

# Privacy Notice

**Effective Date: April 14, 2003**

**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.**

**West Texas Medical Associates has developed this Privacy Notice to comply with the Health Insurance Portability and Accountability Act (HIPAA) of 1996 and the privacy regulations of Texas. HIPAA was enacted by Congress to establish standards for protecting the confidentiality and security of your health information.** A Privacy Notice is a document that identifies the general ways your protected health information can be used to carry out treatment, payment, and healthcare operations. Protected health information means your personal health information found in your medical and billing records. This information is created or received by a health care provider, insurance company, or employer and relates to your past, present, or future physical or mental health conditions.

This facility is part of an organized health care arrangement (OHCA), which is a clinically integrated setting in which individuals typically receive health care from more than one health care provider. This Notice of Privacy Practices constitutes the Notice of Privacy Practices for the OHCA and all health care providers participating in the OHCA. The health care providers who participate in the OHCA and to which this Notice of Privacy Practices applies include all medical staff of West Texas Medical Associates, as well as radiologists who provide professional services for patients of West Texas Medical Associates. The radiologists are self-employed independent contractors; they are not agents or employees of this facility, and West Texas Medical Associates is not responsible for their judgment or conduct.

## **OUR PLEDGE REGARDING HEALTH INFORMATION:**

*We understand that information about you and your health care is personal. We are committed to protecting health information about you. We create a record of the care and services you receive from us. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by this health care practice, whether made by your personal physician or others working in this facility.*

**Understanding Your Health Information:** A medical record is made during each visit to a hospital, physician, or other healthcare provider. Typically, the record is paper or electronic and contains your health information such as: symptoms, examination and test results, diagnoses, treatment, and a plan for future care or treatment. This health information is used for the purposes listed below:

- basis for planning your care and treatment
- means of communication among the many health professionals who contribute to your care
- legal document describing the care you received
- means by which you or an insurance company can verify that services billed were actually provided
- a tool in educating health professionals
- a source of data for medical research
- a source of information for public health officials charged with improving the health of the nation
- a source of data for facility planning and informational activities
- a tool which we can use to continually improve the care we give and the outcomes we achieve.

Understanding what is in your record and how your health information is used helps you to:

- ensure its accuracy.
- better understand who, what, when, where, and why others may access your health information.
- make more informed decisions when authorizing disclosure to others.

### **Your Health Information Rights**

You have the right to:

- request a restriction on certain uses and disclosures of your information. *However, West Texas Medical Associates is not required to agree to a requested restriction. Restriction requests must be submitted in writing on one sheet of paper typed in at least 10-point font size or legibly handwritten.*
- receive confidential communications of protected health information.
- obtain a paper copy of the Privacy Notice upon request, regardless if you have agreed to receive the Notice by email.
- inspect and obtain a copy of your health record. This includes medical & billing records, but does not include psychotherapy notes. *We may provide a summary of your health record. West Texas Medical Associates may charge a reasonable fee to cover costs. (Our laboratory is not permitted to release lab results directly to you. Information regarding your current lab results may be obtained from your physician's office.)*
- request changes to your health record. *Requests for changes must be submitted in writing using our standard form with no more than one additional attached sheet of paper typed in at least 10-point font size or legibly handwritten.*
- obtain an accounting of disclosures of your health information, except for disclosures for treatment, payment and healthcare operations, and disclosures authorized by you. *Your request must state a time period, which may not be longer than six years and may not include dates before April 14, 2003. If you make more than one request in a 12-month period, West Texas Medical Associates may charge a reasonable fee to cover costs.*
- request communications of your health information by alternative means or at alternative locations. *For example, only send appointment messages by mail. No phone messages.*
- revoke your authorization to use or disclose health information except to the extent that action has already been taken. *Revocations must be submitted in writing using our standard form.*

### **Our Responsibilities**

West Texas Medical Associates is required by law to:

- maintain the privacy of your health information.
- provide you with a Notice as to our legal duties and privacy practices with respect to information we collect and maintain about you.
- abide by the terms of this Notice.
- notify you if we are unable to agree to a requested restriction.
- accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, we will post a revised Privacy Notice on the West Texas Medical Associates web site at [www.wtmedical.com](http://www.wtmedical.com) and a paper copy will be provided upon request.

