthTexas Medical Group  
Of San Antonio  
2961 Mossrock  
San Antonio, TX 78230

---