**There are situations in which we are permitted to disclose or use your medical information without your written authorization or an opportunity to object. Except as described in this Notice, we will not use or disclose your health information without your authorization.**

**Examples of Disclosures for Treatment, Payment and Healthcare Operations:**

**Treatment:** Information obtained by a nurse, physician, or other member of your healthcare team will be recorded in your record along with orders, actions, observations, and your response to treatment. Anyone involved in your treatment is permitted to access and use your medical information.

We will also provide your physician or an alternative healthcare provider with copies of various reports that should assist him or her in treating you if you are admitted to the hospital. We may share your health information outside of West Texas Medical Associates to assist in providing medical care.

**Payment:** A bill may be sent to you, your guarantor, or your insurance company. The information on or accompanying the bill may include information about your diagnosis, procedures, and supplies used. We may share such information outside of West Texas Medical Associates for payment purposes.

**Routine Healthcare Operations:** Members of the medical staff, risk management, quality improvement, credentialing or compliance programs, among others, may use information in your health record to examine the care and outcomes in your case and others like it. Your information may also be used to improve the quality of care and services provided. We may share your information outside of West Texas Medical Associates for healthcare operations.

**We may also use your health information for.....**

**Appointments and Alternatives:** We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

**Business associates:** There are some services provided in our organization through contracts with business associates. Examples include transcription services and copy services we use when making copies of your health record. When these services are used, we may give your health information to our business associates so that they can perform the job we've asked them to do and bill you or your insurance company for services provided. To protect your health information, however, we require business associates to keep your information confidential.

**Communication with family:** Health professionals, using their best judgment, may disclose to a family member, other relative, close personal friend or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care.

**Correctional institution:** Should you be an inmate of a correctional institution, we may disclose to the institution or agents thereof health information necessary for your health and the health and safety of other individuals.

**Food and Drug Administration (FDA):** We may disclose health information to the FDA concerning harmful events with food, supplements, product and product defects, or post marketing information to enable product recalls, repairs, or replacement.

**Funeral directors:** We may disclose health information to funeral directors consistent with applicable law to carry out their duties.

**Group Health Plans:** A group health plan, or a health insurance issuer or HMO with respect to a group health plan, may disclose protected health information to the sponsor of the plan.

**Law enforcement:** We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena.

Federal law makes provision for your health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a work force member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers or the public.

**Marketing:** We must obtain your authorization for all marketing purposes except for face-to-face conversations about services and treatment alternatives. If you do not want to be contacted for face-to-face conversations about services and/or treatment alternatives, please indicate this in writing by completing a marketing opt out form, which we will provide.

**Notification:** We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care of your location and general condition.

**Organ donation organizations:** Consistent with applicable law, we may disclose health information to organ donation organizations or other entities that collect, store and transplant organs for the purpose of tissue donation and transplantation.

**Public health:** As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

**Research:** We may use or disclose your personal health information for research that has been approved according to established standards for individual safety, scientific merit and the protection of your health information privacy. Researchers may view your health information, in accordance with federal privacy regulations, to develop new scientific studies. Additionally, we may use your information to contact you about research opportunities.

**School Information:** With your permission, we may provide information to schools to complete medical forms or physicals.

**Workers compensation:** We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

**Written authorization:** Other uses and disclosures will be made only with your written authorization. You may revoke such authorization using our standard form.

We may seek authorization for additional purposes relating to specified health care practices such as research, marketing, and development.

### **For More Information or to Make a Complaint**

**Questions:** If you have questions about this Notice and would like additional information, you may contact the West Texas Medical Associates Privacy Compliance Office at 915-224-5566 or 915-224-5445, or log on to our web site at [www.wtmedical.com](http://www.wtmedical.com) .

**Complaints:** If you believe your privacy rights have been violated, you can file a written complaint with the West Texas Medical Associates Privacy Compliance Office at 3555 Knickerbocker Road, San Angelo, TX, 76904, or with the Secretary of Health and Human Services. There will be no action taken against you for filing a complaint.